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Police mental health and stress in Slovenia: associations with gender and support-seeking

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ABSTRACT

This study aimed to investigate the state of mental health and help-seeking behaviour in a sample of Slovenian police officers during the Covid-19 pandemic. Additionally, we examined the variables that influence the likelihood of seeking help within the police, the relationship between measured variables and created a model explaining these relationships. Data were collected from a convenience sample of 279 police officers, representing 3.87% of the Slovenian police population. Depression was measured with the Male Depression Risk Scale. We found that 20.43% of police officers had a high or very high occurrence of depressive symptoms, with no significant difference in prevalence between male and female officers. We also found that 21.15% of police officers sought help within the organisation. Our findings highlight the need to integrate mental health screening into routine check-ups, establish effective referral systems, and implement stigma-reduction interventions to better support officers.

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Police officers; gender differences; mental health; depression; mental wellbeing; help-seeking

Introduction

The police profession is widely recognized as one of the most mentally demanding occupations, requiring officers to regularly cope with long, irregular shifts, frequent exposure to traumatic events, threats of violence, and increasing public criticism (Hartley et al., 2011). This occupational stress is intensified by a distinctive organizational culture that emphasizes hierarchy, bravery, decisiveness, and adherence to strict norms and symbols, such as the police uniform (Policija, 2008). Additionally, understaffing in police departments contributes to heavier workloads, further exacerbating stress and increasing the risk of mental health problems (Stogner et al., 2020). The COVID-19 pandemic has introduced new stressors, including enforcing public health measures amid uncertainty, shifting crime patterns, and altered work demands, which have strained police officers worldwide (ECDC, 2024; Stogner et al., 2020). These cumulative pressures contribute to chronic stress, depression, substance abuse, and suicidal

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behaviour among officers, with significant implications for both their well-being and public safety (Ballenger et al., 2011, Hartley, Burchfiel, Fekedulegn, Andrew & Violanti, 2011; Rees & Smith, 2008).

Background

Structure and duties of Slovenian police

The Slovenian Police force is a modern, autonomous organization tasked with maintaining public safety, preventing crime, regulating traffic, and protecting fundamental rights (Policija, 2021a). Operating at national, regional, and local levels, the force comprises a General Police Directorate, eight regional police administrations, and 111 local stations (Kolenc, 2002). Officers carry out diverse roles ranging from community policing and criminal investigations to specialized units such as canine and mounted police. Like many police forces worldwide, Slovenian officers face the dual challenge of operational demands and organizational pressures that contribute to occupational stress.

Stress, mental wellbeing, and depression among police officers

Stress and mental well-being share a complex, bidirectional relationship, where stress can precipitate depression, and depression can increase exposure to stressors (Hammen, 2006). Despite growing research, this dynamic remains underexplored in police populations. Studies consistently show that women are approximately twice as likely as men to be diagnosed with depression (Hyde et al., 2008). However, there is evidence that men may experience depression at similar rates but exhibit different symptoms, often externalizing through substance use, irritability, risk-taking, and emotional suppression – symptoms less likely to be captured by traditional diagnostic tools (Freiberger et al., 2023; Rice et al., 2013; National Institute of Mental Health, 2017). This is especially relevant in male-dominated professions such as policing, where cultural expectations discourage emotional expression.

The prevalence of depression and other mental disorders among police officers varies widely. Reviews indicate anxiety and depression rates ranging from 7% to 52% among officers and paramedics (Sharp et al., 2020), while severe mental disorder prevalence ranges from 5.8% to 19.6% (Carleton et al., 2018). Gender comparisons reveal higher depression rates among female officers, though differences are not always statistically significant (Darensburg et al., 2006). Risk factors for police depression include childhood trauma exposure, low self-esteem during training, and perceived work-related stress, especially early in an officer's career (Wang et al., 2010). However, police officers often underreport symptoms due to stigma and fear of professional repercussions (Marshall et al., 2021; Sugimoto & Oltjenbruns, 2001).

Police stressors fall broadly into two categories: organizational (e.g., poor leadership support, bureaucratic hurdles) and operational (e.g., exposure to violence, demanding job tasks) (Mikkelsen & Burke, 2004). Research suggests organizational stressors may be perceived as more burdensome than operational ones (Collins & Gibbs, 2003). Both men and women officers report multiple stressful events daily, with gender differences in the

nature of stressors – for men, encountering dead or battered children and killing in the line of duty; for women, witnessing colleague deaths and killings on duty (Hartley, Burchfiel, Fekedulegn, Andrew, Knox et al., 2011). Moreover, female officers face additional challenges from gender-based discrimination, harassment, and career barriers, intensifying mental health risks (Angehrn et al., 2021; Dowler & Arai, 2008).

Women in policing

Women represent a minority within the Slovenian Police force, comprising roughly 18.5% of officers and holding a small fraction of leadership roles (Koporec Oberčkal et al., 2023). Female officers often encounter horizontal segregation, being assigned to roles stereotypically aligned with feminine traits such as victim advocacy, which can limit career advancement and reinforce perceptions of lesser policing ability (Martin & Jurik, 2007). Despite this, community policing has increased demand for skills traditionally associated with women, like communication and empathy (Dejong, 2004). Women in male-dominated environments report lower job satisfaction, higher depression, and increased workplace stress compared to male counterparts, compounded by work-family conflicts and gender bias (Duxbury et al., 2020; Krimmel & Gormley, 2003). Reports from Slovenia highlight persistent gender disparities in pay, promotion, and performance evaluations, alongside higher reports of sexual harassment among women and bullying experienced more by men (Koporec Oberčkal et al., 2023).

