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Abstract	Police officers experience multiple operational, organisational, and contextual stressors, which impact wellbeing and have significant repercussions for the economy and public safety. However, officers often	

feel unable to seek psychological help. Quantitative research has investigated over 100 potential correlates and predictors of police help-seeking attitudes, but most variables have been examined only once, or results are inconsistent across studies. The current cross-sectional study investigated the role of current psychological distress, mental health literacy, distress disclosure, organisational stigma, and length of service as predictors of help-seeking attitudes in one UK police force. Ninety-seven officers completed an online survey. Multiple regression analyses indicated that all variables except length of service were significant predictors of police help-seeking attitudes, with distress disclosure having the largest effect. The current findings are broadly consistent with existing literature. The high proportion of variance explained by the predictors suggests that it may be worth researching interventions which target mental health literacy, distress disclosure, and organisational stigma. Moreover, the finding that participants experiencing greater distress were less likely to seek help highlights the importance of organisational proactivity to ensure police officers access psychological support.

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Footnote Information

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# Intrapersonal and Organisational Predictors of Psychological Help-Seeking in a UK Police Force

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## Abstract

Police officers experience multiple operational, organisational, and contextual stressors, which impact wellbeing and have significant repercussions for the economy and public safety. However, officers often feel unable to seek psychological help. Quantitative research has investigated over 100 potential correlates and predictors of police help-seeking attitudes, but most variables have been examined only once, or results are inconsistent across studies. The current cross-sectional study investigated the role of current psychological distress, mental health literacy, distress disclosure, organisational stigma, and length of service as predictors of help-seeking attitudes in one UK police force. Ninety-seven officers completed an online survey. Multiple regression analyses indicated that all variables except length of service were significant predictors of police help-seeking attitudes, with distress disclosure having the largest effect. The current findings are broadly consistent with existing literature. The high proportion of variance explained by the predictors suggests that it may be worth researching interventions which target mental health literacy, distress disclosure, and organisational stigma. Moreover, the finding that participants experiencing greater distress were less likely to seek help highlights the importance of organisational proactivity to ensure police officers access psychological support.

## Introduction

### Demands of Policing

On a daily basis, police officers are exposed to potentially traumatising situations (e.g. knife crime; Miller et al. 2022). Trauma exposure has been defined as ‘threatening or physically or emotionally harmful events’ with long-term negative impacts on wellbeing or functioning (Lynch and Lachman 2020, p. 774). In the general population, trauma exposure is associated with numerous adverse outcomes, including poorer mental health, cognitive functioning, and physical health (Briere and Scott 2015; Lynch and Lachman 2020; Tursich et al. 2014). These findings have been echoed in police samples, with trauma exposure associated with difficulties including symptoms of post-traumatic stress disorder (PTSD), psychological distress (e.g. stress, depression, and anxiety), and poor sleep (Violanti et al. 2017; Wagner et al. 2020).

In addition to the operational stress inherent to the job, police officers are negatively affected by organisational stressors, such as poor supervision (Shane 2010). For example, studies have shown that high job-related pressure among police officers increases the likelihood of anxiety, and of physical illnesses, including cardiovascular disease (Purba and Demou 2019; Violanti et al. 2017). These professional issues are exacerbated by overarching social, political, and economic issues. For example, the under-resourcing of mental health services increases demand on the police, who must respond to individuals in mental health crisis (Her Majesty’s Chief Inspector of Constabulary 2021; Wood et al. 2021). The COVID-19 pandemic also increased police stress (Newiss et al. 2022; Rooney and McNicholas 2020; Tehrani 2022; Zhu et al. 2020), with 66% of one UK police sample ( $n=2323$ ) saying their mental health had deteriorated during this time (Mind 2021).

Moreover, the role of the police in enforcing pandemic-related restrictions is one of many recent factors which may have negatively impacted public perception of the police (Newiss et al. 2022). Other factors include the murders of US citizen George Floyd and UK citizen Sarah Everard, as well as the police response to protests following both deaths (Newiss et al. 2022; Verhaeghen and Aikman 2022). Even before these incidents, public perception that the local

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59 British police were ‘doing a good/excellent job’ was falling  
60 (Office for National Statistics, 2020). The declining public  
61 perception of the police is potentially problematic, as it has  
62 been shown that officer wellbeing can be predicted by how  
A:33 trusted officers feel by the public (Rotenberg et al. 2016).

## 64 Police Wellbeing

65 A recent meta-analysis estimated the international preva-  
66 lence of various mental health difficulties (e.g. PTSD, anxi-  
67 ety, and depression) to be much higher in the police than in  
68 the general population (Syed et al. 2020). Moreover, recent  
69 data gathered by UK policing organisations suggests high  
70 levels of distress among officers. The 2021/2022 National  
71 Police Wellbeing Survey found concerning levels of anxiety,  
72 depression, and potential burnout (Graham et al. 2022). Sim-  
73 ilarly, the Police Federation of England and Wales (PFEW)  
74 (n.d.) found that 77% of officers had experienced mental  
75 health difficulties within the past year, with 90% of these  
76 officers believing their work had contributed (Elliott-Davies  
77 2021). Mental health difficulties are inherently detrimen-  
78 tal and are also associated with higher rates of cardiometab-  
79 olic diseases, alcohol misuse, smoking, physical inactivity,  
80 unhealthy diet, poor sleep, and premature mortality—both in  
81 the general population (Firth et al. 2019), and among police  
A:34 officers (Irizar et al. 2022; Syed et al. 2020).

83 Furthermore, police wellbeing may have broader eco-  
84 nomic and public safety impacts, including increased sick  
85 leave, decreased productivity, and greater staff turnover.  
86 Between 2008 and 2018, the proportion of UK police per-  
87 sonnel who were absent from work due to their mental  
88 health almost doubled (Cartwright and Roach 2021). In  
89 addition, 66% of respondents in a PFEW survey reported  
90 attending work despite struggling with their mental health  
91 (Elliott-Davies 2021), likely reducing productivity (Mojallal  
92 et al. 2022). In another PFEW survey, 73% of officers who  
93 were planning on resigning identified that the psychological  
94 impact of policing substantially influenced their intentions  
95 (Chandler 2021). Therefore, poor police wellbeing has far-  
96 reaching effects beyond the individual officers.

## 97 Psychological Help-Seeking

98 In this study, psychological help-seeking is defined as  
99 accessing assistance from any professional trained to man-  
100 age mental health difficulties, such as a psychologist, psy-  
101 chiatrist, or counsellor (Mackenzie et al. 2004). Despite the  
102 impact of policing on wellbeing, officers do not always seek  
103 psychological support when needed. In a study of police  
104 samples from several countries, 37.8% of UK officers  
105 reported not feeling able to use their department’s mental  
106 health services, with this figure as high as 52.5% in Australia  
107 ( $n = 1286$  overall, sample sizes for individual countries not

given; Ménard et al. 2016). In a sample of 7927 US police  
108 officers, almost all (90.3%) officers identified that stigma  
109 (e.g. fear of losing one’s job) hindered support-seeking  
110 (Drew and Martin 2021).  
111

112 A recent scoping review of 21 quantitative studies  
113 (Grumley Traynor and Rydon-Grange 2024) identified 102  
114 potential correlates and predictors of police help-seeking  
115 attitudes. Four factors appeared consistent across two or more  
116 studies: past help-seeking, service availability, and having a  
117 mental health diagnosis were all associated with more positive  
118 attitudes, while current PTSD symptoms were associated  
119 with more negative attitudes. Of these factors, a recent  
120 theoretical model of psychological help-seeking (McLaren  
121 et al. 2023) only explicitly acknowledges past help-seeking.  
122 However, the other three factors are still consistent with the  
123 model. For example, the model references the importance for  
124 help-seeking of an individual’s belief in their ability to seek  
125 help (i.e. *help-seeking self-efficacy*). It is possible that the  
126 availability of mental health services would increase self-  
127 efficacy. Conversely, individuals struggling with PTSD may  
128 feel less able to seek help. Similarly, the model suggests that,  
129 before seeking help, individuals must recognise that they are  
130 experiencing mental health difficulties (*self-identification*).  
131 It seems highly likely that having a mental health diagnosis  
132 would contribute to such identification. Therefore, there is  
133 emerging theoretical and empirical support for the role of  
134 past help-seeking, service availability, diagnosis, and current  
135 PTSD in predicting police help-seeking attitudes.

