**M.A. in Counselling & Psychotherapy**

**Dissertation**

**Attitudes of Front-Line Gardaí to Mental Health / Wellness Supports**

This dissertation being submitted for the requirement of the degree M.A. in Counselling and Psychotherapy

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**Abstract.**

Policework is recognised as a stressful profession with officers witnessing and experiencing traumatic incidents. Police officers are constantly exposed to internal organisational and external stressors. An Garda Síochána (AGS) is the police service of the Republic of Ireland and is a national uniformed unarmed police service engaged in a myriad of policing and social services for the Irish State. This research’s objective is to investigate the attitudes of front-line police officers (Gardaí) in seeking professional psychological care for themselves, their perceptions of organisational bias around mental health, police mental health morbidities, the examination of “Police Culture” relating to mental health in AGS, pluralistic ignorance, cognitive dissonance and the experiences of current AGS employee assistance supports. A quantitative anonymous external on-line survey is conducted with 620 Gardaí participating; examining their experiences and beliefs towards engaging with mental health services and occupational health services. Respondents outlined barriers to support seeking such as stigma, availability, accessibility and cost of treatment. Information as to what services are being accessed and suggestions to service improvement were sought. Implications and recommendations are discussed.

1. **Introduction.**

An Garda Síochána (AGS) is the national police service of the Republic of Ireland and serves as one of the primary intersections between the Irish State and its citizens.

AGS is primarily an unarmed uniformed police service performing policing and social services in the communities it serves. Presently, it employs 16,000 people consisting of sworn police officers (Gardaí) and civilian support staff. The organisation is somewhat unique, in that initially all sworn members of each rank have been unarmed front line responders, which are defined as emergency personnel that respond to emergencies, accidents, crime and people in crises (Hector & Khey, 2022). Front line officers who interact with the public are typically of Garda and Sergeant rank of which as of the 31st of August 2022 consisted of 11,493 Gardaí and 2,091 Sergeants. This is the cohort (13,584) that this study will focus on with 71% being male and 29% being female. Given a varied study population who may hold different attitudes, to provide a deeper understanding, six cohorts were created, subdivided by sex and age: 18-30 years, 30-45 years and 45-60 years.

Police organisations have proven difficult for academics to scrutinise (Bacon et al., 2021; Fleming, 2010). AGS, as a national police service has responsibility for State security, enforcement of laws and the detection of crime which requires a necessary ethos of secrecy, confidentiality and legal privilege to operate successfully. This ethos permeates throughout the organisation denying transparency and reflection at all levels leading to a resistance of examination and to change. Voluntary, continual and consensual compliance with the law, a goal of police organisations, requires public trust in the police service giving the perception to police managers that any criticism of the police organisation reduces its legitimacy and efficacy (Tyler & Huo, 2002).

Individual Gardaí are prohibited from joining political and trade groups and are subject to disciplinary action should they bring the organisation into disrepute (Garda Síochána (Discipline) Regulations, 2007). These restrictions and organisational secrecy require the individual police officer to present a public face and may induce a fear around disclosure. Officers are required to hide their personal beliefs and present an official countenance which inhibits disclosure to academics of their own private perceptions. Gardaí are subject to a plethora of external/internal oversight institutions and the judiciary to justify all their actions. The individual officer has few supports to defend against allegations, placing them in a precarious situation legally and financially. Sharing information, where not required, with academics can be viewed as an unnecessary risk. Any study of police officer’s personal attitudes and that of their police organisations must have sufficient trust to breach these barriers. This study was carried out by an insider using non organisational social media site to confidentially obtain information from anonymous police officers. Only serving Gardaí who were referred by other Gardaí could access this social media site guaranteeing the integrity of the study population as sworn Garda officers.

Mental health problems are a leading cause of disability with the World Health Organisation reporting that one in eight people in the world suffer with a mental health disorder (World Health Organisation, 2022). Mental health is often a taboo subject in society requiring significant courage and desperation for people to seek help.

Stigma is one of the prime barriers for those who require mental health support in that it reduces self-esteem and diminishes social and professional opportunities (Corrigan, 2004). Goffman (2009) tells us that stigma is an attribute, failing, shortcoming or handicap that makes a person thoroughly bad, dangerous, or weak reducing him in the minds of others. Stigma is created by cultural beliefs (Grinker, 2021) requiring an examination of Garda culture towards mental health. Other barriers such as lack of knowledge around mental health, availability of therapists, pluralistic ignorance, cognitive dissonance, finance, lack of organisational support and gender role beliefs require analysis.

Police work is internationally recognised as a stressful occupation occasioning physical and psychological morbidities (Lees et al, 2019; Maguen et al, 2009; Marchand et al, 2015). The study of police services by academics has been hampered by the mistrust of police officers who believe that “outsiders” will not understand the complexity of police work and a less than transparent organisational management concerned with confidentiality, secrecy, and the need to maintain public confidence (Lumsden & Goode, 2018). There is little available research relating to the mental health of members of An Garda Síochána.