The COVID-19 pandemic in Slovenia

The COVID-19 pandemic management in Slovenia was characterized by rapidly evolving and stringent public health measures during waves of infection (Hočevar Grom et al., 2023). These measures included quarantines, closures, movement restrictions, and a massive vaccination effort. The pandemic brought significant operational challenges for police officers tasked with enforcing health regulations, monitoring gatherings, and managing protests (Wu et al., 2021; Zver, 2023). Officers faced staff shortages and unclear role definitions, increasing decision-making stress (ECDC, 2024). Studies during the pandemic report high rates of burnout, psychological distress, and depression among police officers globally, with women reporting higher stress levels (Huang et al., 2021; Silva & Löfgren, 2021; Tsehay et al., 2021). While some officers showed resilience over time, mental health impacts remain a critical concern.

Help-seeking among police officers

Help-seeking behaviour among police officers has increased, with more officers aware of and willing to use psychological support services (Drew & Martin, 2021; Mind, 2019). Female officers generally show more favourable attitudes toward seeking mental health help than males, possibly due to greater psychological openness (Mackenzie et al., 2006). In Slovenia, psychological support is available to officers and their families for severe distress related to police duties (Policija, 2021b). In 2021, a record number of Slovenian officers sought

psychological help, primarily due to work stress, trauma, or personal relationship issues (Policija, 2022). Despite available resources, many officers prefer informal support from colleagues, who they perceive as better understanding operational challenges (Mezinec, 2018).

Aim

Despite extensive research globally, evidence on the mental health status of Slovenian police officers remains limited. The present study aims to address this gap by examining mental health, particularly depressive symptoms, and help-seeking behaviour among Slovenian police officers during the COVID-19 pandemic. Given the predominantly male composition of the police force, careful consideration was given to selecting appropriate measures of depression that capture gender-specific symptomatology. This study also explores gender differences, the relationships between key psychosocial variables, and the likelihood of seeking psychological support within this occupational group. Ultimately, we aim to develop a statistical model elucidating these relationships, providing practical recommendations for police authorities to enhance mental health support, while contributing to the broader academic understanding of police mental health.

The following exploratory research questions guide this study:

- (1) What is the prevalence of depressive symptoms among Slovenian police officers, and how does it vary by demographic factors such as gender, age, and years of service?
- (2) What proportion of police officers seek psychological help within the organization, and what factors are associated with this behaviour?
- (3) To what extent do demographic and psychosocial variables (e.g., age, gender, years of service, stress levels, well-being scores) predict help-seeking behaviour?
- (4) What are the potential pathways through which stress and mental well-being affect depression in police officers, and can these relationships be statistically modelled?

Materials and methods

Participants

In May 2021, the Slovenian police employed 7,201 police officers, 82 of whom were male and 18% female. The average age of the employees was 43.6 years (Policija, 2022). The data was obtained from a random sample of 279 Slovenian police officers and criminal investigators, consisting of 73 women (26.16%), 202 men (72.40%) and 3 participants (1.11%) who did not wish to state their gender. The average age of the participants was 43.36 years ($SD = 8.55$), with the youngest participant being 22 years old and the oldest 58 years old. The participants were employed in different police administrations in Slovenia, with most of them working in a general police station. The average length of service was 22.43 years ($SD = 9.93$). The response rate was 3.87% and the distribution of gender and average age in our sample was similar to that of the entire police population. How the participants were recruited is described in the Procedure section.

Procedure

Before the study was conducted, its ethical suitability was reviewed by the Ethics Committee of the College of Maribor (038–11–101/2021/5/FFUM). The research was conducted in consultation with the Centre for Research and Social Competence of the Police Academy (630–62/2021/13 (262–13)), which published the invitation to the study on the internal website of the Slovenian Police, so that all employed police officers could potentially see the invitation. The study was conducted via an online platform called 1 KA. The data was collected in July and August 2021. In addition, potential study participants were re-invited to participate via the Police Union of Slovenia, the Union of Police Officers of Slovenia, the Police Vicariate and the Faculty of Security Sciences at the College of Maribor by email with a link to the study. The participants were informed about the study and gave their consent by completing the questionnaires. Participating police officers who were in distress at the time of completing the questionnaires were advised to seek professional help through the contacts listed at the end of the questionnaire. The final results of the study were forwarded to the Centre for Research and Social Skills of the Slovenian Police Academy along with suggestions for further measures to improve the mental health of police officers.

Measures

In the present study, several scales were used to measure mental health and help-seeking behavior. We focused on depression, stress and well-being as these are among the most common and relevant indicators of mental health in police work. These measures capture both negative and positive aspects of mental functioning and are practical for use in demanding professional settings. While other disorders are also important, our goal was to efficiently capture one of the most prevalent and impactful disorders while minimizing respondent burden. Due to the high prevalence of depression among police officers and its significant impact on job performance, this study was selected as a focus topic.