136 In contrast to these four factors, however, 73 of the 102  
137 potential correlates/predictors of help-seeking have only  
138 been examined in a single study (Grumley Traynor and  
139 Rydon-Grange 2024). Each of these variables therefore has  
140 a weaker evidence base due to the findings having not been  
141 replicated across multiple studies. Moreover, the findings  
142 regarding most of the remaining variables were inconsistent  
143 across the studies, making it difficult to draw firm conclu-  
144 sions in relation to the role of these variables in predicting  
145 help-seeking attitudes. For example, trauma exposure was  
146 a negative predictor of help-seeking attitudes in one study  
147 (DePierro et al. 2021), a positive predictor in another study  
148 (Tucker 2015), and not significant in a third study (Ménard  
149 et al. 2016). Overall, the review concluded that more high-  
150 quality research is needed before firm conclusions can be  
151 drawn regarding potential intervention targets.

## 152 Current Study

153 The current study aimed to re-examine several potential pre-  
154 dictors of help-seeking whose findings were inconsistent  
155 across previous studies, or had never been replicated. The  
156 study was conducted in the UK, where there has been very  
157 little quantitative research into police help-seeking attitudes.  
158 Naturally, one study can only examine a fraction of the 102

159 previously investigated factors. However, the study included  
160 both intrapersonal factors (current distress, mental health lit-  
161 eracy, and distress disclosure) and organisational predictors  
162 (organisational stigma and length of service) for balance.

163 When examining qualitative research into barriers to help-  
164 seeking in the police, the predominance of stigma within  
165 police culture is striking (see e.g. Burns and Buchanan 2020;  
166 Edwards and Kotera 2021). Yet stigma specifically within  
167 the police workplace (i.e. organisational stigma) has not  
168 been frequently studied in quantitative studies. Therefore,  
169 organisational stigma was measured in the current study.  
170 Organisational stigma was defined as prejudice in policing  
171 which may negatively affect help-seeking attitudes, such as  
172 expecting officers to suppress emotion (Edwards and Kotera  
173 2021). When considering how stigma may impact help-  
174 seeking attitudes, the length of time officers have served  
175 in the police was also measured based on the hypothesis  
176 that officers may become more sensitive *or* more immune to  
177 stigma through greater exposure to police culture over time.

178 Typically, people seek psychological support when in  
179 distress. Psychological distress is the uncomfortable emo-  
180 tional state induced by a stressor/demand, which causes an  
181 individual temporary or permanent harm (Ridner 2004). It  
182 is possible that police officers experiencing greater distress  
183 may feel more inclined to seek help. However, if police cul-  
184 ture is not supportive of help-seeking, it could alternatively  
185 be that officers in greater distress feel more stigmatised and  
186 thus *less* inclined to access support. To ensure efforts to  
187 increase help-seeking are targeted correctly, it is important  
188 to better understand the relationship between distress and  
189 help-seeking attitudes.

190 Finally, in light of the importance of stigma in qualitative  
191 studies, it was considered helpful to focus on intrapersonal  
192 factors which may influence and/or be influenced by organi-  
193 sational stigma. Mental health literacy and distress disclo-  
194 sure were selected for this reason. Mental health literacy is  
195 the 'knowledge and beliefs about mental disorders which aid  
196 their recognition, management or prevention' (Jorm et al.  
197 1997, p. 182). For distress to trigger help-seeking, offic-  
198 ers must be able to identify and manage distress. Moreover,  
199 better understanding of mental health difficulties might  
200 reduce the impact that stigma has on officers' help-seeking  
201 attitudes. Distress disclosure is 'one's tendency to talk to  
202 others about [one's] distress' (Kahn and Hessling 2001, p.  
203 59). Individuals may plausibly be far more likely to seek  
204 help if they are willing to discuss their distress. However,  
205 distress disclosure among officers might be lower if talking  
206 about and sharing experiences of distress does not fit with  
207 police culture.

208 The relationships between help-seeking attitudes and  
209 each of these factors have been examined previously. How-  
210 ever, the evidence is weak because the findings for each  
211 factor have been inconsistent across multiple studies or have

not been replicated across more than one study (Grumley  
Traynor and Rydon-Grange 2024). A positive association  
for mental health literacy and distress disclosure and a nega-  
tive association for organisational stigma have each been  
shown in only one or two studies, so replication is warranted.  
Overall distress has never been investigated and studies of  
specific distress types (e.g. PTSD, stress) have produced  
mixed findings. Similarly, although examined in 10 studies,  
length of service has returned mixed results (either positive  
or non-significant), which contradict the negative associa-  
tion hypothesised by representatives from the force being  
studied. Further investigation may help to resolve these  
discrepancies.

## Aims and Hypotheses

The current study aimed to further develop existing research  
by re-examining several intrapersonal and organisational  
predictors of police help-seeking attitudes which are under-  
researched or have been inconsistently associated with help-  
seeking attitudes in previous studies. Specifically, current  
psychological distress, mental health literacy, distress disclo-  
sure, organisational stigma, and length of service were  
examined as predictors of attitudes towards psychological  
help-seeking in a sample of UK police officers. The follow-  
ing hypotheses were tested:

1. Greater mental health literacy and greater willingness  
to disclose distress will predict more positive attitudes  
towards psychological help-seeking, as reported in  
similar previous studies (Heffren and Hausdorf 2016;  
Krakauer et al. 2020).
2. Greater perceived organisational stigma will predict  
more negative attitudes towards psychological help-  
seeking, in accordance with previous, similar findings  
concerning workplace stigma in the police (Krakauer  
et al. 2020; Tucker 2015).
3. Current psychological distress and length of service  
will predict help-seeking attitudes. Although it seems  
theoretically likely that there would be a relationship  
between distress and help-seeking, previous studies have  
found positive, negative, and non-significant associa-  
tions, depending on the type of distress assessed (e.g.  
PTSD versus depression; Grumley Traynor and Rydon-  
Grange 2024). Similarly, both positive and non-signif-  
icant associations between length of service and help-  
seeking attitudes have been found. Conversely, anecdotal  
reports suggest that younger-in-service officers appear  
more open to seeking help (West Midlands Police, per-  
sonal communication, May 24, 2021). Due to the mixed  
findings this far, directional hypotheses for distress and  
length of service were not made.

