

PSYCHOLOGICAL WELLBEING AND PSYCHOPATHOLOGY SYMPTOMS AMONG POLICE OFFICERS

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1. Background & Aim

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During last years, and increased number of scientific studies revealed that policing is a stressful activity with cost for individuals and Police as an organization (Alkus & Padesky, 1983; Aaron, 2000; Morash et al., 2006; Webster, 2014). Consequences for police officers are usually described as physical diseases, reduced wellbeing, psychological symptoms and even suicide (Violanti et al., 2015). Since policing tasks involves high responsibility, psychological wellbeing and mental health of police officers is a concern for clinicians and researches, due the fact that some studies (Andersen et al., 2015; Castro & Cruz, 2015; Lawson et al., 2012; Velden et al., 2013) discuss that police officers are a high-risk group for the development of mental health disturbances.

A comparative study between Portugal and Brazil began in 2015, aiming to identify psychopathology symptoms and mental health symptoms among police officers, and trying to contribute to the international discussion about psychological occupational health related with policing tasks. This study presents preliminary results of a Portuguese small sample.

2. Methods

Participants: The sample was a group of 78 Portuguese police officers, being 76% male, aged between 28 and 57 years (M= 41,42 and SD=5,85), 74% married and 77% having children. They have high graduation (65%), mostly were inspectors (94%) working on homicides (17%), thief crimes (19%), sexual crimes (35%), drug crimes (12%) or economic crimes (8%), from Judiciary Police (Polícia Judiciária) brigades of different Portuguese cities. Their experience on this police force varies between 1 to 33 years (M=13,83 and SD=6,72) and on this crime type varies between 1 to 23 years (M=6,92 and SD=5,11).

Instruments: Data were collected with a brief sociodemographic questionnaire, the Self-Reporting Questionnaire (SRQ-20, Harding et al., 1980; Santos, Araújo & Oliveira, 2009) and the Brief Symptom Inventory (BSI, Derogatis, 1982; Canavarro, 1999) Portuguese versions questionnaires.

Procedure: After formal authorization, questionnaires were applied during training sessions at Judiciary Police Academy (Escola de Polícia Judiciária), using printed questionnaires fulfilled after voluntary acceptance to participate on the study, and respecting anonymous and confidential rules.

Data analysis: IBM-SPSS-21 was used to perform descriptive, correlation (*R Pearson*) and regression analysis (Enter and Stepwise methods).

3. Results

Regarding wellbeing (Table 1), on a list of 20 possible mental health symptoms, the sample results varies between 0 and 15 symptoms (M=2,18 and SD=2,86), with only 10% of the sample presenting symptoms higher than cut-off values indicators of low wellbeing. Psychopathological symptoms evaluated on a 0-4 scale, present low presence with means varying between 0,14 for phobic anxiety and 0,80 for obsessive-compulsive symptoms. The maximum number of symptoms were 53, varying in this sample between 0 and 50, with a low mean of 19,08 (SD=13,64). No significant differences were found between genders, neither significant correlations between symptoms and age or years of professional experience. However, a positive significant correlation was found between the two questionnaires' dimensions.

Regression analysis (Table 2) revealed that professional variables (years of experience, type of crime they are investigating and years of experience on this type of crime) explain 3% of mental health symptoms (SRQ questionnaire) while psychopathological symptoms (BSI questionnaire) explain 74%, and individual variables (age, marital status...), despite their 6% contribution, aren't statistically significant. A detail analysis of BSI to SRQ revealed that major contribute was from depression symptoms (59%).

Table 1. Mean, SD and correlations between age, years of experience, BSI and SRQ-20 dimensions

BSI (0-4 scale)	Mean	SD	Age	Professional experience	Type of crime experience	Mental health symptoms
Somatization	,30	,40	-,022	-,028	,007	,731**
Obsessive-compulsive	,80	,65	,057	,044	,052	,633**
Interpersonal sensitivity	,53	,57	-,029	,026	-,008	,485**
Depression	,44	,54	,023	-,060	-,024	,766**
Anxiety	,51	,45	-,007	,031	-,014	,706**
Hostility	,64	,56	,041	-,049	,086	,578**
Phobic anxiety	,14	,28	,004	,071	-,010	,482**
Paranoid ideation	,73	,67	-,010	-,005	,004	,418**
Psychoticism	,31	,48	-,018	-,101	-,028	,717**
General severity index	,49	,43	,012	-,007	,011	,740**
Positive symptom distress index	1,23	,38	-,041	-,055	-,046	,529**
Positive symptom total (0-53)	19,08	13,64	,027	,017	,047	,617**
Mental health symptoms (0-20)	2,18	2,86	,048	,041	-,144	-

Table 2. Regression analysis for mental health symptoms

Dependent variable	Predictors	R ²	R ² change	β	t	p	F (p)
Mental health symptoms (ENTER)	Individual variables	,058	,058				,991 (,419)
	Professional variables	,089	,031				2,931 (,043)
Mental health symptoms (STEPWISE)	BSI	,826	,737				15,593 (,000)
	Depression	,587	,587	,302	1,803	,046	
	Somatization	,651	,064	,436	4,317	,000	44,154 (,000)
	Positive symptom total	,671	,020	-,770	-3,755	,000	
	General severity index	,708	,036	,855	3,003	,004	

4. Conclusions

Results revealed low presence of psychopathological symptoms, suggesting wellbeing state of the police officers inquired. However, the existence of 10% of participants above cut-off points on mental health symptoms and the major contribution of depression alerts for the need to survey regularly police officers, trying to avoid pathological situations. Recent concerns of European Agency for Safety and Health at Work (2014) defines priorities for occupational safety and health research in Europe, namely stress and psychological wellbeing of workers from different professions, including police forces. International studies are concerned with post-traumatic stress disorder, depression, stress, suicide, resilience and biological measures of stress among police officers (Baughman et al., 2015; Falconer et al., 2013; Husain, 2014; Maran et al., 2015; Marchand et al., 2013; Tomy et al., 2015), which may help to prevent pathological reactions to chronic stress situations such as burnout or suicide. As Maslach (2015, p. iv) recently says, "it's time to take action on burnout", and, also, to prevent suicide among police officers (Haute & Violanti, 2015).

5. References

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