Male depression risk scale

The Male Depression Risk Scale (MDRS 22; Rice et al., 2013) is a self-report scale with 22 items measuring externalizing and predominantly male-specific depressive symptoms. We selected the Male Depression Risk Scale (MDRS) for this study because the sample is predominantly male and conventional depression measures may not reliably capture the externalizing symptoms common in this group. The MDRS is better suited for male-dominated occupations such as police work, where depression often manifests atypically through behaviours such as irritability, risk-taking, and substance abuse. It also provides data from multiple domains – such as emotion suppression and drug use – allowing for a more nuanced analysis of depression risk. In addition, we considered that some female officers, particularly those with higher levels of masculinity compared to femininity (Rice et al., 2013), may also exhibit male-typical depressive symptoms, making the MDRS a contextually appropriate instrument. However, the MDRS is a screening tool, not a diagnostic tool, and its reliance on self-report may lead to underreporting due to stigma or fear of professional consequences. In addition, it is not validated for mixed-gender samples without supplemental measures and may not fully account for cultural differences in symptom expression. Finally, the emphasis on externalizing

symptoms may overlook internalizing features of depression, particularly in individuals who do not conform to traditional masculine norms. The authors of the scale suggest that the MDRS-22 consists of six subscales: suppression of emotions, problematic drug use, problematic alcohol use, anger and aggression, somatic symptoms, and risky behaviours. Participants rate the frequency of occurrence of symptoms in the last month on an 8-point frequency scale from 0 ('never') to 7 ('almost always'). The MDRS-22 has shown satisfactory internal consistency, good test-retest reliability and construct validity in a male sample (Rice et al., 2017). Our sample also showed very good internal consistency of the questionnaire ($\alpha = .92$). For use in this study, the questionnaire was back-translated from English into Slovenian.

Short Warwick-Edinburgh mental wellbeing scale

The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS; NHS Health Scotland, College of Warwick and College of Edinburgh, 2008) comprises seven items to measure a person's mental wellbeing in the last 14 days. The items are answered using a 5-point frequency scale ranging from 1 ('never') to 5 ('always'). The authors of the scale indicate a unidimensional structure and good internal consistency ($\alpha = .85$), which is slightly lower than that of the original (longer) version of the questionnaire ($\alpha = .91$) (Stewart-Brown et al., 2009). Our sample showed good internal consistency ($\alpha = .90$). For use in this study, the questionnaire was back-translated from English into Slovenian.

Measurements of stress and psychological help

To measure the frequency of potentially stressful situations experienced by police officers, we used the Police Stress Questionnaire – Organizational (PSQ-Org) and the Police Stress Questionnaire – Operational (PSQ-Op), developed by McCreary and Thompson (2006). Each original questionnaire contains 20 items (40 items in total) designed to assess how stressful each situation was for the respondent using a 7-point Likert scale ranging from 'not at all stressful' to 'very stressful.' In addition, the PSQ-Op and PSQ-Org were used to measure the frequency of each stressor on a 7-point Likert scale ranging from 'not at all frequent' to 'very frequent' (McCreary & Thompson, 2006). As we are interested in how frequently police officers experience these stressors, we opted for the latter approach but adapted the scale. In our study, responses were recorded on a modified 7-point frequency scale, with 1 indicating that the specific stressor had not been experienced at all in the past month and 7 indicating that it had been experienced very frequently in the past month. To avoid over-stressing the participants, only the PSQ-op subscale 'Work-related problems' ($\alpha = 0.93$) with 10 items (Queirós, Passos, Bártolo, Marques, et al., 2020) and the PSQ-org subscale 'Lack of resources and poor management' ($\alpha = 0.93$) with 9 items (Queirós, Passos, Bártolo, Faria, et al., 2020) were used in our study. The latter subscale 'Lack of resources and poor management' was used because it showed good internal consistency. We used the first subscale ('Work-related problems') because it had good internal consistency and included an item measuring exposure to traumatic events, which could also be important for understanding mental health, but we did not want to add another scale to avoid over-loading. These subscales were also relevant because they matched the main stressors identified in previous research on police populations. In our sample, both the PSQ-op subscale ($\alpha = 0.74$) and the PSQ-org subscale ($\alpha = 0.86$) had satisfactory internal consistency. The final score of

the scales was determined by calculating the average of the individual subscales. For use in this study, both subscales were back-translated from English into Slovenian. We also included an item on perceived stress in life in general: ‘How much stress do you currently feel in life in general?’ and an item on perceived stress at work: ‘How much stress do you currently feel at work?’. Both questions were answered on a 7-point scale, where 1 stood for ‘none’ and 7 for ‘very much’. The items were translated and adapted from Crum et al. (2017). In relation to psychological help, we also included the item: ‘Have you ever sought psychological help from the police?’ with a closed response format (yes/no).

Demographic variables

Demographic information included gender, age, marital status, children, years of service, region of employment, and type of police station.

Analysis

Missing data were handled using standard SPSS procedures, which exclude cases by list or by pair, depending on the analysis. Consequently, participants with missing responses were automatically excluded from certain analyses where their data were incomplete. No imputation methods were applied and the proportion of missing data was low. The descriptive statistics reflect the available data for each variable. We calculated the percentage of help-seeking cases by each level of mental well-being and each level of depressive symptoms. We also calculated Pearson’s or Spearman’s correlation coefficient between all variables, depending on whether or not the variables met all required assumptions. To compare the results between the police officers who sought psychological help from the police and those who did not, we used the t-test for independent samples or the Mann-Whitney U-test for variables that did not meet the assumptions of the t-test. Similarly, we used these tests when comparing data between male and female police officers. Binary logistic regression was performed to determine the effects of the different variables on help-seeking. Three multiple linear regressions were conducted to predict depression symptoms, mental well-being, and perceived work stress. Before conducting the analyses, we also checked that the data met all required assumptions. In particular, linearity was checked using scatter plots. A post-hoc power analysis was conducted to assess the adequacy of the sample size ($N = 279$) for detecting mean effects in the linear and logistic regression analyses. The sample provided sufficient power ($\geq .80$) to detect medium effects ($f^2 = .15$) with up to 7 predictors. However, the study may be too weak to detect small effects or conduct detailed subgroup analyses, particularly among female officers or those reporting help-seeking behaviour.