261	<b>Method</b>		
262	<b>Design and Procedure</b>		
263	This study employed a cross-sectional design. Quantitative	researcher) for up to 1 month after participating, and their	311
264	data were collected through an online survey on the research	data would be deleted. No participants chose to withdraw	312
265	platform Qualtrics ( <a href="https://www.qualtrics.com">https://www.qualtrics.com</a> ). Participants	following participation.	313
266	provided demographic information and completed five self-		
267	report questionnaires, measuring help-seeking attitudes (out-		
268	come variable), as well as current distress, mental health		
269	literacy, distress disclosure, and organisational stigma		
270	(predictor variables). Force-level demographic data were		
271	obtained from the force's Human Resources department via		
272	email to assess the representativeness of the sample.		
273	The study was approved by the ethics committee within	<b>Participants</b>	314
274	the School of Health, Science and Wellbeing at Stafford-	The population for this study was sworn police officers of	315
275	shire University, and by the West Midlands Police (WMP)	any rank or department who were actively serving in WMP.	316
276	research sub-group. During survey development, positive	In England and Wales, sworn police officers are officers	317
277	feedback regarding the format and clarity was received	who have the legal authority to arrest and control the pub-	318
278	from a non-WMP police officer, an ex-officer, and police	lic (PFEW n.d.). Given that past help-seeking is associated	319
279	researchers. Specific suggestions regarding the wording	with help-seeking attitudes (Asen and Colón 1995; Daniel	320
280	of the help-seeking attitudes' measure could not be imple-	and Treece 2022; Karaffa and Koch 2016), officers were	321
281	mented but are discussed as limitations later in the paper.	excluded if they had ever sought psychological support.	322
282	The survey was open from 9 September 2022 until 21	'Psychological support' was defined as 'talking therapy or	323
283	October 2022. Recruitment was completed internally within	similar help from a psychologist, counsellor, charity or simi-	324
284	WMP in the UK. The WMP Wellbeing Manager posted the	lar' and did not include 'taking mental health medication	325
285	link to a virtual noticeboard, as well as emailing it via distri-	(e.g. antidepressants) prescribed by a GP'.	326
286	bution lists to all constables, sergeants, inspectors, and chief	In total, 97 officers completed the full survey. This	327
287	inspectors. An email was also sent to the Human Resources	exceeded the minimum a priori sample size of 91 for a	328
288	Business Managers, who are responsible for passing infor-	multiple regression analysis with five predictors (current	329
289	mation on to superintendents and chief superintendents.	distress, mental health literacy, distress disclosure, organ-	330
290	Some senior officers additionally distributed the survey	isational stigma, and length of service), a medium effect	331
291	among their teams.	size ( $f^2 = 0.15$ ), desired power of 80%, and an $\alpha$ of 0.05	332
292	Officers who were interested in participating clicked the	(Soper n.d.). The medium effect size was based on the find-	333
293	link to a participant information sheet. Officers were reas-	ings of previous similar studies (Lane et al. 2022; White	334
294	sured that participation was voluntary. Data was pseudo-	et al. 2016).	335
295	anonymised as participants created their own ID numbers.	<b>Measures</b>	336
296	However, the research team could not identify participants	<b>Demographics</b>	337
297	unless they provided their ID number (to withdraw from the	Participants provided their gender, age, ethnicity, length of	338
298	study). No incentives were provided for participating. To	service, rank, and department (see Section S1 of the Supple-	339
299	access the survey, officers were required to provide informed	mentary Material for response options). Demographic data	340
300	consent by agreeing to seven statements online.	were collected to describe the sample. Length of service	341
301	The survey took approximately 20 min. Participants	was included in the main analyses. Other demographic variables	342
302	could take breaks as needed but were encouraged to com-	were not included because of concerns that it would not be	343
303	plete the survey in one sitting. For ethical reasons, and to	possible to recruit enough participants to maintain adequate	344
304	avoid high levels of missing data, participants were assumed	statistical power with additional predictors.	345
305	to have withdrawn if they did not complete all five question-	<b>Attitudes Towards Help-Seeking</b>	346
306	naires. Therefore, once started, the survey had to be com-	Help-seeking attitudes were assessed via the Inventory	347
307	pleted within 4 h or the data were deleted. As the deletion	of Attitudes Toward Seeking Mental Health Services	348
308	was automatic, the number of participants who withdrew	(IASMHS; Mackenzie et al. 2004). The IASMHS consists	349
309	in this way is unknown. Participants were also informed	of 24 items, such as 'Having been mentally ill carries with	350
310	that they could withdraw from the study (by contacting the	it a burden of shame'. Responses are rated on a Likert scale,	351
		from 'Disagree' (0) to 'Agree' (4). Total possible scores	352
		range from 0 to 96. Higher scores indicate more positive	353
		attitudes towards help-seeking (15 items are reverse scored).	354
		The IASMHS has three subscales: psychological openness,	355

356 help-seeking propensity, and indifference to stigma. How-  
 357 ever, the IASMHS has also been validated using only the  
 358 overall score (Mackenzie et al. 2004), which was used in  
 359 the current study. The IASMHS's internal consistency has  
 360 been shown to be good (Cronbach's  $\alpha = 0.87$ ), as has  
 361 the test-retest reliability ( $r = 0.85$ ,  $p < 0.01$ ; Mackenzie et al.  
 362 2004). Cronbach's  $\alpha$  was also high in the current sample  
 363 at 0.90. The IASMHS has been used successfully with police  
 364 officers (Hyland et al. 2015).

### 365 Current Psychological Distress

366 Distress was measured using the 34-item Clinical Outcomes  
 367 in Routine Evaluation Outcome Measure (CORE-OM;  
 368 Evans et al. 2000). Participants rate the frequency of experi-  
 369 encing various emotions, thoughts, and behaviours during  
 370 the past week (e.g. 'I have felt like crying'). Response  
 371 options range from 'Not at all' (0) to 'Most or all the time'  
 372 (4). A participant's overall score is based on their mean score  
 373 across the items, multiplied by 10 to generate a whole num-  
 374 ber (Barkham et al. 2015). Total possible scores are 0–40,  
 375 with higher scores representing greater distress (eight items  
 376 are reverse scored). The CORE-OM has good internal con-  
 377 sistency (Cronbach's  $\alpha \geq 0.91$ ; Barkham et al. 2005;  
 378 Connell et al. 2007), test-retest reliability (Barkham et al.  
 379 2007), and discriminant validity (Evans et al. 2002). Cron-  
 380 bach's  $\alpha$  was high in the current sample at 0.95.

### 381 Mental Health Literacy

382 The Multicomponent Mental Health Literacy Measure  
 383 (MMHLM; Jung et al. 2016) assessed mental health literacy.  
 384 The MMHLM includes 26 statements about participants'  
 385 beliefs and knowledge of mental health and psychological  
 386 support. For the 12 items assessing mental health knowledge  
 387 (e.g. 'Counselling is a helpful treatment for depression'),  
 388 participants respond on a 5-point Likert scale from 'Strongly  
 389 disagree' to 'Strongly agree', or select 'Don't know'. For  
 390 scoring, the response options are dichotomised. 'Agree' and  
 391 'Strongly agree' score 1, indicating that participants have  
 392 mental health literacy skills. 'Neutral', 'Disagree', 'Strongly  
 393 disagree', and 'Don't know' score 0, indicating that partici-  
 394 pants lack mental health literacy skills. For the 10 items  
 395 assessing mental health beliefs (e.g. 'Poor parenting causes  
 396 schizophrenia'), the response system is the same, with the  
 397 scoring reversed ('Disagree'/'Strongly disagree' = 1; 'Neu-  
 398 tral'/'Agree'/'Strongly agree'/'Don't know' = 0).