Mental health illness is an invisible illness that is only now gaining public prominence (Mills, 2018). It is especially difficult to identify in people working in demanding and dynamic environments such as front-line policing where social norms are constantly at variance and circumstances are in flux. Suicide is the most obvious evidence of a person that was in mental distress. AGS personnel have a reported four times greater suicide rate than the Irish public (McGreevy & Gallagher, 2020). Latest available records from Irelands Central Statistics Office (CSO) reports that 22 people with the profession recorded as Garda (7 retired) died by suicide between 2013-2020 (Appendix 9). Fallon (2018) survey of Garda rank members of AGS (n=2204), generated by the Garda Representative Association, suggested that over one quarter of participants may be suffering from Post Traumatic Stress Disorder (PTSD) or a variant making for startling reading. This study of a significant number of officers if extrapolated to the total police population displays a high prevalence of mental health morbidities that requires further research.

Healthy front-line responders, who are critical for public safety, are regularly exposed to primary, secondary, and vicarious trauma. Gardaí have experience in dealing with individuals who are acutely suffering from mental ill health but little or no training in mental health topics relating to others or themselves.

AGS, with as of all Irish society, has undergone a cultural shift with the welcome employment of many women over the last two decades. This has resulted in a reduction in the machismo culture within AGS with the change in ethos from a police force to a police service. These new female Gardaí makes up a large proportion of operational units adding a new dynamic into traditional police culture.

An on-line quantitative survey labelled “Attitudes of front-line members of An Garda Síochána to professional psychotherapy / wellness supports” with 48 questions was utilised to obtain data. Four open questions were included to permit participants to provide their personal views on subjects. This study (n=620) is an analysis of the culture, beliefs and experiences of front-line police officers (Gardaí) towards their own mental wellbeing, their experiences of current supports and ideas for future services, an examination of the current employee assistance programmes with an analysis of challenges and obstacles such as stigma, police culture, pluralistic ignorance and cognitive dissonance facing Gardaí in accessing mental health supports.

The increasing openness of younger people to mental health matters (American Psychological Association, 2019) is changing societal attitudes and the data is analysed to ascertain if this if true for the different age cohorts of AGS.

**Hypotheses.**

1. Front line response Gardaí require a higher level of mental health / wellness supports.
2. Front line response Gardaí are averse to engaging with professional psychological services.
3. Gardaí believe there is organisational stigma to mental health in AGS.
4. Gardaí are content with current AGS employee assistance supports.
5. There is a high level of pluralistic ignorance around the area of personal mental health with front-line members of AGS.

Awareness is the first step to identifying issues that can then be progressed and this study proposes to be such a step. Good mental health is essential for police officers to do their job well. The Irish public rely on their police service (AGS) to provide healthy Gardaí who can perform their duties optimally.

**Pluralistic Ignorance.**

Developed by psychologist Floyd Allport in the 1920’s, pluralistic ignorance is where a group member believes erroneously that their group hold a different cognition and/or behaviour to them (Halbesleben & Buckley, 2004). As a result of training and the induction into police culture, individual police officers can develop a persona of “rugged individualism” that is displayed by the group of officers surrounding them showing invulnerability to stress and a belief that they have superior coping skills to deal with trauma (Armitage, 2017). Support seeking is seen as a weakness that can result in the perception that the officer will be excluded from the group (Tomasulo, 2015). Studies show that individual police officers believe that their colleagues were less likely to seek professional psychological support than they were (Karaffa & Koch, 2016). Prentice & Miller (1993) investigations tell us that men who misjudge perceptions of a topic and due to social desirability, embarrassment, fear or social inhibition may change their original outlook to the topic toward the inaccurate observed cultural norm showing a form of cognitive dissonance.

**Cognitive dissonance.**

These beliefs create a cognitive dissonance that along with gender role conflict leads primarily male police officers on a self-destructive path with an inconsistency between their cognitions. Individuals may know that they need assistance and are aware of its benefits but will not seek this help because of the potential personal and professional costs. In fact, officers will suggest counselling to suffering victims that they meet during their duties but shy away from their own advice about help seeking (Festinger, 1957). They will not identify that they need help with their own mental health with Festinger (1964) cognitive dissonance theory telling us that cognitive dissonance is stronger when issues that are about self-image are present and to reduce the discomforts caused by the different cognitions the individual will change their attitudes in line with the social norm thus reinforcing the stigma. The need to conform to the social norms of the police culture and remain part of the group further disincentives officers from seeking help (Cialdini & Trost, 1998). As a result, officers partake in maladaptive coping behaviours such as excessive nicotine and alcohol abuse, family abuse, domestic violence and suicide (Violanti, 2007).

1. **Methodology & Design.**

**Introduction.**

The authors philosophical belief concurs with the interpretative stance that the meaning attached to reality is individualistic and subjective (Babbie & Benaquisto, 2001). Obtaining substantive information relating to the personal beliefs of a large cohort of people is challenging. Deciding on the most effective and efficient method of gathering relevant data moved this study towards a quantitative paradigm.

The study’s aims to discover front line AGS members perceptions and the interpretation of their beliefs. To ensure a more rigorous and objective study with a lesser probability of subjective bias and interpretations influencing the data collection process a quantitative methodology was selected as a superior tool (Creswell, 2012). This permitted a large sample size for the examination of a subject not researched in AGS previously.