Results

The descriptive statistics for the measures used are shown in Table 1. The results of the MDRS questionnaire are presented for each subscale. It can be seen that participants performed significantly worse on the alcohol and drug use as well as risk behaviour subscales compared to the other subscales.

Table 2 shows the correlation coefficients between the measurements of stress, depression and mental well-being. The correlation coefficients are presented using the

Table 1. Descriptive statistics.

	Min	Max	M	SD	S	K
Life stress (N = 274)	1.00	7.00	3.70	1.25	0.25	– 0.02
Work stress (N = 273)	1.00	7.00	4.98	1.39	– 0.43	– 0.29
PSQ_op (N = 279)	1.00	7.00	4.08	1.12	0.04	– 0.37
PSQ_org (N = 279)	1.00	7.00	4.96	1.41	– 0.56	– 0.40
MDRS_drugs ^a (N = 279)	0.00	4.67	0.09	0.50	6.84	51.15
MDRS_alcohol ^a (N = 279)	0.00	7.00	0.73	1.18	2.18	5.28
MDRS_emotions (N = 279)	0.00	7.00	3.14	1.78	0.03	– 0.93
MDRS_anger (N = 279)	0.00	7.00	1.44	1.45	1.16	0.92
MDRS_somatic (N = 279)	0.00	7.00	2.23	1.74	0.61	– 0.37
MDRS_riskings ^a (N = 279)	0.00	7.00	1.17	1.26	1.50	2.80
MDRS (N = 279)	0.00	6.05	1.55	1.00	0.85	1.21
SWEMWBS (N = 279)	9.51	35.00	21.44	4.50	0.71	1.05

Note. ^a- variable is not normally distributed.

Table 2. Pearson's and Spearman's correlation coefficient between stress, depression and mental wellbeing.

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
1. Life stress	1											
2. Work stress	.31**	1										
3. PSQ_op	0.10	0.37**	1									
4. PSQ_org	0.17**	0.49**	0.45**	1								
5. MDRS_drugs ^a	.13*	.12*	0.01	–0.01	1							
6. MDRS_alcohol ^a	.11	.11	0.12*	0.15*	.17**	1						
7. MDRS_emotions	.38**	.51**	0.32**	0.46**	.10	.31**	1					
8. MDRS_anger	.19**	.32**	0.24**	0.29**	.18**	.40**	.52**	1				
9. MDRS_somatic	.26**	.45**	0.35**	0.42**	.15*	.27**	.57**	.44**	1			
10. MDRS_riskings ^a	.16**	.28**	0.21**	0.24**	.19**	.54**	.50**	.57**	.37**	1		
11. MDRS	.32**	.49**	0.45**	0.48**	.23**	.54**	.79**	.80**	.76**	.75**	1	
12. SWEMWBS	–	–	–0.40**	–0.36**	–.11	–	–	–	–	–	–	1
	.36**	.49**				.21**	.63**	.51**	.51**	.44**	.64**	

Notes. ^a- Spearman's correlation coefficient was used. **correlation is significant at $p < .01$ (2-sided). *correlation is significant at $p < .05$ (2-stranska).

Pearson correlation coefficient (for most variables) and the Spearman correlation coefficient (for the three variables labeled ^a). We can see that life stress and work stress are positively correlated, suggesting that police officers who report higher levels of work stress also report higher levels of stress in their lives in general.

There is also a positive correlation between work stress and emotional symptoms of depression and between work stress and somatic symptoms of depression, suggesting that police officers who report higher levels of work stress also report higher levels of emotional distress and similarly more somatic symptoms.

The table shows that there is a strong positive correlation between general depression and all subscales of the MDRS. There is a negative correlation between SWEMWBS scores and all other variables in the table, suggesting that police officers who score higher on the SWEMWBS tend to report lower levels of stress and lower incidence of depression symptoms.

We also found a significant difference in perceived stress in life, with female officers scoring significantly higher than male officers ($t(240) = 2.22$; $p = .03$). However, we found no significant differences in general depressive symptoms ($t(275) = .62$; $p = .54$) and no significant differences in mental well-being scores ($t(275) = -1.57$; $p = .11$).

Table 3. Group statistics.

	Variable	Group	<i>N</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>
1.	Life stress	Female	74	1.00	7.00	3.97	1.38
		Male	197	1.00	7.00	3.60	1.18
2.	Work stress	Female	74	1.00	7.00	4.88	1.36
		Male	196	1.00	7.00	5.00	1.40
3.	MDRS_drugs	Female	74	0.00	1.17	0.04	0.19
		Male	202	0.00	4.67	1.09	0.58
4.	MDRS_alcohol	Female	74	0.00	3.79	0.44	0.88
		Male	202	0.00	7.00	0.84	1.27
5.	MDRS_emotions	Female	74	0.00	6.70	3.49	1.84
		Male	202	0.00	7.00	2.99	1.74
6.	MDRS_anger	Female	74	0.00	4.95	1.31	1.22
		Male	202	0.00	7.00	1.49	1.53
7.	MDRS_somatic	Female	74	0.00	7.00	2.74	1.86
		Male	202	0.00	7.00	2.01	1.64
8.	MDRS_risking	Female	74	0.00	4.27	1.04	1.02
		Male	202	0.00	7.00	1.22	1.34
9.	MDRS	Female	74	0.00	4.24	1.60	0.89
		Male	202	0.00	6.05	1.52	1.05
10.	SWEMWBS	Female	74	11.25	35.00	20.76	4.52
		Male	202	9.51	35.00	21.72	4.44

Table 4. T-test for Equality of means between genders.