399 For the four items measuring knowledge of mental  
 400 health resources (e.g. 'I know where to go to receive men-  
 401 tal health services'), participants answer 'Yes' (1) or 'No'  
 402 (0). Scores across all items are then summed (total possi-  
 403 ble scores = 0–26). Higher scores represent greater mental  
 404 health literacy. The MMHLM has good internal consistency

(Kuder-Richardson Formula 20 = 0.83), known-groups 405  
 validity (i.e. it can distinguish between groups known to 406  
 have different mental health literacy levels), and convergent 407  
 validity (Jung et al. 2016). Cronbach's  $\alpha$  was high in the 408  
 current sample at 0.88. 409

### Distress Disclosure 410

Distress disclosure was assessed via the Distress Disclosure 411  
 Index (DDI; Kahn and Hessling 2001). The scale includes 412  
 12 items (e.g. 'When I feel upset, I usually confide in my 413  
 friends'), rated on a Likert scale from 1 ('Strongly disagree') 414  
 to 5 ('Strongly agree'). Total possible scores are 12–60. 415  
 Six items are reverse scored, such that higher scores indi- 416  
 cate greater willingness to disclose distress. The DDI has 417  
 been shown to have good internal consistency (Cronbach's 418  
 $\alpha \geq 0.92$ ), convergent validity, discriminant validity, and 419  
 test-retest reliability (Kahn and Hessling 2001). Cronbach's 420  
 $\alpha$  in the current sample was high at 0.95. 421

### Organisational Stigma 422

The Police Officer Stigma Scale (POSS; Stuart 2017) meas- 423  
 ured organisational stigma. This 11-item scale assesses the 424  
 culture around mental health within the police (e.g. 'Most 425  
 officers would not willingly accept a colleague with a mental 426  
 illness as a partner'). Ratings are made on a Likert scale from 427  
 1 ('Strongly disagree') to 5 ('Strongly agree'), with an addi- 428  
 tional 'Don't know' option. Stuart (2017) gave no guidance 429  
 about scoring 'Don't know'. No other published studies appear 430  
 to have used the POSS, apart from Burzee et al. (2022), who 431  
 omitted the 'Don't know' option (see the 'Limitations and 432  
 Future Research' section later in this paper). Therefore, the 433  
 current study followed Mirzaei et al.'s (2022) general guid- 434  
 ance to treat 'Don't know' as missing data in surveys. 'Don't 435  
 know' could be coded as 0, but this would bias the interpreta- 436  
 tion of the original response scale (Mirzaei et al. 2022) and 437  
 may under-estimate the true stigma levels. 438

Total possible scores on the POSS are 11–55, with higher 439  
 scores indicating greater perceived organisational stigma. 440  
 The POSS has good internal consistency (Cronbach's 441  
 $\alpha = 0.82$ ; Stuart 2017). Cronbach's  $\alpha$  was also high 442  
 in the current sample: 0.91 for the original data ( $n = 72$ ), 443  
 and 0.90–0.91 for the imputed data ( $n = 97$ ). There is 444  
 disagreement over whether the POSS has a one-factor 445  
 (Stuart 2017) or two-factor (Burzee et al. 2022) structure, 446  
 but this was not problematic for the current study because 447  
 only the overall scale score was used in the analyses 448  
 (following the original design; Stuart 2017). The POSS has 449  
 good face validity and was the only measure found by the 450  
 current author which exclusively measures organisational 451  
 stigma in the police. As such, it was employed despite the 452  
 paucity of psychometric analysis. 453

## 454 Questionnaire Permissions

455 Explicit permission was granted by the authors to use the  
456 CORE-OM, MMHLM, and DDI. No permission is required  
457 to use the IASMHS (Mackenzie et al. 2004). Permission  
458 to use the POSS was requested via email but no reply was  
459 received. However, the measure was published with no indi-  
460 cation of restrictions on usage (Stuart 2017).

## 461 Data Analysis

462 All analyses were conducted in SPSS Version 28.0 (IBM  
463 Corp 2021a). Descriptive statistics provided an overview  
464 of the sample's demographics and questionnaire scores.  
465 Multiple regression analyses were run to examine whether  
466 current distress, mental health literacy, distress disclosure,  
467 organisational stigma, and length of service predicted officers'  
468 attitudes towards seeking psychological support. Bivari-  
469 ate correlations between all variables were produced within  
470 the regression analyses.

## 471 Missing Data

472 Due to the 'Don't know' option on the POSS (Stuart 2017), 25  
473 participants had between one and 10 missing answers across the  
474 POSS items. Length of service was missing for one additional  
475 participant who chose not to provide it. Little's (1988) Missing  
476 Completely at Random (MCAR) test was not significant  
477 ( $\chi^2 = 343.08$ ,  $df = 335$ ,  $p = 0.369$ ), suggesting that the data may  
478 be MCAR. Nevertheless, Little's test often has low power to  
479 detect MCAR violations (Enders 2010).

480 Eekhout et al. (2014) used multiple imputation to replace  
481 individual item scores on a multi-item questionnaire. They  
482 found that a regression analysis using the imputed data pro-  
483 duced an appropriate approximation of the true parameters  
484 (based on the complete data) regardless of missing data  
485 mechanism, for proportions of missing data similar to those  
486 in the current study (i.e. 25% of cases missing 25% of item  
487 scores). Therefore, multiple imputation was used to impute  
488 missing values in the current study. The Multivariate Impu-  
489 tation by Chained Equations (MICE) algorithm was used  
490 with Predictive Mean Matching (PMM; following Heymans  
491 and Eekhout 2019). See Section S2 of the Supplementary  
492 Material for details of the imputation model. SPSS auto-  
493 matically pools certain statistics (e.g. unstandardised coef-  
494 ficients) using Rubin's rules (Rubin 1987). Where pooled  
495 statistics were unavailable, the range of values across the  
496 imputations is given instead.

## 497 Statistical Assumptions

498 The data were screened to check the statistical assump-  
499 tions for regression, including multicollinearity, normality,

linearity, and homoscedasticity (Field 2018). During regres- 500  
sion, statistics and graphs were produced for each of the 30 501  
imputed datasets (no pooled versions were available). As 502  
recommended by Regorz (2022), regression checks were 503  
conducted across five imputations, as this is the number 504  
required to generate unbiased parameter estimates. 505

The variance inflation factor (VIF) values were all sub- 506  
stantially below 10. The average VIF was close to 1, and 507  
the tolerance values were all substantially above 0.2, sug- 508  
gesting no issues with multicollinearity. The Durbin-Watson 509  
statistic was close to 2, indicating independence of errors. 510  
The residuals appeared unbiased. Over 95% of cases had 511  
standardised residual values within  $\pm 2$ , approximately 99% 512  
had values within  $\pm 2.5$ , and no cases had values greater than 513  
3. No cases had a Cook's distance greater than 1, suggesting 514  
no cases had an undue influence on the model. 515

Histograms and P-P plots of the standardised residuals 516  
showed slight deviations from normality. The scatterplot of 517  
standardised predicted values against standardised residuals 518  
and the partial regression plots were screened for outliers, 519  
linearity, and homoscedasticity. Some patterning was evi- 520  
dent in the partial regression plots. In particular, the plot for 521  
mental health literacy displayed some funnelling, suggest- 522  
ing potential heteroscedasticity. Ideally, bootstrapping would 523  
have been used within the regression analysis to manage 524  
this (Field 2018). However, bootstrapping is not possible in 525  
SPSS with multiply imputed datasets (IBM Corp 2021b). 526  
As the violations of the assumptions were minor and did 527  
not affect all variables, it was deemed acceptable to proceed 528  
without bootstrapping. However, some caution is advised 529  
when interpreting the results, especially regarding mental 530  
health literacy. 531

## Results 532

### Descriptive Statistics 533

Table 1 presents the participants' demographic characteris- 534  
tics. Participants were mostly male (59.8%), White (91.8%), 535  
and lower ranking (constable 42.3%; sergeant 34.0%), 536  
with an average age of 41.0 years and length of service of 537  
16.1 years. Participants worked in various departments. 538

Demographic data for all WMP police officers were pro- 539  
vided by their Human Resources department for comparison 540  
(see Table 2). The sample appears to be fairly representative 541  
of the force; however, officers from an ethnic minority were 542  
under-represented (5.1% versus 13.8%), while ranks above 543  
constable were substantially over-represented (55.6% versus 544  
19.6%). 545