Phenomenological reduction was practised throughout the course of the study where the researcher accounted and controlled for personal bias that could influence the interpretation of data (Eddles-Hirsch, 2015).

**Research Design.**

Richman et al (1990) meta-analysis concluded that online questionnaires reduced people’s proclivity to provide socially desirable responses and increase self-disclosure as the method provided participants with an increased feeling of anonymity. The questionnaire provides a cross sectional data for observational research to examine the relationships of variables of the studied population.

**Data Collection.**

The primary data is the information gathered by the researcher and provides the basis of the study consisting of the attitudes and perceptions of the front-line members of AGS. Survey results will be cross tabulated by subgroups, data interrogated and results analysed to produce conclusions to support or disprove hypothesises.

**Questionnaire Design.**

A 46-point internet questionnaire was developed consisting of demographic and responsive questions. The survey was a 5–10-minute self-administered questionnaire through the smart survey website. A similar survey was not identified in the literature. To provide quality questions with academic rigour, questions from the Police Officers Stigma Scale (POSS), Attitudes Towards Seeking Professional Psychological Help Scale – Short Form (ATSPPH-SF) and the Mental Health Knowledge Scale (MHKS) were inserted. Questions were answered primarily using a 5-point Likert scale which is recognised as one of the best measurement tools in psychology (Jebb et al., 2021).

Feedback on current employee assistance supports was sought by allowing participants to express their personal views on the subject in three open questions and a final question seeking suggestions for future improvement in organisational employee mental health supports.

**AGS Employee Assistance Programmes.**

Participants were asked twelve questions relating to engaging with AGS Employee Assistance Programmes. Data on awareness of supports, ease of access, satisfaction levels and views on future improvements was sought. Attitudes to mandatory professional counselling services and a suicide prevention programme were requested.

**Respondent source - Back Channel Chatter.**

A social media site “Back Channel Chatter” with a membership of six thousand five hundred Gardaí (6,500) was identified as the largest independent grouping of the study’s cohort. The site is solely for operational members of AGS with membership only obtainable with the endorsement of serving Gardaí who are part of the group. This insured sample integrity. Anonymity was guaranteed by not seeking the names or other personal details of the respondents. The group moderators kindly allowed a post to be placed on the page requesting members to complete an online questionnaire which was hosted by Smart Survey. The survey was open for three weeks during July 2022.

1. **Research Findings.**

**Introduction.**

The survey yielded 620 completed responses which represents 4.5% of the total target population (n=13,584) and 10% (n=6,500) of the available cohort who are members of the group. The sample size is sufficient for group analysis and represents one of the largest known sample sizes for any study of members of AGS around mental health and wellbeing.

The smart survey website which hosted the survey provided a basic frequency analysis of responses. IBM Statistical Package for the Social Sciences (SPSS) and Microsoft Excel were used for analysis of specific participant cohorts.

Cohort 1. Males aged 18-30 years.

Cohort 2. Males aged 30-45 years.

Cohort 3. Males aged 45-60 years.

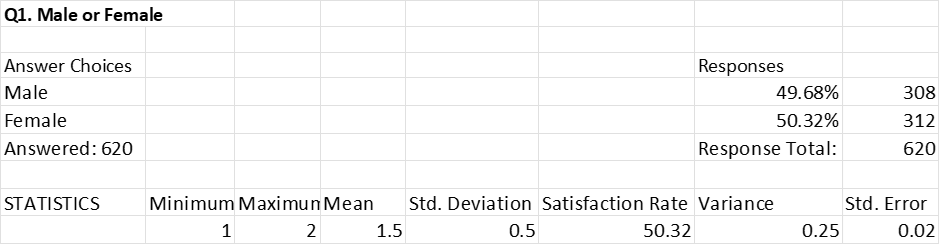
Cohort 4. Females aged 18-30 years.

Cohort 5. Females aged 30-45 years.

Cohort 6. Females aged 45-60 years.

These six cohorts allowed for the differences in ages and sex of the population to be determined in attitudes to survey questions to be analysed. Results are displayed in bar charts for ease of interpretation.

**Sociodemographic of respondents.**

























1. **Hypotheses.**
2. **HYPOTHESIS. Front line response Gardaí require a higher level of mental health / wellness supports.**

This hypothesis examines the premise surrounding traditional police culture beliefs that officers are more resistant or resilient to mental health illness due to factors such as toughness, machismo, training, apathy, rugged individualism or the dissociation experienced from constant exposure to trauma. Conversely, international literature indicates a higher prevalence of mental health morbidities such as suicidal ideation, PTSD, CPTSD, ASD, anxiety and depression amongst police officers compared to the general population but little evidence of such issues is proven for members of AGS.

AGS do not categorise mental illness leading to little data for analysis.Fallon’s (2018) study of 2,204 Gardaí on behalf of the Garda Representative Association (GRA) (Irish police officers staff organisation) suggested a 16% prevalence of PTSD and a 27.4% subthreshold level of PTSD symptoms.

Numbers of Gardaí who accessed mental health supports was sought to indirectly determine the numbers of those aware that they were suffering from a mental health issue.