Levene's Test for Equality of Variances				T-test for Equality of Means	
	Variable	<i>F</i>	<i>p</i>	<i>T</i>	<i>p</i>
1.	Life stress	0.45	.50	2.22	.03
2.	Work stress	0.18	.67	−0.64	.52
5.	MDRS_emotions	0.55	.46	2.01	.05
6.	MDRS_anger	3.81	.05	−0.95	.34
7.	MDRS_somatic	4.32	.04	3.01	<.01
9.	MDRS	1.06	.30	0.62	.54
10.	SWEMWBS	0.26	.61	−1.57	.11

Gender differences in stress and depression

To examine gender differences in stress and depression, an independent t-test with a 95% confidence interval (CI) for the difference in means was conducted. Similarly, a non-parametric Mann-Whitney U-test was performed for variables that did not meet the assumptions of the t-test.

Tables 3 and Table 4 show significant differences in some of the depression subscales when comparing male and female police officers. 3 Participants who did not identify as either male or female were excluded from this comparison because the subsample was too small to compare the data with other groups. Female officers scored higher on symptoms related to emotions ($t(275) = 2.01$; $p = .05$) and somatic problems ($t(275) = 3.01$; $p < .01$). The results of the Mann-Whitney U test showed that there was no significant difference between the drug use or risk behaviours of male and female officers. The test also showed that male officers had significantly higher levels of alcohol use than female officers ($U = 5892.00$, $z = -2.88$, $p < .01$).

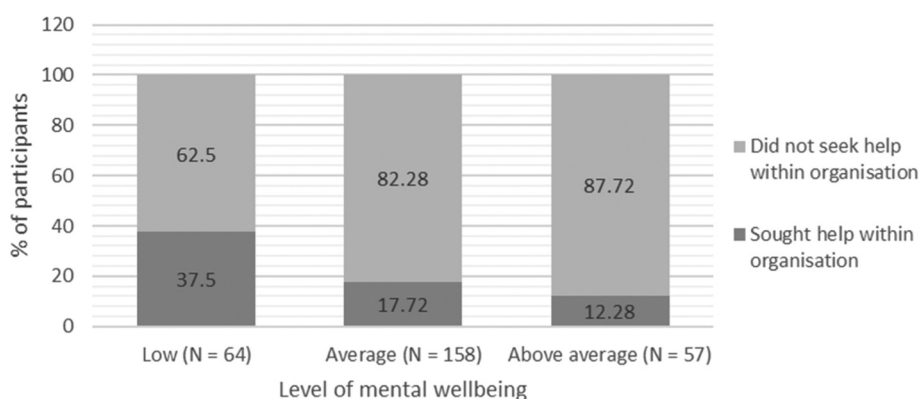


Figure 1. Percentage (%) of cases of help-seeking by each level of mental Wellbeing.

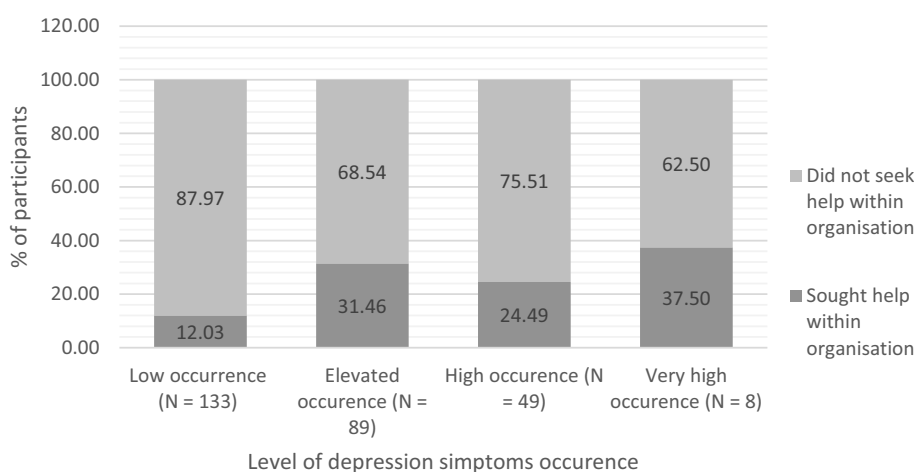


Figure 2. Percentage (%) of cases of help-seeking by each level of depressive symptoms according to the MRDS Scale.

Mental health status and help-seeking of Slovenian police officers

Figure 1 shows the percentage (%) of cases where help was sought, broken down by level of mental well-being. We see that more than a third (37.50%) of participants with a lower level of mental wellbeing sought help, compared to 17.72% of participants with an average and 12.28% with an above average level of mental wellbeing. Figure 1 also shows that most participants have an average level of mental wellbeing.

Figure 2 shows the percentage (%) of cases where help was sought, broken down by level of depression symptoms according to the MRDS scale. We can see that 37.50% of participants with a very high occurrence of depression symptoms sought help, compared to 24.49% of participants with a high occurrence and 31.46% with an elevated occurrence. We can also see that almost half of the participants have a low occurrence of symptoms, followed by an increased occurrence and a high occurrence of symptoms.