Table 3 presents descriptive statistics for the outcome and 546  
predictor variables. 547

**Table 1** Demographic characteristics of participants

Characteristic	<i>n</i>	%
Gender ( <i>n</i> = 97)		
Female	38	39.2%
Male	58	59.8%
Prefer not to say	1	1.0%
Ethnicity <sup>a</sup> ( <i>n</i> = 97)		
Asian or Asian British	3	3.1%
Black, Black British, Caribbean or African	2	2.1%
White	89	91.8%
Prefer not to say	3	3.1%
Rank ( <i>n</i> = 97)		
Constable	41	42.3%
Sergeant	33	34.0%
Inspector	13	13.4%
Chief Inspector	7	7.2%
Superintendent	1	1.0%
Prefer not to say	1	1.0%
Missing	1	1.0%
Department ( <i>n</i> = 97)		
Neighbourhood	17	17.5%
Criminal Investigation Department (CID)	16	16.5%
Response	15	15.5%
Firearms	8	8.2%
Public Protection	7	7.2%
Offender Management	5	5.2%
Custody	4	4.1%
Regional Organised Crime Unit	4	4.1%
Intelligence	3	3.1%
Counter-Terrorism	3	3.1%
Other	9	9.3%
Prefer not to say	6	6.2%
	<i>M</i>	<i>SD</i>
Age ( <i>n</i> = 96)	41.0	8.4
Length of service		
Original data ( <i>n</i> = 96)	16.1	8.3
Imputed data ( <i>n</i> = 97)	16.2 <sup>b</sup>	8.3 <sup>b</sup>
		Range
		21–58
		0–31
		— <sup>c</sup>

<sup>a</sup>Due to low numbers selecting certain categories, more specific ethnicity statistics are not provided to protect confidentiality

<sup>b</sup>Pooled statistics following multiple imputation

<sup>c</sup>Range differed for each imputation

**Table 2** Demographic composition of WMP compared to the current sample

Characteristic	Statistics	
	WMP police officers ( <i>n</i> = 7838)	Current sample ( <i>n</i> = 97)
<b>Gender</b>		
Female	35.7%	39.2%
Male	64.3%	59.8%
Prefer not to say	0.0%	1.0%
<b>Age</b>		
	Mean = 38 years	Mean = 41.03 years <sup>a</sup>
18–20 years old	1.5%	0.0%
21–25 years old	11.9%	5.0%
26–30 years old	13.9%	9.3%
31–40 years old	24.0%	30.0%
41–50 years old	28.4%	44.4%
51–60 years old	17.2%	10.2%
61–65 years old	2.6%	0.0%
Over 65 years old	0.5%	0.0%
Prefer not to say	0.0%	1.0%
<b>Ethnicity</b>		
White British	82.4%	87.6%
White other	2.9%	4.1%
Ethnic minority groups	13.8%	5.1%
Not stated	0.4%	0.0%
Prefer not to say	0.5%	3.1%
<b>Length of service</b>		
	Mean = 12 years	Mean = 16.07 years <sup>a</sup>
	Range = 0–36 years	Range = 0–31 years <sup>a</sup>
Less than 2 years	17.9%	4.1%
2–5 years	23.0%	14.5%
6–10 years	4.7%	6.2%
11–15 years	14.0%	16.5%
16–20 years	21.0%	19.6%
21–25 years	13.3%	29.8%
26–30 years	6.1%	7.2%
30+ years	0.1%	1.0%
Prefer not to say	0.0%	1.0%
<b>Rank</b>		
Constable	80.5%	42.3%
Sergeant	14.0%	34.0%
Inspector	3.7%	13.4%
Chief Inspector	0.9%	7.2%
Superintendent	0.6%	1.0%
Chief Superintendent	0.3%	0.0%
Chief Officers	0.1%	0.0%
Prefer not to say	0.0%	1.0%
Missing	0.0%	1.0%
<b>Department</b>		
Neighbourhood	21.7%	17.5%
Response	18.0%	15.5%
Criminal Investigation Department (CID)	17.6%	16.5%
Public Protection	10.3%	7.2%
Operations	9.3%	10.3%
Regional Organised Crime Unit	4.4%	4.1%
Counter Terrorism Unit	3.9%	3.1%

**Table 2** (continued)

Characteristic	Statistics	
	WMP police officers ( <i>n</i> = 7838)	Current sample ( <i>n</i> = 97)
Force Contact	2.1%	1.0%
Motorway Policing	2.1%	2.1%
Criminal Justice Services	1.8%	4.1%
Intelligence	1.6%	3.1%
Organisation Development and Learning	1.4%	1.0%
Forensic Services	0.3%	1.0%
Integrated Offender Management	0.1%	5.2%
Other	5.4%	2.1%
Prefer not to say	0.0%	6.2%

<sup>a</sup>Calculated based on officers who provided this information (*n* = 96 in both cases)

## 548 Correlations

549 Table 4 presents the pooled bivariate Pearson *r* correlations  
550 between all variables in the regression analysis. Length of  
551 service was not significantly correlated with help-seeking  
552 attitudes ( $r = 0.08, p = 0.225$ ), distress ( $r = -0.07, p = 0.246$ ),  
553 mental health literacy ( $r = 0.11, p = 0.154$ ), distress disclo-  
554 sure ( $r = -0.01, p = 0.464$ ), or organisational stigma ( $r = 0.08,$   
555  $p = 0.214$ ).

556 There was a moderate to strong significant correlation  
557 between each remaining independent variable and help-  
558 seeking attitudes. Greater mental health literacy ( $r = 0.44,$   
559  $p < 0.001$ ) and greater willingness to disclose distress  
560 ( $r = 0.76, p < 0.001$ ) were associated with more positive atti-  
561 tudes. Conversely, greater distress ( $r = -0.48, p < 0.001$ ) and  
562 greater organisational stigma ( $r = -0.61, p < 0.001$ ) were  
563 associated with more negative attitudes.

564 Levels of distress were lower for participants who had  
565 greater mental health literacy ( $r = -0.18, p = 0.040$ ) and  
566 for participants who were more willing to disclose distress  
567 ( $r = -0.36, p < 0.001$ ), but higher for participants who  
568 perceived greater stigma ( $r = 0.43, p < 0.001$ ). Participants  
569 who had greater mental health literacy were more willing

to disclose distress ( $r = 0.28, p = 0.003$ ) and reported lower  
stigma ( $r = -0.29, p = 0.002$ ). Participants who were more  
willing to disclose distress also perceived lower stigma  
( $r = -0.46, p < 0.001$ ).

## Regression Analyses

A multiple regression analysis was run including all five  
predictors, using the imputed data. The mean proportion of  
variance in help-seeking attitudes explained across the 30  
imputations was 71.8%. This proportion ranged from 71%  
(imputation 30,  $R^2 = 0.71, F[5, 91] = 45.28, p < 0.001$ ) to  
72% (imputations 21 and 22,  $R^2 = 0.72, F[5, 91] = 47.25,$   
 $p < 0.001$ ). Adjusted  $R^2$  values ranged from 70 to 71%. Full  
statistics for each imputation are in Section S3 of the Sup-  
plementary Material.