44% of officers did state that they had used private mental health / wellness services which indicates a high level of need for mental health services in the study population. 36% of males and 55% of females had used private mental health services.



28% of respondents informed that they had utilised AGS provided mental health / wellness services with 26% of males engaging and 33% of females.



Female police officers reported a higher use of private mental health supports (55% v 36%) with the highest proportion of females aged 45-60 years engaging. Female officers also utilised organisational mental health / wellness supports in larger numbers (33% v 26%) with the same cohort (C6) being the highest proportion. This is in line with the higher number of female officers engaging with the study indicating that female officers are more open to the subject of mental health and to seeking supports than male officers.

A disparity of usage between private mental health supports (44%) and organisational supports (28%) was noted.

The Irish Health Service Executive (HSE) Public Mental Health Briefing (2015) (p23) estimated that 12% of the Irish public were experiencing minor or major psychiatric problems and 10% of those respondents had spoken to their General Practitioner doctor about mental health problems. These statistics match with the United Kingdom’s Mental Health Foundation statistics with 12.1% of UK citizens receiving mental health treatment (Lubian et al., 2016).

The National Institute of Mental Health statistics for 2020 states that 21% of the USA population has a prevalence of mental illness with 46.2% of those receiving mental health services showing that 9.7% of the USA population engaged with mental health supports (Terlizzi & Norris, 1921).

The study displays the number of front-line Gardaí who have engaged with mental health supports (private 44% / AGS 28%) is significantly greater than the general population (12%).

The hypothesis is proven.

1. **HYPOTHESIS. Front line response Gardaí are averse to engaging with professional psychological services.**

56% of respondents stated that they would seek professional psychological support if they were having a mental breakdown as a first option. 59% versus 14% believe that talking with a counsellor is positive method of dealing with emotional problems which correlates with Q12 results where 67% of respondents having a positive belief that counselling would be beneficial for themselves.



72% of Gardaí indicated that they may want psychological counselling if they were worried for a long period of time and 74% stated that they would want the option of counselling in the future.



Irish police officers have a positive personal attitude towards psychological supports with Female officers 18-30 and 45-60 years have a more positive belief than male officers.

The hypothesis is disproven.

1. **HYPOTHESIS. Gardaí believe there is organisational stigma to mental health in AGS**.

Stuart (2017) tells us that internal police stigma exists and that it plays a role in police officers in how they respond to psychological stress and avoid seeking supports. 96% of front-line officers would not report a mental health illness to AGS organisation. 74% would not request sick leave for a mental illness.



Male and female officers aged 30 to 45 years are the most reluctant to disclosing a mental health illness with other cohorts lagging closely behind. A large majority of Gardaí state that they would not inform the organization that they were suffering from a mental health issue.

When queried if they would disclose a current mental illness to a supervisor or manager 96% of respondents agreed or strongly agreed that a disclosure would not be made with 3% taking a neutral stance. All cohorts had a similar response.



This response was one of the surveys most emphatic results displaying the lack of trust in the AGS organisation around reporting mental health illnesses and indicates the presence of stigma within the organisation by frontline officers. The strongest negative response to disclosing a mental health illness is from 18 to 30 years which contradicts studies of younger people of other professions who are more open minded about the area of mental health (Armstrong, Hill, & Secker, 2000). These young police officers are the front line of policing in Ireland and may fit this more open demographic privately but are professionally mute. It is worrying that staff are unwilling to disclose current mental health issues while continuing to operate as front-line responders.

85% of respondents stated that they would not disclose to a colleague if they were experiencing a mental illness with 8% taking a neutral stance. 7% stated that they would inform a colleague showing a small disparity with disclosing to a trusted workmate rather than to the AGS organisation.

Gardaí were asked if they believed that they would be discriminated against if they disclosed that they were experiencing a mental illness to AGS and 86% agreed or strongly agreed that they would be with 7% remaining neutral. Only 7% of officers felt that they would not expect to be discriminated against should they disclose a mental illness.



The reluctance of front-line Gardaí to report ill with mental health appears to be prevalent with the belief of discrimination due to revealing mental illness slightly stronger with female officers than male officers. This displays a belief amongst AGS front line staff that organisational stigma exists within AGS. The overwhelming reluctance of staff to report the issue of their sickness from work due to mental health leads to an organisational ignorance of the magnitude of the problem ensuring that no corrective organisational measures will be taken. The above results confirm the existence of organisational stigma within AGS.

The hypothesis is proven.

1. **HYPOTHESIS. Gardaí are content with current AGS employee assistance supports**.

AGS wellness services had been used by 37% of respondents with female officers aged 45-60 being the most prolific users and female officers 18-30 the least.



29% of Gardaí stated that they were extremely aware or very aware of AGS wellness supports with 28% saying they were not so or not at all aware which displays a lack of knowledge amongst officers to the supports offered by the employee assistance system.



Younger officers had the most difficulty in becoming aware of services than older officers.