Table 5. Classification table of the logistic regression analysis for predicting help-seeking within police.

		Predicted		
		Sought help within the police		Percentage Correct
Observed		0.00	1.00	
Sought help within the police	0.00	4.00	48.00	7.70
	1.00	2.00	192.00	99.00
Overall Percentage				79.70

Table 6. Binary logistic regression predicting likelihood of help-seeking among police officers.

	<i>B</i>	<i>S.E.</i>	Wald	<i>Df</i>	<i>p</i>	<i>Exp(B)</i>
Age	0.05	0.05	1.14	1	.29	0.95
Life stress	0.15	0.15	1.08	1	.30	0.86
Work stress	0.33	0.16	4.40	1	.04	0.72
Years of service	-0.04	0.04	0.91	1	.34	1.04
MRDS	0.01	0.01	1.60	1	.21	0.99
Gender	-0.15	0.39	0.15	1	.70	1.16
Having children	-0.45	0.45	0.97	1	.32	1.56
SWEMWBS	-0.02	0.04	0.17	1	.68	1.02
Constant	4.82	2.26	4.57	1	.03	124.35

From the total sample, we found that 21.15% of police officers have sought help within the organization.

When comparing police officers who sought psychological help within the police with those who did not, differences were found in perceived stress at work ($t(268) = 3.61$; $p < .01$), depression symptoms in all subscales and depression symptoms overall ($t(274) = 3.65$; $p < .01$), and psychological well-being ratings ($t(274) = -2.99$; $p < .01$). Work stress scores were higher among those who sought help, while participants who did not seek help from the police scored higher on overall depression symptoms and mental well-being.

A logistic regression analysis was performed to examine the effects of age, gender, children, life stress, work stress, years of service, depression, and mental well-being on the likelihood of seeking psychological help from the police (see Tables 5 and 6). Gender was coded 0 for female and 1 for male, the presence of children was coded 0 for childless and 1 for having many children. Increased perceived stress at work was associated with an increased likelihood of seeking help. However, gender, general depression symptoms and other variables included in the analysis were not significantly associated with the likelihood of seeking help from the police. The odds ratio for gender is 1.16, which means that men are 16% more likely to seek help compared to women. However, this result is not statistically significant ($p = .70$), suggesting that there is no meaningful difference in help-seeking between male and female police officers in this sample. The model was statistically significant, $\chi^2(8) = 21.07$, $p < .05$, suggesting that 12.8% (Nagelkerke R^2) of the variability in the help-seeking outcome is explained by the model (it does not reflect the exact variance).

Combined model predicting overall depression symptoms, mental well-being and perceived work stress

Multiple linear regression was performed to predict overall depression symptoms from gender, age, mental well-being, frequency of job stressors, frequency of organizational

Table 7. Standardized and unstandardized coefficients with p -values of the MLR Analysis Predicting depression symptoms (MDRS).

Variable	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	p
(Constant)	2.548	.402		6.342	<.001
SWEMWBS	-.111	.012	-.489	-9.493	<.001
PSQ_op	.184	.043	.206	4.281	<.001
Work stress	.123	.039	.170	3.153	.002

Dependent Variable: MDRS.

Table 8. Standardized and unstandardized coefficients with p -values of the MLR Analysis Predicting wellbeing (SWEMWBS).

Variable	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	p
(Constant)	33.49	.93		35.85	<.01
MDRS	-.11	.01	-.45	-8.21	<.01
Work stress	-.55	.18	-.17	-3.07	<.01
Life stress	-.56	.17	-.16	-3.25	<.01
PSQ_org	-.37	.17	-.12	-2.17	.03

Dependent Variable: SWEMWBS.

Table 9. Standardized and unstandardized coefficients with p -values of the MLR Analysis Predicting work stress.

Variable	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	p
(Constant)	3.50	.73		4.77	<.01
SWEMWBS	-.07	.02	-.22	-3.27	<.01
PSQ_org	.25	.06	.25	4.17	<.01
MDRS	.01	.01	.14	2.12	.03
Life stress	.15	.06	.13	2.47	.01
PSQ_op	.15	.07	.12	2.16	.03

Dependent Variable: Work stress.

stressors, perceived work stress, and perceived life stress. Only mental well-being, frequency of organizational stressors, and perceived work stress contributed significantly to the prediction of MDRS ($F(3, 262) = 42.40, p < .01, R^2 = 0.47$; see Table 7 for the variable coefficients).

Another multiple linear regression was performed to predict mental well-being from other measured variables. Only general depression symptoms, perceived work stress, perceived life stress, and frequency of organizational stressors significantly contributed to the prediction of well-being ($F(4, 261) = 59.00, p < .01, R^2 = 0.47$; see Table 8 for variable coefficients).

A third multiple linear regression was performed to predict perceived work stress from other measured variables. Well-being, frequency of organizational stressors, general depression symptoms, frequency of workplace stressors, and perceived life stress contributed significantly to the prediction of work stress ($F(5, 260) = 32.19, p < .01, R^2 = 0.38$; see Table 9 for variable coefficients).

Discussion

Associations between stress and mental health

Regarding the associations between various measures of stress and mental health, our findings suggest a moderate positive correlation between depression and perceived work stress. Although our study found a stronger correlation than Tibubos et al. (2020), the positive and significant relationship between depression and work stress ($r = .18, p < .01$) is consistent with existing literature. This stronger association may be attributed to the limited and non-random sample or differences in the measurement tools employed. In particular, we used different instruments than Tibubos et al. (2020), which may have captured variations in perceived stress or depressive symptoms more sensitively in our sample.