Table 5 presents the results of the initial regression  
analysis. In line with hypothesis 1, mental health lit-  
eracy ( $\beta = 0.18-0.20; p = 0.002$ ) and distress disclosure  
( $\beta = 0.53-0.55; p < 0.001$ ) were significant positive pre-  
dictors of help-seeking attitudes. Supporting hypothesis  
2, perceived organisational stigma significantly negatively  
predicted help-seeking attitudes ( $\beta = -0.27$  to  $-0.24;$

**Table 3** Descriptive statistics for all variables in the regression model

Measure	<i>M</i>	<i>SD</i>	Range
Help-seeking attitudes: IASMHS ( <i>n</i> = 97)	58.3	17.0	16–94
Current distress: CORE-OM ( <i>n</i> = 97)	8.1	6.1	0–29
Mental health literacy: MMHLM ( <i>n</i> = 97)	18.3	4.9	3–26
Distress disclosure: DDI ( <i>n</i> = 97)	34.6	11.0	12–60
Organisational stigma: POSS			
Original data ( <i>n</i> = 72)	34.2	8.5	18–55
Imputed data ( <i>n</i> = 97)	33.4 <sup>a</sup>	8.5 <sup>a</sup>	— <sup>b</sup>

<sup>a</sup>Pooled statistics following multiple imputation

<sup>b</sup>Range differed for each imputation

**Table 4** Pooled Pearson's *r* correlations between all variables in the regression model (*n*=97)

	1	2	3	4	5	6
1. Help-seeking attitudes (IASMHS)	–					
2. Length of service	0.08	–				
3. Current distress (CORE-OM)	–0.48***	–0.07	–			
4. Mental health literacy (MMHLM)	0.44***	0.11	–0.18*	–		
5. Distress disclosure (DDI)	0.76***	–0.01	–0.36***	0.28**	–	
6. Organisational stigma (POSS)	–0.61***	0.08	0.43***	–0.29**	–0.46***	–

\**p*<0.05; \*\**p*<0.01; \*\*\**p*<0.001

591 *p*<0.001). Hypothesis 3 was only partially supported. Cur- 615  
 592 rent distress was a significant negative predictor ( $\beta = -0.15$  616  
 593 to  $-0.13$ ;  $p = 0.029$ ), but length of service was not signifi- 617  
 594 cant ( $\beta = 0.07-0.08$ ;  $p = 0.193$ ). 618

595 The regression analysis was then re-run, including only 619  
 596 the four significant predictors, to improve the precision of 620  
 597 the model. The mean proportion of variance in help-seeking 621  
 598 attitudes explained by the new model was 71.28%. The pro- 622  
 599 portion ranged from 71% (imputation 30,  $R^2 = 0.71$ ,  $F[4,$  623  
 600  $92] = 55.74$ ,  $p < 0.001$ ) to 72% (imputation 21,  $R^2 = 0.72$ , 624  
 601  $F[4, 92] = 58.14$ ,  $p < 0.001$ ; imputation 22,  $R^2 = 0.72$ ,  $F[4,$  625  
 602  $92] = 58.30$ ,  $p < 0.001$ ). Adjusted  $R^2$  values ranged from 70 626  
 603 to 71%. See Section S4 of the Supplementary Material for 627  
 A26 the full statistics for each imputation (Table 6). 628

605 As in the original model, current distress ( $\beta = -0.16$  629  
 606 to  $-0.14$ ;  $p = 0.020$ ), mental health literacy ( $\beta = 0.19-0.20$ ; 630  
 607  $p < 0.001$ ), distress disclosure ( $\beta = 0.53-0.55$ ;  $p < 0.001$ ), 631  
 608 and perceived organisational stigma ( $\beta = -0.25$  to  $-0.22$ ; 632  
 A27  $p < 0.001$ ) all significantly predicted help-seeking attitudes. 633

## 610 Discussion

611 The current study aimed to investigate intrapersonal and 634  
 612 organisational predictors of police officers' attitudes towards 635  
 613 seeking psychological support. In order to refine a broad and 636  
 614 fragmented field of research, the study focused on factors 637

615 which have previously been under-researched, or where 616  
 617 findings have been inconsistent across studies. Specifically, 618  
 619 current distress, mental health literacy, distress disclosure, 620  
 621 organisational stigma, and length of service were examined 622  
 623 as predictors of psychological help-seeking. 624

625 In terms of help-seeking attitudes, police officers' mean 626  
 627 IASMHS score was 58.3/96. IASMHS scores ranged from 628  
 629 16 to 94, suggesting substantial individual differences in 630  
 631 officers' openness to help-seeking. Interestingly, these 632  
 633 scores were very similar to those of an Irish police sample 634  
 635 ( $M = 54.5$ , range = 15–93; Hyland et al. 2015), suggesting 636  
 637 potential international similarity in police help-seeking atti- 638  
 639 tudes. Higher mean scores were reported when the IASMHS 640  
 641 was initially developed in 2004, both among undergraduate 642  
 643 psychology students ( $M = 61.4$ ) and in a community sample 644  
 645 ( $M = 69.2$ ; Mackenzie et al. 2004). This could suggest that 646  
 647 police officers have slightly more negative help-seeking atti- 648  
 649 tudes than the general public. However, Mackenzie et al.'s 649  
 650 (2004) study was conducted nearly 20 years ago in Canada, 651  
 652 so is not directly comparable to the current UK sample. 652

653 In keeping with hypothesis 1, greater mental health lit- 654  
 655 eracy and greater distress disclosure both predicted more 655  
 656 positive attitudes towards seeking psychological support. 656  
 657 This finding fits with that of Krakauer et al. (2020), who 657  
 658 found a significant positive correlation between mental 658  
 659 health literacy and help-seeking attitudes. It is also con- 659  
 660 sistent with qualitative findings that officers' awareness 660  
 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000

**Table 5** Multiple regression analysis predicting help-seeking attitudes: all predictors (*n*=97)

	<i>B</i> <sup>a</sup>	SE <i>B</i> <sup>a</sup>	$\beta$ <sup>b</sup>		<i>p</i> <sup>a</sup>	95% CI <sup>a</sup>	
			Lower	Upper		Lower	Upper
Constant: Help-seeking attitudes (IASMHS)	35.04	7.76			<0.001	19.84	50.25
Length of service	0.15	0.12	0.07	0.08	0.193	–0.08	0.38
Current distress (CORE-OM)	–0.39	0.18	–0.15	–0.13	0.029	–0.73	–0.04
Mental health literacy (MMHLM)	0.65	0.21	0.18	0.20	0.002	0.25	1.06
Distress disclosure (DDI)	0.84	0.10	0.53	0.55	<0.001	0.64	1.03
Organisational stigma (POSS)	–0.50	0.14	–0.27	–0.24	<0.001	–0.77	–0.24

95% CI=95% confidence intervals for *B*.  $R^2 = 71-72\%$ ; adjusted  $R^2 = 70-71\%$ <sup>a</sup>Pooled values<sup>b</sup>Range of values across the imputations

**Table 6** Multiple regression analysis predicting help-seeking attitudes: significant predictors only ( $n=97$ )

	$B^a$	SE $B^a$	$\beta^b$		$p^a$	95% CI <sup>a</sup>	
			Lower	Upper		Lower	Upper
Constant: Help-seeking attitudes (IASMHS)	36.29	7.73			<0.001	21.14	51.44
Current distress (CORE-OM)	-0.41	0.18	-0.16	-0.14	0.020	-0.76	-0.07
Mental health literacy (MMHLM)	0.69	0.21	0.19	0.20	<0.001	0.28	1.09
Distress disclosure (DDI)	0.83	0.10	0.53	0.55	<0.001	0.64	1.03
Organisational stigma (POSS)	-0.48	0.14	-0.25	-0.22	<0.001	-0.74	-0.21

95% CI=95% confidence intervals for  $B$ .  $R^2=71-72\%$ ; adjusted  $R^2=70-71\%$ <sup>a</sup>Pooled values<sup>b</sup>Range of values across the imputations

642 of mental health and support is an important precursor to  
643 help-seeking (Burns and Buchanan 2020).