28% found accessing AGS support easy with 27% finding difficulty. When asked how officers accessed wellness / mental health supports, of 346 replies, 36 respondents mentioned AGS welfare officers, 25 Keeping Our People Safe (KOPS) website, 23 stated General Practitioners (GP), 25 said friends and family. Samples of officer’s replies are:

Q38. What helps you access these supports?

1. *Nothing begging for help and been told say nothing or I won’t come off probation. Eventually CMO referred me after he told me he is not here to help but to see if I’m fit for work.*
2. *The local employee assistance member in the station who you wouldn’t approach because they would tell everyone else. The welfare officer who hasn’t replied for nearly 3 months.*
3. *Family and friends. I would not use the Garda mental health supports due to stigma in the job.*
4. *Welfare have been ok.*
5. *The organisation is very slowly getting there. I did peer support training so aware of services.*

Gardaí were asked what obstacles existed in accessing wellness / mental health supports and 382 replies were given. 99 officers mentioned stigma, shame, embarrassment, fear, worry of other’s opinions as factors for not engaging with supports. 43 officers were worried about confidentiality with 67 believing that their career prospects would be damaged. 45 officers suggested that time was difficult to obtain due to shift work and family commitments with 41 stating that private supports were too costly. 27 Gardaí did not know how to access services and seventeen had poor experiences in attempting to access or use AGS supports. Lack of confidentiality from peers and management discouraged others. Samples of officer’s replies are:

Q39. What hinders you in accessing these supports?

1. *Lack of knowledge, where to look, what I would need, what a colleague needs. I've never sought help. But my XXXX (Garda) also do feel like we are just surviving on the regular sometimes with the heavy workload paperwork etc. Both X years’ service.*
2. *I don’t want the job knowing about my mental health. Welfare officers are guards and guards talk.*
3. *Ringing the 24/7 Inspire crown for counselling & still not getting ut 7 months later still waiting. Put off ringing again.*
4. *Nothing. It was very easy.*
5. *Fortunately I have a fantastic welfare officer who consistently checks in with me and would encourage me to speak to somebody.*

97% of Gardaí desired an increase in wellness / mental health supports. Respondents (354) gave the following suggestions for the improvement of access to services. 57 officers believed that mandatory free counselling independent from AGS was necessary especially after traumatic incidents to normalise mental health /wellness supports usage. More information about available supports and education on personal mental health was recommended. A more pro-active approach from EAP services with supports being directly offered after traumatic incidents was preferred to having to seek help. Samples of officer’s replies are:

Q40. How could access to services be improved?

1. *Genuinely believe all guards should have to attended sessions at least 5 times a year.*
2. *Automatic scheduling of services after traumatic incident on the job a must. It would force dialogue and help it become the norm.*
3. *If the job would support a system similar to the GP service, while also remaining anonymous for the member, then it may prove to be beneficial and appropriate to the member, while protecting their anonymity. Might not be practical, but just an idea.*
4. *More awareness/workshops within the job about mental health.*
5. *Mental health in members is a huge problem and the only way members get help is from doing it themselves. The job does not look out for you. I believe that councillors should be accessible in every district and mandatory after traumatic incident. Having the welfare officer just ringing and asking you are you okay does not cut it. Most members would say "I'm grand" like most Irish people.*
6. *Mandatory counselling attendance for people involved in serious traumatic incidents. Some guards may want to attend counselling but are afraid that being seen reaching out themselves might be seen as a sign of weakness to others.*
7. *Mental Health is almost laughed at in our job. People don't want to be associated or compared to the Section 12 prisoners that we get. Breaking that attitude among Gardaí might help those reach out and access the support they need.*
8. *I would personally prefer to seek counselling independently from AGS because the services available really aren’t great. The counselling felt more like a tick the box exercise than actual therapy.*
9. *Services need to be completely independent from AGS. Welfare officers should not be Gardaí.*

Respondents (271) provided several potential future ideas for supports around the need for increased awareness in the areas of mental stress, workload and bullying. 63 recommended mandatory counselling. Education on suicide awareness, mental health first aid, mindfulness and developing effective coping skills was sought. Proactive and increased numbers EAP / counsellor personnel were requested from outside agencies. More support from supervisors and managers to prevent officers feeling isolated. Team building events and exercises to be introduced and Critical Incident Stress Management (CISM) meetings like those provided to the Dublin Fire Brigade. Supports for family members was recommended. Samples of Gardaí replies are:

Q48. What other supports would you recommend?