Consistent with Clancy (2019), our results also demonstrated a negative correlation between perceived work stress and mental wellbeing ($r = -.61$), highlighting the detrimental effect of stress on officers' overall mental health. This aligns with stress-health frameworks such as the Job Demands-Resources (JD-R) model, which suggests that excessive job demands (like work stress) deplete psychological resources, leading to burnout and reduced wellbeing.

Perceived work stress was also positively associated with both organizational and operational stressors, with organizational stressors exerting a stronger influence. This supports McCreary and Thompson (2006), who reported that organizational stressors are more taxing than operational ones. While their correlations were stronger – possibly due to their use of the full PSQ with a 7-point Likert scale – the pattern of our findings aligns with their theoretical model, reinforcing the need to target internal organizational dynamics to improve officers' wellbeing.

Gender differences in stress and depression

We found significant differences on certain subscales of the Male Depression Risk Scale (MDRS) between male and female police officers. Specifically, men exhibited higher scores in the MDRS_Alcohol subscale, while women showed higher scores in the MDRS_Emotions and MDRS_Somatic subscales. However, there were no significant differences in overall depression symptoms.

This pattern suggests that depressive symptoms are not necessarily more prevalent in one gender but manifest differently, aligning with gender socialization theory. This theory posits that men are more likely to externalize emotional distress—e.g., through substance use (Möller-Leimkühler, 2003) – while women are more likely to internalize it, experiencing emotional and somatic symptoms. Our results support this conceptualization and also validate the utility of the MDRS in capturing gendered expressions of depressive symptoms.

The inclusion of both internalizing and externalizing symptoms in the MDRS may account for the observed parity in overall depression scores, suggesting the MDRS could be a more inclusive and sensitive measure of depression risk than more conventional tools. However, since the MDRS was primarily validated in male samples (Rice et al., 2013), its use with women may be limited. We suggest renaming the MDRS to reflect its

broader applicability and avoid reinforcing hegemonic masculinity or privileging male symptomatology in depression assessments.

Similar to Ortega et al. (2007), we found no significant gender differences in perceived occupational stress. However, gender differences were apparent in perceived life stress, with women reporting higher stress levels. This could reflect greater work-life conflicts, particularly for women who bear disproportionate family and household responsibilities, as previously reported (Violanti et al., 2009; Zakotnik et al., 2012). It is also possible that Slovenian women face different sociocultural expectations than their British counterparts in the Ortega et al. study. Moreover, Zakotnik et al. (2012) suggested that women may be more attuned to signs of stress and more likely to perceive and report it. These findings underscore the need for gender-sensitive approaches to mental health and stress management in policing.

Mental health status and help-seeking among Slovenian police officers

In terms of mental health status, 20.43% of participants reported a high or very high level of depressive symptoms, aligning closely with Carleton et al. (2018), who found a 19.6% prevalence of generalized depressive disorder among Canadian police officers. These findings emphasize the need for targeted mental health interventions within police forces.

However, our results diverge from Garbarino et al. (2013) and Lopan (2015), who reported lower depression rates among Italian (7.3%) and Slovenian police officers (6.67%), respectively. This discrepancy may result from differences in measurement tools, cultural factors, or sample characteristics. Notably, our data was collected during the COVID-19 pandemic, which brought additional stressors such as changing police roles, increased enforcement duties, and public unrest (Grover et al., 2020; Policija, 2022; Wu et al., 2021). These contextual stressors likely exacerbated mental health symptoms, supporting the notion that environmental and situational factors significantly influence psychological wellbeing.

Surprisingly, our sample reported relatively low scores on MDRS subscales related to alcohol use, drug use, and risky behaviour. Given Slovenia's high national alcohol consumption rates (Radoš Krnel et al., 2024), this finding is unexpected. Several explanations are possible: our sample may differ in substance use behaviour, or participants may have underreported such behaviours due to social desirability bias. However, given that the study was conducted by an external research team, which might reduce reporting bias, it is also plausible that our sample truly reflects lower substance use, possibly due to pandemic-related lifestyle changes.

Regarding mental wellbeing, no comparable police-specific studies were found. The average score in our sample was slightly lower than the UK population norms for the SWEWMBS (University of Warwick, n.d.). This may be attributable to occupational stressors, cultural differences, or the negative psychological effects of the COVID-19 pandemic. National data from Slovenia shows that 10% of the population reported poor mental health during the pandemic (Jeriček Klanšček et al., 2023), with caregiving responsibilities and social isolation cited as major stressors (Sedlašek et al., 2024). These contextual factors likely influenced our findings.

Help-seeking behaviours

We found that 21.15% of officers sought help within their organization, including psychological support from police confidants and psychologists. In contrast, Drew and Martin (2021) found that 70.1% of American officers sought help (from any source). This discrepancy may stem from several factors, including stigma, concerns about confidentiality, and lack of trust in internal services (Newell et al., 2021). As Krohne et al. (2022) noted, male officers may especially hold negative attitudes toward help-seeking.

The lower rate of internal help-seeking could also reflect greater preference for external support, such as family or general practitioners, as highlighted in the Mind (2019) study. We also acknowledge that the phrasing of our survey question may have contributed to inconsistent interpretation. Nonetheless, internal police reports (Policija, 2022) suggest growing awareness and use of support services over time, mirroring broader trends toward destigmatization.