644 The relationship between officers' willingness to dis-  
645 close distress and their help-seeking attitudes had only  
646 been examined once previously. Heffren and Hausdorf  
647 (2016) found that distress disclosure positively predicted  
648 help-seeking attitudes, but only for one professional group  
649 (the study was unclear as to which group). The current  
650 study did not differentiate professional groups but found,  
651 similarly, that officers who discussed their distress more  
652 were more open to accessing support. In fact, distress  
653 disclosure was the strongest predictor of help-seeking  
654 ( $\beta=0.53-0.55$ ). This echoes qualitative findings, such as  
655 the expectation for officers to suppress emotion (Edwards  
656 and Kotera 2021; Burns and Buchanan 2020). Importantly,  
657 both mental health literacy and distress disclosure made  
658 significant *unique* contributions to the regression model.  
659 Thus, they each independently explain variance in help-  
660 seeking attitudes when all other factors in the model are  
661 held constant.

662 In accordance with hypothesis 2 and with previous  
663 research (Krakauer et al. 2020; Tucker 2015), officers who  
664 perceived greater organisational stigma had more negative  
665 help-seeking attitudes, even when all other predictors were  
666 accounted for. This also fits with Karaffa and Tochkov's  
667 (2013) finding that perceived help-seeking willingness of  
668 colleagues positively predicted officers' own help-seeking  
669 attitudes. Moreover, the negative impact of police culture on  
670 help-seeking is a very common theme in qualitative stud-  
671 ies (e.g. Burns and Buchanan 2020; Edwards and Kotera  
672 2021; Hofer and Savell 2021; Ricciardelli et al. 2021). Not-  
673 ably, studies have not always found significant relationships  
674 between help-seeking attitudes and specific aspects of police  
675 culture, such as officers' level of fear regarding their work-  
676 place (e.g. fear of making mistakes; Heffren and Hausdorf  
677 2016). Future studies may benefit from parsing out aspects  
678 of organisational stigma. For example, officers' help-seeking  
679 attitudes may be negatively affected by organisational views  
680 of mental health, but not by general aspects of organisational  
681 culture, such as fearing work.

Hypothesis 3 was partially supported. As predicted, cur-  
rent distress was a significant predictor of help-seeking atti-  
tudes. Specifically, officers who were experiencing greater  
distress were less open to seeking help, regardless of their  
scores on the other variables. This counter-intuitive result  
is consistent with findings that perceived need for men-  
tal health services (DePierro et al. 2021), greater PTSD  
symptoms (DePierro et al. 2021; Ménard et al. 2016), and  
a probable PTSD diagnosis (Soomro and Yanos 2019) all  
predicted more negative help-seeking attitudes (albeit not  
in every study; Jetelina et al. 2020). It may be that mental  
health stigma deters officers from seeking help when they  
most need it. Indeed, in the current study, greater distress  
was correlated with greater stigma ( $r=0.43$ ,  $p<0.001$ ).  
Future research could investigate whether stigma mediates  
the relationship between distress and help-seeking attitudes.

Nevertheless, this would not explain why help-seeking  
attitudes have been found to be *positively* predicted by  
other aspects of distress, including secondary traumatic  
stress (Daniel and Treece 2022), suicide/self-harm ideation  
(Jetelina et al. 2020), and having a mental health diagnosis  
(DePierro et al. 2021; Lane et al. 2022). It may be that seek-  
ing help for certain difficulties is less shameful for police  
officers. For example, suicide and self-harm may represent  
more extreme distress, which officers may feel better justi-  
fies help. However, further aspects of distress (e.g. burnout,  
depression, anxiety, and stress) have not been significantly  
associated with help-seeking attitudes (Copenhaver and  
Tewksbury 2018; Daniel and Treece 2022; DePierro et al.  
2021; Jetelina et al. 2020; Lane et al. 2022; Short 2021;  
Tucker 2015). Therefore, although *overall* distress may  
impede help-seeking willingness, different aspects of dis-  
tress may relate differently to help-seeking attitudes. This  
could be investigated in future studies and may explain  
why distress was the weakest predictor in the current study  
( $\beta=-0.16$  to  $-0.14$ ).

Finally, contrary to hypothesis 3, length of service had a  
very small, non-significant effect on help-seeking attitudes  
( $\beta=0.07-0.08$ ). This is consistent with many past studies  
(Ceka and Ermasova 2021; Copenhaver and Tewksbury

2018; Karaffa and Tochkov 2013; Ménard et al. 2016; Tucker 2015; White et al. 2016). Interestingly, the finding contradicts WMP's practice-based hypothesis that newer-in-service officers are more open to seeking support. Rather than a linear relationship between length of service and help-seeking attitudes, it may be that only the newest officers are more open to help-seeking. Newer-in-service officers were under-represented in the current study (e.g. 18.6% of the sample had under 5 years' experience, compared to 39.9% of the force), which may have obscured any association with help-seeking attitudes.

Sample bias might also explain why some studies found a significant positive relationship between length of service and help-seeking attitudes (Asen and Colón 1995; Daniel and Treece 2022; Hyland et al. 2012; Lane et al. 2022). For example, the majority of Hyland et al.'s (2012) sample (79.5%,  $n=206$ ) had been in the police for 2 years or less. The relationship may not retain significance for a broader range of experience. There may also be differences between forces. For example, Asen and Colón (1995) suggested that longer-in-service officers likely have greater familiarity with their employee assistance programme (EAP), which may increase their openness towards support. However, this suggests that officers encounter the EAP frequently throughout their careers, which may not apply to all forces.

Overall, the findings of the current study are broadly consistent with McLaren et al.'s (2023) theoretical model of psychological help-seeking. Both mental health literacy and stigma are explicit predictors in this model. Although not currently included, distress disclosure could be added as a factor affecting *help-seeking self-efficacy*. Specifically, individuals who discuss their distress more may feel more capable of seeking assistance. This could be tested in future research. Interestingly, the negative relationship between distress and help-seeking attitudes in the current study appears to contradict the model, in which individuals are assumed to seek help when they sense they are struggling. Admittedly, the current study measured objective distress symptoms rather than subjectively perceived well-being. However, DePierro et al. (2021) similarly found that police officers' perceived need for mental health services negatively impacted their help-seeking attitudes. Therefore, McLaren et al.'s (2023) model may require adaptation for police populations to reflect different relationships between distress and help-seeking in police versus community samples. This should be researched further.

## Limitations and Future Research

Some limitations to the current study should be considered. The study was cross-sectional, so was not intended to determine whether the predictors *causally* predict help-seeking attitudes. Causality could be investigated in the future

through longitudinal and intervention-based research, such as by comparing officers' help-seeking attitudes before and after an intervention which reduces organisational stigma. Moreover, the cross-sectional nature of the study necessitated a focus on officers' views about accessing support (i.e. help-seeking *attitudes*) and not whether officers actually sought support (i.e. help-seeking *behaviour*). Mojtabai et al. (2016) found that some attitudinal factors (e.g. willingness to seek help) predicted help-seeking behaviour but others (e.g. embarrassment over help-seeking) did not. Therefore, help-seeking attitudes may not be an exact proxy for actual help-seeking.

In addition, several demographic variables (gender, ethnicity, age, rank, and department) were excluded from the regression analyses because of concerns over statistical power. However, these variables warrant inclusion in future, larger studies because they have previously returned inconsistent findings (gender, age, and ethnicity) or have not been investigated before (UK rank and department; Grumley Traynor and Rydon-Grange 2024). Gender is of particular interest because the general pattern of women being more open to help-seeking than men (Nam et al. 2010) is not always found in police samples (Grumley Traynor and Rydon-Grange 2024).