1. *CISM - Critical Incident Stress Management which is used by DFB.*
2. *Suicide awareness. Mental health first aid courses.*
3. *Education of coping mechanisms.*
4. *Increase EAP officers.*
5. *There should be more focus on the welfare service being more active. It is not acceptable that a member who might be in the depths of depression and possibly suicidal is expected to contact welfare services. These members can't think straight let alone make decisions that they need help. If management are aware there should be an increased duty of care towards that member. Sending an email with a line stating that you are aware of welfare services is not sufficient.*
6. *Wellness events.*
7. *Therapy has helped me so much, I pretty much owe it my life. For AGS, it’s difficult to recommend support as the job is so multi faceted, I really think a specialized, mandatory Counselling service would change the job for so many members, as it’s difficult to talk to someone who does not really understand the true nature of the job.*
8. *Bring back in person Cpd... Meeting colleagues & talking can show shared experiences in a neutral environment. Members having long commutes and not going for the "two at two' to unwind after difficult tours results in the incidents not being discussed openly...that environment may not have been the most suitable but what the talking/ bonding did for colleagues did help.. now ppl may think they are alone in how it affects them. Peer support is all grand but not everyone wants to talk sometimes listening to others an help.*
9. *outside agencies/professionals coming to stations to talk to members.*
10. *Access to courses such as mindfulness, living through distress, substance abuse etc. courses that help develop coping skills for anxiety, chronic overthinking etc. They don’t need to be free, but discounts would be nice. Pilates, yoga etc. A monthly wellness email, similar to newsbeat. Suggestions for good reads to help positivity, appreciation, gratitude. Links for positive affirmations, meditations to give people a sense of what simple aids are available to them for free. Blurbs about different illnesses/ailments, symptoms, and suggestions as to what they could do. Some people don’t realise that they are suffering until they read something that says “wait, that sounds like me!”.*
11. *Supports for family members.*
12. *I don't believe that the job takes the mental health of its members seriously at all. The appointment of welfare officers helps them tick a box for traumatic incidents. Some welfare officers are excellent and some aren't. Police forces in the states have mandatory counselling and it is high time for it here. The cost of this would be huge for ags though so I cannot see it happening in my service. Thank you for putting the work into this and best of luck.*
13. *Awareness. Compulsory counselling. Suicide awarness. How to recognise symptoms of trauma and mental Health issues.*
14. *Welfare or eas as they call themselves are a disgrace and not fit for purpose .the counselling provided by inspire is wishy washy nonsense .11.37 s are hidden and as altered to suit a narrative .we are only a number no one gives a shit .*
15. *I would like to see more education about signs and symptoms of mental health/burn out/ stress etc I would love to see workshops on how to deal with different situations re stress etc (coaching members) and also include in these workshops the unknowingly impact their words or actions can have on another person.*
16. *Engagement with members directly after incidents. Ambulance fire coastguard RNLI civil defence all have de brief be it over a cup of tea or pizza. They get to talk it out, I'd have loved something like that instead of going home crying and talking itvoutbon my head and not sleeping. Critical/serious incident intervention for members is a must. Multiple fatal 10 months ago, Gardaí and other emergency services watched people die. Local fire service had councilor waiting for them and all sat for hours talking it out eating pizza drinking tea. Next night another councilor met with them and all the lads met up. Could you imagine anything like that in out job. NO!!! It's a tick the box job now, get it on pulse and get the green tick.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q46** | **Female** | | | | | **Male** | | | | |
| **AGE** | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
| **45-60** | 0% | 22% | 27% | 36% | 16% | 0% | 11% | 38% | 27% | 23% |
| **30-45** | 1% | 8% | 41% | 32% | 19% | 1% | 5% | 40% | 30% | 24% |
| **18-30** | 3% | 0% | 21% | 35% | 41% | 0% | 8% | 44% | 27% | 21% |

Overall, 9% of Gardaí stated that they were very satisfied or satisfied with current AGS welfare supports with 53% saying they were very dissatisfied or dissatisfied. Females 18-30 are the most discontented cohort with 76% being very dissatisfied or dissatisfied and all other cohorts being similar. Gardaí are not content with the current level of EAP services within AGS.

The hypothesis is disproven.

1. **HYPOTHESIS. There is a high level of pluralistic ignorance around mental health of front-line members in AGS.**

The survey results indicate that individual Gardaí have a personal high regard for mental health supports and confidence in their effectiveness. 87% of participant believe in the value of psychotherapy and 66% believe in the efficacy of medication for mental illness. 67% think that psychotherapy would be useful dealing with a serious emotional crisis and 72% would like psychological help if they were worried for a long period of time. 74% would like psychotherapy to be available in the future as 67% believe emotional problems are easier to solve with professional help. Only 11% of officers felt that a full recovery from a mental illness was not possible.

44% of survey respondents have acknowledged using private professional mental health / wellness services and 28% have engaged with AGS supports which is the strongest possible endorsement that Irish police are progressive in their outlook towards mental health therapies having invested their time and many their private resources in therapy.

An open-mindedness is displayed by Gardaí who are interested in obtaining more training and information with 95% desiring to take part in a suicide prevention program. 81% are in favour of mandatory monthly counselling and 98% desiring more mental health and welfare supports in AGS.

Professionally Gardaí express different opinions. 85% would not disclose to a colleague that they were experiencing a mental illness and 96% would not tell a supervisor or manager. 86% would expect to be discriminated against should it be discovered they were suffering from a mental illness with 80% of Gardaí believing that they would not be promoted.

Stigma, fear, embarrassment, confidentiality, discrimination and career destruction are mentioned as reasons to maintain secrecy around mental health. The responses to the open questions show a belief in a groupthink of intolerance to mental health illness within AGS that contrasts with the private beliefs expressed by the survey respondents.

The hypothesis is proven.

