An Evaluation of Police Mental Health Issues in Peshawar, Pakistan

Farhat Ullah[1]*, Sara Qayum[2] and Anwar Khan[3]

Abstract

Police officers throughout the world in general and in Pakistan in a particular face a variety of pressures, which is particularly true in underdeveloped nations like Pakistan. The aim of this research was to know about mental health (MH) problems and risks as well as issues among police officers that they face during their duty in the Police Service of Pakistan, in addition to collect suggestions for workplace, wellness and interventions that would be an appropriate for police personnel. For the primary data collection, twenty five police personnel from the various ranks- were interviewed in person and over the phone from the field duty and inside police stations too. Mental health issues, health behavior, occupation, and possible positive workplace interventions were all discussed throughout the interviews from the informants. The thematic analysis strategy was employed for data analysis. Higher levels of work anxiety and stress, as well as Post Traumatic Stress Disorder (PSTD), and depression were noted among police personnel. Overloading, working hours, Culture of policing, and organizational changes were all mentioned as major pressures. Some of the police personnel acknowledged advances in managing and promoting mental health in their job, but they listed intrusions such as counselling, training, and workplace modifications as the necessary to tackle mental health challenges in police personnel.

Keywords: Evaluation; Police; Mental health; Peshawar; Pakistan.

1. Introduction

The job and duties of police personnel put them in stressful and difficult circumstances, which may have a substantial influence on their mental health and potentially- affect everyday life (Garbarino et al., 2013). He et al., (2002); Kumarasamy et al., (2016); and Tewksbury Copenhaver, (2016) pointed out that the manner in which mental health (MH) difficulties arise and dealt with in police personnel may vary from other professional institutions. Many types of stress, including physical, mental, and anticipatory stress, have been linked to law enforcement job, according to research (Anderson, Litzenberger, Plecas, 2002; Zhao, He, Lovrich, 2002, Violanti, Fekedulegn, Hartley, 2016).

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[1] Department of Social Work & Sociology, Kohat University of Science & Technology (KUST), Kohat, KP, Pakistan

[2] Department of Law, Hazara University, Mansehra, KP, Pakistan.

[3] Department of Journalism & Mass Communication, Kohat University of Science & Technology (KUST), Kohat, KP, Pakistan.

*)Corresponding Author.
Email: farhatullah@kust.edu.pk

On an everyday basis, police face many horrific requests for service, such as child abuse, domestic violence; vehicle accidents; and killings. The expansion of psychological diseases including depression, anxiety, posttraumatic stress disorder (PTSD), somatization, and burnout may be linked to repeat an exposure to these stresses.

Keeping in view, the job nature of police personnel; a variety of threat issues creating stress and discomfort in police officers, which are often grouped into two groups i.e., an organizational and the second one is the operational stressors (Evans & Coman, 1993; Purba & Demou, 2019). The institutional type of stressors are more favorable than operational stresses in order to generate an unfavorable MH discomfort (Tyagi & Dhar, 2014). Purba and Demou (2019), found the considerable proof of relationships between occupational stress and organizational pressures, MH discomfort, psychological tiredness, and individual achievement among active-duty officers compared to retired officers (Purba & Demou, 2019).

Long working hours and severe workload; organizational change; and police culture are the top job-related stresses upsetting the MH of this crucial profession of personnel (Purba & Demou, 2019). In one of research on police stress, it is observed by Amaranto et al. (2003) that noticeable causes of direct stress involved '(a) punishment for "minor" infractions, (b) being "second-guessed" in the field work, (c) lack of rewards if jobs well done, and (d) down of the morale,' (Amaranto and colleagues, 2003).

2. Literature Review

The issue of stress in police personnel is a condition that occurs when police officials work overly long shifts and are constantly worried due to a lack of rest. Hence, this situation might lead to the significant safety and health issues in the police personnel, such as excessive work shifts, poor eating choices, and a lack of exercise. When police personnel is trapped with an issue that they are unable to solve, they experience stress. As a result, the employee begins to feel under pressure because of the situation. Similarly, stress poses a hazard or a challenge to one's health (Gardazi, Mobeen, and Gardazi, 2016). Employees who are tired or stressed and cannot provide desired results because of their weak stamina and their minds are overworked. Workplace routines, a lack of interpersonal interactions, and everyday living situations may all contribute to police job stress (Gyamfi, 2014).

