

Working with Greater Manchester Police to support maternal (perinatal) mental health in the workplace



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The Challenge

Whilst most employers have policies and processes in place to meet their legal obligations around maternity and paternity in the workplace, and progressive employers are introducing enhanced leave and pay, few acknowledge the range of complications that might come with pathways to parenthood, and particularly the issue of perinatal mental illness.

Perinatal mental illness refers to a range of specific conditions affecting individuals during pregnancy and up to a year post-birth, including anxiety disorders, pre- and post-natal depression, post-partum psychosis, perinatal obsessive-compulsive disorder (OCD), tokophobia and post-traumatic stress disorder (PTSD) linked to birth experiences and/or baby stay in neonatal care.

According to the NHS, 1 in 5 women experience mental illness in the perinatal period, as do 1 in 10 men. These figures are conservative however, as mental health struggles during this time often go unacknowledged, unreported and/or undiagnosed. Even sub-clinical levels of mental distress (affecting a greater number of people in the perinatal period) can have a significant impact on functioning and relationships, including in the workplace.

A range of workplace factors have been identified that might contribute to or exacerbate perinatal mental illness, including inadequate family leave; work-related stress, precarious employment and financial insecurity; exposure to trauma at work; and bullying, harassment and maternity-related discrimination (Wilkinson, 2023). There is however scant empirical research on this topic in specific occupational settings to inform workplace practice, whereas several workplace factors linked to perinatal mental illness have been identified in research within the police setting (Duddin et al., 2023; Lennie et al., 2023).

Recognising the importance of this issue, the omission in policy and practice in most organisations and the unique hazards in the context of policing employment, Greater Manchester Police partnered with the research team to support a unique study on perinatal mental illness and UK policing in order to pioneer new workplace interventions to better support police officers and staff affected.



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What we discovered

There were two strands to the research study. Interviews were conducted with 18 men and women with lived experience of perinatal mental illness (either themselves or their partner) whilst employed in UK Policing. Within the interview sample, there was diversity in perinatal mental health condition/symptoms; employer (spanning 11 UK forces) and job role. Participants were asked to share the story of their mental health and police employment experiences, with many accounts spanning several years, and several job roles.

Key findings included:

- Lack of awareness around perinatal mental illness in general, around specific conditions and symptoms, and about who is affected:

'I never thought I was ill, I just thought I was a horrible person who wasn't cut out to be a mother'

'I was just denying it, I was just saying, "This isn't a thing, men don't suffer with this"'

'I'd never heard of intrusive thoughts before... Everyone, when they talk about maternal mental health, they just talk about baby blues and feeling depressed, and I didn't feel depressed'

This is significant, as awareness that something is wrong, and that it constitutes a legitimate medical condition, is an important step in seeking help – both medically and in the workplace.

- Job and organisational factors which negatively influenced mental illness trajectories, including exposure to traumatic events;

'I was having flashbacks to SUDC deaths that I had dealt with and was constantly paranoid that my baby would die. I slept on the floor with him and had constant anxiety'

Practices which result in side-lining when someone discloses maternity or illness;

'They never took me into consideration, it was, you're pregnant, you're now restricted, you're not a resource to us and we're just going to shove you downstairs. And the downstairs department was classed as the lame and idle department, so my work colleagues were taking the mick out of me going'

A culture that is hostile to mental illness:

'it's a thing that just can't be talked about in the policing organisation because it's effectively going to potentially stop you from kind of moving through any career structure if you've almost got a black dot against you for having some sort of mental health issue'

Lack of flexibility and support upon return to work from maternity.

'I tried to sort of come up with all these alternative arrangements I could do with my employers in terms of flexible working and things like that. And, like, literally everything was not met because nothing ever met the business needs'

- The negative impact of perinatal mental illness on the organisation, in terms of attendance, presenteeism, performance, relationships at work and retention:

'This bucket was getting fuller and fuller and fuller, and one shift, a bad shift I had one night, just took me over the edge. It wasn't even anything major. It was just everything sort of culminating together in, like, just job after job, no support from management.. And after that, I went to the GP, and he basically signed me off with chronic stress'

- Opportunities for workplace factors to improve mental illness and recovery trajectories, building on strong team relationships, the sense of identity that can come from police work, and internal resources.