1. **Discussion.**

Personal attitudes towards accessing mental health supports are individual resulting from a person’s own personal life experience and exposures (Pescosolido, Gardner & Lubell, 1998). These, in conjunction with the society and culture within they exist provide a person with their beliefs around mental health. Operationally, front line Gardaí only experience of mental health is dealing with incidents where people tragically die by suicide, survivors of suicide and the detention of those in deep psychosis under the provisions of the Mental Health Act, 2001. These are the extreme results of mental illness and officers are unlikely to identify their own mental status with these vulnerable people with police culture valuing stoicism and self-reliance (Armitage, 2017).

Mental health issues are a complex and multifaceted phenomenon. One aspect such as pluralistic ignorance is an intricate aspect with large consequences for organisations such as police services (Halbesleben, Wheeler & Buckley, 2007). This study displayed a significant level of pluralistic ignorance relating to beliefs and consequences around the use of mental health supports amongst front line Gardaí. A significant cohort of officers declared that they had used AGS (28%) or private psychological (44%) services and have positive beliefs about the effectiveness of psychological supports with 72% agreeing they would seek psychological help if worried for a long period of time and 74% agreeing that they might want psychological counselling in the future. Whereas almost all stated that they would not disclose a mental illness to managers (96%) or colleagues (85%). 86% of officers believed they would be discriminated against if they disclosed a mental illness. Their beliefs of what most Gardaí would do in relation to mental health issues displays a culture fearful of disclosure and of being stigmatised but privately think that psychological supports are beneficial and have or would use them. This pluralistic ignorance meshes with personal cognitive dissonance through the groupthink having negative beliefs around the area of mental health and its treatments with individuals not willing to publicly engage with supports despite the knowledge of the efficacy of psychological therapy. This inability to discuss mental health issues between staff perpetuates the cultural atmosphere negativity reinforcing current pluralistic views. This results in individual Gardaí in mental distress being isolated and is a factor in deepening mental illness towards suicidal ideation (Calati et al., 2019).

The freedom of information reply from AGS states that the organisation does not record the number of its staff that die by suicide. Mental health morbidities are all categorised under a single banner of mental health. 47-68 staff reported ill with mental health issues annually over a period of eight years although it is not clear if these are individual cases or those off duty due to long term illness. This coincides with this study’s findings that Gardaí will not report ill with mental health and displays an organisational blind spot that requires rectification to enable the targeting of services.

The survey displayed a desire with respondents for mental health education particularly around suicide prevention (95%). Delivering a suicide prevention programme such as the one delivered to the Montreal police service resulting in a 79% reducing in staff suicide rates seems an obvious first step in officer wellness (Mishara & Martin, 2012).

Policing is a multi- dimensional role with every policing organisation having different demands and functions. AGS is a sole national police service and is a large and diverse organization having many responsibilities and roles with many staff not engaged as front-line responders.

AGS has carried out a health needs assessment survey in 2020 targeting the entire workforce with generally positive findings in relation to mental health and organisational supports though recognising the existence of stigma in seeking help (Crowe, 2020). All front-line occupations are stressful for staff but the front-line police officer is unique within the organisation being chronically exposed to primary, secondary and vicarious traumas. The inclusion of administrative staff who are not exposed to primary traumatic policing duties dilutes the experiences of front-line officers and fails to provide an accurate picture of their psychological needs to their management. Carleton et al. (2019) recommends that separate studies be carried out between front line police officers and other groups.

The stigma surrounding mental health of front-line officers displayed in this study shows that many front-line Gardaí may not engage with cultural audits. Also, Gardaí experience other barriers to getting access to mental health care such as concerns about confidentiality, discretion, judgment from peers, negative impact on career as well as difficulty scheduling sessions around their work schedules and finding services (Haugen et al., 2012).

The Commission of the Future of Policing in Ireland report (2018) recognised that policing is a stressful and traumatic job and recommend that dedicated funding to provide a wellness programme for Gardaí be established. It recommended mandatory counselling and that adequate resources be provided to ensure timely and systematic debriefing (Commission on the Future of Policing, 2018).

In 2021 AGS established the Garda Occupational Health and Wellbeing (GOHW) service to deliver supports to personnel and has commenced mandatory psychological monitoring for its staff employed in particularly distressing areas of police work such as identifying victims in child pornography and sexual crimes. It appears to have failed to recognise the front-line police officer as the employee most exposed to trauma being the first to arrive at and deal with the aftermath of every tragedy. These officers are then further traumatised by being required to investigate these events. The responses of officers who completed this survey below display the on the ground position. Their harrowing and candid responses are disturbing in their content and provide an insight to the challenges faced by front line Gardaí. Their words give a greater insight than any quantitative study can provide. Parts have been removed to ensure participant confidentiality.

Respondents quotes from Q48.What other supports would you recommend?