A logistic regression analysis revealed that perceived work stress significantly increased the likelihood of help-seeking, while demographic variables and current depression symptoms did not. This suggests that stress, rather than symptom severity, may be a more immediate trigger for seeking support. It also supports models of mental health literacy and barrier theory, which suggest that help-seeking is influenced by perceived need and contextual factors more than symptom load. It is also possible that officers experiencing depression prefer to seek help externally, or fail to recognize their symptoms as requiring intervention.

Proposed model

To further investigate variable relationships, we conducted three multiple linear regression analyses to predict depression symptoms, work stress, and mental wellbeing. From these, we developed an integrated model (see [Figure 3](#)) illustrating how:

- Work stress and depression are mutually reinforcing.
- Mental wellbeing and depression are mutually diminishing.
- Stress and wellbeing also have a bidirectional, diminishing relationship.

This conceptual framework aligns with Hammen (2006) stress-depression model, which posits a cyclical interaction where stress can exacerbate depression, and vice versa. Our findings support the implementation of dual-target interventions, addressing both stress and depressive symptoms simultaneously to break this cycle.

Implications

Our study suggests several practical implications for improving mental health support in police organizations, with direct relevance for policy, intervention design, and future research. First, we recommend integrating routine mental health screenings into annual occupational health check-ups, using validated tools to detect early signs of depression,

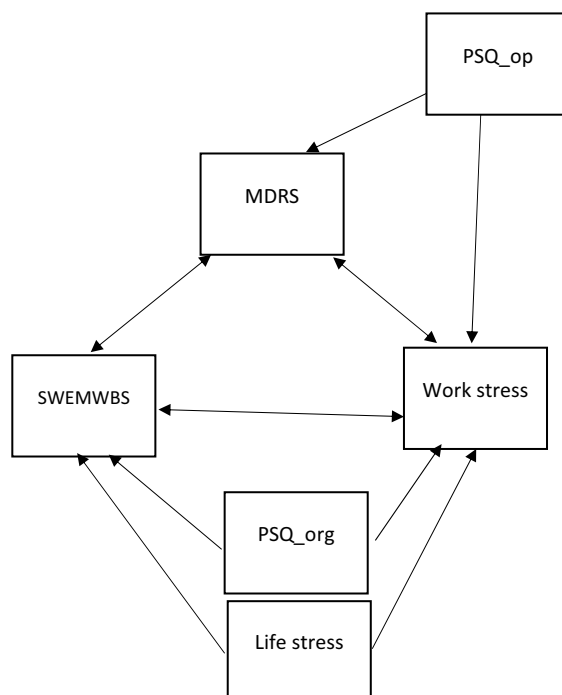


Figure 3. Proposed combined model predicting depression, mental wellbeing and work Stress.

stress, or burnout. These screenings should trigger clear referral pathways to qualified mental health professionals, especially for officers exhibiting high levels of distress.

To address work-related stress, evidence-based stress management programs – such as resilience training, mindfulness-based stress reduction, and peer-support groups – should be developed and made accessible across ranks. Policymakers should consider mandating structured mental health interventions as part of standard police training and ongoing professional development.

Given the low percentage of officers reporting help-seeking, targeted anti-stigma campaigns within police organizations are essential. These campaigns should challenge cultural norms that discourage emotional disclosure and emphasize that seeking help is a sign of strength, not weakness. As our findings did not identify significant demographic predictors of help-seeking (e.g., gender, age, or years of service), interventions should be universal, but also flexible enough to be tailored when needed.

We also recommend implementing mandatory mental health literacy training for leadership and supervisors, equipping them to recognize signs of psychological distress, engage in supportive conversations, and model healthy coping behaviours. Leadership support is critical for changing organizational culture around mental health.

Finally, future research should explore longitudinal outcomes of mental health over the course of officers' careers, the effectiveness of specific interventions in policing environments, and barriers to care beyond stigma, such as concerns about confidentiality or job security. Research comparing alternative depression measures and their applicability across genders and roles could further refine screening and intervention tools.

Disadvantages and ideas for future research

This study has several limitations. The non-random, limited sample of 279 Slovenian police officers may not fully represent the broader population, and the low response rate (3.87%) further limits generalizability. While the sample size is sufficient to detect medium-sized effects, it may be underpowered for smaller effects or detailed subgroup analyses, especially among female officers and those who sought psychological help. Uneven group sizes in some comparisons could also reduce statistical power. Gender comparisons in this study should be interpreted with caution due to the limited number of female participants. The small subsample reduces statistical power for gender-based analyses and may not adequately represent the experiences of women in policing.

The use of a single-item measure for help-seeking behaviour is another notable limitation, as it restricts the depth and interpretability of responses. Additionally, the cross-sectional design captures data at a single time point, preventing causal inferences. Future research should involve larger, more balanced samples, use longitudinal designs, include comprehensive stress and trauma measures, explore more specific help-seeking behaviours, and expand mental health assessments to cover disorders like anxiety and PTSD. Incorporating diverse populations and international comparisons would further enrich understanding of police mental health.

Added value of the research

This study adds value by exploring both the negative and positive aspects of police officers' mental health, specifically mental well-being. Its findings offer valuable insights for practitioners and researchers to develop effective interventions and support systems. The study's objective and independent nature enhances the credibility of the findings, and it serves as a foundation for future research on police mental health. We hope our results will contribute to improving support systems for this often-overlooked population.

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