Furthermore, the 'Don't know' option on the POSS (Stuart 2017) was problematic as it led to 25 participants missing at least one response. As described above, missing data were managed via multiple imputation, but this relies on estimation (increasing the likelihood of error). Future studies using the POSS may wish to exclude the 'Don't know' option. A recent study (published after the current data collection had begun) appears to have omitted 'Don't know' and still reported good internal consistency for the POSS (Burzee et al. 2022). More thorough investigation of the psychometric properties of the POSS is required generally, especially as it appears to be the only measure focusing specifically on organisational stigma in the police.

Another limitation relates to the language in the IASMHS and MMHLM. During survey design, a police researcher identified that it was sometimes unclear whether IASMHS items were asking participants to consider their own experience or what others do/should do (e.g. 'Keeping one's mind on a job is a good solution for avoiding personal worries and concerns'). The meaning of other phrasing was also considered unclear (e.g. 'It is probably best not to know everything about oneself'). To preserve the measure's psychometric integrity, these items could not be changed. Nevertheless, this fits with White et al.'s (2018) conclusions that attitudinal help-seeking measures require refinement for future research. Furthermore, the MMHLM reflects a somewhat medicalised and unnuanced view of mental health. For example, it dichotomises the continuum of mental wellbeing into 'well' versus 'ill' by referring only to psychiatric

826 diagnoses (e.g. schizophrenia). Similarly, mental health literacy  
827 eracy itself is dichotomised, reducing the MMHLM's sensi-  
828 sitivity to intra- and inter-individual variability. Moreover,  
829 the MMHLM assumes as fact some statements which are  
830 debatable without qualification (e.g. 'Taking prescribed  
831 medications for mental illness is effective'). The MMHLM  
832 was considered the most appropriate of all available mental  
833 health literacy measures, suggesting, again, that these meas-  
834 ures require improvements.

835 Finally, there were some limitations to the current sample.  
836 Although the survey was advertised widely, the potential for  
837 self-selection bias remained. For example, stating explicitly  
838 that a survey concerns mental health can lead to a sample  
839 with higher rates of mental health difficulties (Stevellink  
840 et al. 2020). In addition, the current study only included  
841 sworn police officers (in order to maintain a manageable  
842 sample size). There are many police staff roles (e.g. digital  
843 imaging viewers) which are very similar to those of police  
844 officers and may present similar challenges to wellbeing  
845 (Gray and Rydon-Grange 2020; Varker et al. 2022). Where  
846 possible, future research should involve a broader range of  
847 police participants. Finally, officers who have previously  
848 sought help were excluded due to concerns over statistical  
849 power. Future, larger studies should include these officers  
850 to improve generalisability and to examine any interaction  
851 between past help-seeking and other predictors.

## 852 Clinical Implications

853 The current findings offer tentative suggestions for areas  
854 of intervention which may help to improve police officers'  
855 attitudes towards seeking psychological support. Of all the  
856 predictors studied, distress disclosure had the largest unique  
857 effect on help-seeking attitudes. Therefore, it may be impor-  
858 tant to increase officers' comfort in sharing their difficulties  
859 generally, before professional help is considered. There do  
860 not appear to be many interventions designed to encourage  
861 distress disclosure specifically. However, Jorm et al. (2020)  
862 found that Mental Health First Aid (MHFA) training sig-  
863 nificantly increased participants' willingness to disclose  
864 distress, despite being designed to help people to support  
865 others. Therefore, general mental health training might be  
866 a useful starting point within police forces. Indeed, MHFA  
867 has, itself, been shown to positively predict officers' help-  
868 seeking attitudes (Lane et al. 2022). This relationship could  
869 be mediated by distress disclosure.

870 The provision of mental health training to police officers  
871 may also improve mental health literacy, another signifi-  
872 cant unique predictor of help-seeking attitudes in the current  
873 study. Importantly, caution and further research are needed  
874 to ensure that the selected training programme is effective  
875 in practice. Knaak et al. (2019) studied the Canadian Road  
876 to Mental Readiness (R2MR) training and concluded that

877 it was its cultural uptake (i.e. the integration of the pro-  
878 gramme into the organisation's norms) which determined  
879 its success. Similarly, LaMontagne et al. (2021) discussed  
880 the importance of anticipating barriers such as scheduling  
881 and workload challenges when planning police mental health  
882 literacy training.

883 Nevertheless, when programmes such as R2MR are  
884 incorporated into organisational practice, they have good  
885 potential for creating cultural change, including more posi-  
886 tive discussion and acceptance of mental health, greater  
887 drive for change, and, notably, greater help-seeking (Knaak  
888 et al. 2019). Thus, there is an opportunity for interventions  
889 which target not only intrapersonal predictors of help-  
890 seeking attitudes (e.g. mental health literacy and distress  
891 disclosure), but also the less tractable interpersonal predic-  
892 tor of organisational stigma. Indeed, in the current study,  
893 organisational stigma, mental health literacy, and distress  
894 disclosure were all intercorrelated (see Table 4). Crucially,  
895 however, each of these factors *uniquely* explained variance  
896 in help-seeking attitudes when all other factors were held  
897 constant. Thus, an intervention which targets all three factors  
898 simultaneously could potentially lead to three increases in  
899 help-seeking attitudes.

900 One finding of particular concern in the current study is  
901 the fact that officers experiencing greater distress were less  
902 open to seeking psychological support, even when all other  
903 variables in the model were accounted for. This suggests  
904 that it may not be appropriate to expect officers to reach  
905 out when they are in distress. Tehrani and Hesketh (2019)  
906 recommend using a proactive surveillance process, whereby  
907 officers in high-risk roles regularly complete mental health  
908 screening measures (e.g. regarding anxiety, PTSD). If  
909 officers' scores raise concerns, they are referred for further  
910 assessment and/or support. Where possible, psychological  
911 screening should be external to the police force, as research  
912 shows that officers under-report their mental health difficul-  
913 ties to their employing organisation (Marshall et al. 2021).

914 Finally, it is important to consider the generalisability  
915 of the current findings. Statistically, the small difference  
916 between the  $R^2$  and adjusted  $R^2$  values (1%) suggests that the  
917 results should generalise well. The results also seem broadly  
918 consistent with international findings, despite substantial  
919 international differences between police forces (e.g. Belkin  
920 2021). Comparison with demographic data from the force as  
921 a whole suggested the sample was reasonably representative  
922 of WMP (see Table 2), but there was some discrepancy in  
923 terms of ethnicity and rank. As the number of eligible par-  
924 ticipants (i.e. WMP officers who have not previously sought  
925 help) is unknown, the response rate could not be calculated.  
926 It is likely to be low given the total number of officers in  
927 WMP (7838). Although the current study was adequately  
928 powered, it would be interesting to determine whether the  
929 results are consistent in a larger sample, more representative

of WMP officers, and of British and international officers more broadly. Given that the data exhibited minor violations of the statistical assumptions for regression, it would also be prudent to verify the current findings (especially regarding mental health literacy) in future research.

## Conclusion

The main aim of the current study was to investigate five potential predictors of help-seeking attitudes among UK police officers. In so doing, the study sought to help refine what is currently a broad and fragmented field of research. Ninety-seven officers from West Midlands Police, of various ranks and departments, completed an online survey. Multiple regression analysis indicated that current psychological distress, mental health literacy, distress disclosure, and organisational stigma were all significant predictors of officers' attitudes towards seeking psychological support, whereas length of service was non-significant. Further high-quality and focused research into the predictors of help-seeking attitudes—and, importantly, of actual help-seeking—is still needed. Meanwhile, the current findings suggest some key areas to consider when designing and evaluating interventions to encourage help-seeking. The current study has also highlighted the importance of organisations proactively offering help to officers, given that officers may be less open to seeking help when in distress.

**Supplementary Information** The online version contains supplementary material available at <https://doi.org/10.1007/s11896-024-09652-3>.

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