1. *I have lost XXX and a colleague last year to suicide. Gardaí are walking wounded out there speaking from my own experiences and from speaking to colleagues. Unlike firefighters etc. There is no debrief, mandatory counselling. I have been directly involved in 4 murders within my first 2 years in the job. I have suffered on and off with depression but i have managed with help from my XXX. I haven't sought help as I did not feel I required it but feel from reading your post I could be another example.. plowing on.*
2. *There's no point because it's all box ticking. They say one thing but do the opposite. It's time wasting. I've attended vary day/half day 'training' which all sounds lovely but the reality is when you walk out the training room door it all goes back to the way it was. No one would dare speak up, ask for help, reach out to others....the job has indoctrinated the mobbing mindset from the start and people are too fearful for the impact of what they could lose....job, career, pension, reputation, privacy, security. The hold over them is in itself, detrimental to their mental wellbeing.*
3. *My fear is that anything implemented on an organization wide scale will become another box ticking operation, potentially lead to more paperwork somehow, and inadvertently causing members to believe that similar/external services are not of any benefit to them. (Implementing a poor/box ticking internal service may dissuade members from seeking proper and appropriate external supports that would have been beneficial to them, since their first and possibly only experience of these services might prove to be the poorly implemented box ticking exercise.*
4. *If you go to a serious or traumatic call with colleagues, that all the people that attended the scene have a big discussion with a psychologist. Just to talk about their feelings and emotional well-being. I've attended some very serious incidents over the years and have to put a brave face on, even though they'll haunt me til I die. Not once have I been offered Counselling. But at least I'm alive!! Once I can have a drink and talk about the incidents with my colleagues and wife I shall be fine!!*
5. *As mentioned above an automatic referral for counselling once certain categories/types are recorded on pulse. Mandatory counselling in a selected time frame (provided by the job). Personally I was involved in the investigation of a triple murder (2 children being victims) in the last couple of years, and investigated a 12 year old who took his own life (both occurred in the space of 2 months) and I received a phone call from an individual asking "well how are you getting on, you're grand are you? That's not a phone call that made me feel like I could turn to the services available in the job if that's the call I receive after both incidents. Phone calls aren't the way forward it has to me a one on one session to enable members to trust the person to open up.*

AGS commissioner has recently identified Garda personnel as the primary resource of the organisation. Currently AGS employee assistance programmes for front line officers are reportedly not proactive around mental health and under resourced primarily depending on unqualified volunteer peer supporters lacking training and understanding of how to support colleagues suffering with their mental health.

With front line police officers stating that they would not disclose a mental illness, AGS management may have been ignorant of the scale of the issue within the service. Numerous reports of officer moral being on the floor over the years has been associated with pay and conditions with no examination of officer’s mental wellbeing being considered as a component.

AGS has an enviable worldwide reputation having one of the highest satisfaction ratings from the public it serves. Important as State security, public order and law enforcement are, it is the history and ability of individual front line responders to provide comfort and support to traumatised and injured people that has garnered the respect of the Irish public. Only Gardaí with good mental health themselves can continue this tradition and therefore effective mental health supports for front line responding Gardaí are essential.

**Conclusion.**

This study provides several insights into the attitudes of front-line members of AGS but additional research is required. Mental health of police officers is an issue that front line responders and their managements are reluctant to acknowledge for different reasons. The “Rugged individualism” (Armitage, 2017) persona of front-line responders held by officers to ensure their own self-belief of being able to do “The Job” of front-line policing particularly in its combative elements is a dangerous fallacy. This study shows that an admission of vulnerability is difficult for officers to admit due to the expected professional disadvantages and the potential exclusion by peers. Ample peer reviewed research displays that front line responders are exposed to primary, secondary and vicarious trauma on a chronic basis creating a survivor mentality amongst Gardaí constantly swimming against the tide and therefore susceptible to professional burnout (Newell & MacNeil, 2010).

This paper displays that privately Gardaí want and do engage with mental health professionals but such activity still holds significant personal and organisational stigma. Significant ignorance around the area of personal mental health exists. Mandatory mental health monitoring and supports such as regular required counselling may be the only method of quickly overcoming this stigma. This study made several recommendations deployed by other front-line organisations to improve staff mental and physical health.

This study did not have the scope to engage with AGS management as it focused on the attitudes of front-line rank and file Gardaí but no advancement in employee welfare can commence without top managers engagement. With public assistance essential for effective policing, AGS management are required to maintain a positive professional organisational aspect (Densmore, 2017). Admission of widespread mental health difficulties amongst staff and an unhealthy work environment may induce managerial fears of reducing AGS legitimacy and public trust (Boese, 2018). Many managers who have also been front line responders may also be suffering mental health morbidities and because of their own experiences may find the subject difficult to engage with. Compounding this, managers in a hierarchical disciplined organisation are even more isolated than their subordinates with no immediate colleagues to share experiences with. Admission of organisational mental health difficulties may have a personal element. Educating managers in mental health would allow the understanding that many disciplinary and long-term sickness issues have a mental health basis that can be resolved with the correct supports increasing efficiencies, boosting presentism and bringing the best out in staff to provide a superior public service to the Irish public.

Mental health is a basic human right influenced by the chemistry of structural, personal and social factors (Drew et al., 2005; WHO, 2022). Jones et al. (2015) tell us that reducing barriers and increasing education can bring about behavioural change and shift police culture towards the normalisation of engaging with mental health services. This study has provided an insight into the attitudes of front-line officers towards mental health and wellness supports. The reduction of psychological harm is both a personal and organisational responsibility that requires tackling.