The second strand of the study was a multi-stakeholder focus group, including representatives from Greater Manchester Police (including HR, senior leadership, and the women's network), local perinatal mental health services and a perinatal mental health academic. This session was aimed at considering what the key themes from the interview phase meant in terms of needs in the workplace, and what might be feasible in terms of policy and practice.

The evidence for change

Initial recommendations for police employers included:

- Awareness raising around perinatal mental illness and the intersection with police work
- Signposting to internal and external supports
- Education for managers
- Reference to perinatal mental illness in maternity, paternity and related policies.
- An audit of policies and processes to identify any opportunities to better identify perinatal mental illness, such as modification to risk assessments, wellbeing meetings and Keeping In Touch days.
- Special attention being given to the return to work from maternity leave phase, and the handling of flexible working requests

These recommendations were shared at a Perinatal Mental Health in Policing Conference in January 2023, hosted by Greater Manchester Police and attended by over 100 representatives from different police forces and other key stakeholders.

Practical innovations in Greater Manchester Police

Following the stakeholder focus group and further collaboration with the researchers, Greater Manchester Police is developing new workplace provisions, launching the first instalment at the start of May 2024, to coincide with Maternal Mental Health Awareness Week:

- 1) Building on a HR toolkit designed by the Principal Investigator, Dr Krystal Wilkinson in collaboration with PANDAS Foundation [charity](#), a policing-specific supervisor toolkit (the New and Expectant Parent Mental Health Supervisor Toolkit) has been launched, to sit alongside the suite of maternity, paternity and other family-friendly policies and guides. This toolkit aims to educate line managers on the topic of perinatal mental health and the intersection with police employment; and the importance of sensitive handling and working in dialogue with affected employees. It provides a step-by-step flow-chart to guide the supervisor through each stage of the maternity and/or paternity journey in a way that maximises the likelihood of mental health-related disclosures and a supportive organisational response.
- 2) Working on revision to the New and Expectant Parent Risk Assessments documents to explicitly cover mental health as well as stress, acknowledge specific occupational risks around perinatal mental health (such as exposure to risk or trauma) and signpost to the Supervisor Toolkit.
- 3) Trialling an innovative 'wellbeing check' conversation as a routine part of the maternity/paternity journey, based on questions from National Institute for Clinical Excellence (NICE, 2007) guidelines. The logic underpinning these conversations is that individuals are not always aware they are experiencing a mental health condition, and may struggle with disclosure/starting a conversation. The conversation is introduced with the explicit statement that mental health struggles are common during the perinatal period, and that the force is concerned with staff wellbeing at this time. The questions do not ask about mental health conditions/diagnoses directly, but provide an opportunity for symptoms to be acknowledged, conversations to start, and signposting to take place – to both internal and external supports.

- 1) During the past month, have you often been bothered by feeling down, depressed or hopeless?' (Yes / No)**
- 2) 'During the past month, have you often been bothered by little interest or pleasure in doing things?' (Yes / No)**
- 3) 'Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?' (Not at all / Several days / More than half the days / Nearly every day)**
- 4) 'Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?' (Not at all / Several days / More than half the days / Nearly every day)**

It is hoped that these conversations will help to normalise the issue of maternal/perinatal mental health, and indeed mental health issues in general in the policing context. Communications and training for supervisors will be important to ensure that any disclosures of distress are handled appropriately and in dialogue with the individual, with no perceptions of punitive response.

In addition to these developments, GMP are raising awareness around perinatal mental illness and the new resources via internal communications and events and personal narratives. The ongoing collaboration with the research team will involve evidence cafés and further evaluation which aims to capture the impact on both employees (wellbeing) and the organisation (in terms of attendance and retention).

There has already been significant interest in the research and policy/practice developments by other organisations, both within policing and other industries. Employers in both the Social Housing, Health (NHS) and Early Years sectors are currently working on adaptations of the resources, and trialling other interventions based on the recommendations that are appropriate to their contexts.

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