Police personnel is insisted to show emotional and physical bravery. The existing departmental culture of police and among other crisis professionals may make it the difficult for people to reveal and discuss MH difficulties, which can make it the difficult to get help (Bell & Eski, 2016; Berg et al., 2006). Bell and Eski (2016), defined disclosing mental health issues as "career-damaging". They add to this by claiming that the innate distrust, lack of understanding, and virile mentality connected with police philosophies discourages the talks about MH concerns and approaches to assistance (Bell & Eski, 2016). The results of such disgrace may be extensive that leaving a

person's suffering from psychological problems perceiving alienated and stigmatized (Bell & Eski, 2016). The role of gender and power dynamics is also very important in shaping policing values (Morabito et al., 2011). McCarty (2013), argues that courageous cultural patterns have penetrated law enforcement personnel in general, resulting in an atmosphere where female officers may feel uneasy. Sickness absenteeism decrease in productivity, and retirement because of poor health are all socio-economic implications of work-related mental health disorders. Individual personal costs the result in reducing somatization, self-esteem, and a detrimental influence on social and family connections, in addition to economic expenses.

There are the several workplace therapies to deal with the mental health issues of the workers. The majority of these treatments indicate the different degrees of effectiveness as well as research limitations, such as small sample numbers. Cognitive-behavioral-theory treatments, psychodynamic and physical-activity treatment; supportive therapies, and non-pharmacological techniques were all included in a comprehensive review assessing manualized psychosocial interventions to avoid psychiatric problems in law enforcement (Penalba et al., 2008). Despite the fact that police officers liked the sessions, there were no substantial improvements in general health or absence due to illness (Doctor et al., 1994). An intervention employing technological and psychological strategies to decrease unease, worries and improve functional performance among US police officers, on the other hand, showed the favorable results that lasted two years after execution (Arnetz et al., 2013). Physical exercise and wellness classes, according to another research (Acquadro Maran et al., 2018), reduced the perceived stress and boosted wellbeing.

Many recent studies have highlighted the wide spectrum of mental health concerns faced by police officers across the globe, and data shows that mental health disorders that appear in police forces vary from workforces in other organizations. However, a little study on MH concerns in police forces have been performed in Pakistan yet (Houdmont et al., 2018; Bell & Eski, 2016). MH disorders such as anxiety and depression, as well as a variety of organizational risk factors that affect MH, welfare, and family life, have been noted as a concern in recent Police Service of Khyber Pakhtunkhwa in a particular and Pakistan in general. Our goal was to conduct an investigative study within the police personnel to better recognize the mental health issues that police staff confront, as well as the issues of poor mental health, and to determine what approaches and policies the staff beliefs are effective and appropriate in the police organization. Knowing MH difficulties in police personnel- has huge implications in the durable health of a critical front-line service.

3. Rationale of the Study

Pakistan's government has been working hard to modernize KP's police services and also introduced the numerous reforms in police. During the

interview, the researcher noted that police job stress was included in the numerous studies with little theoretical reason. These findings gave even more grounds for identifying the issues so that appropriate solutions might be found. To overcome these difficulties, remedial steps may be implemented. In light of the aforementioned reality, the researcher has discovered the serious mental health issues in police personnel.

4. Research Method

Peshawar-the capital city of Khyber Pakhtunkhwa (KP) province is the backdrop for our study project. Currently, the KP province police are composed of over 70,000 individuals (Executive staff, ministerial staff, DPOs, SPs, ASPs, DSPs, Inspectors, ASIs, Head Constables, and Constable) who work for this organization. Face-to-face or over the phone; semi-structured in-depth interviews were done with police officers. Our informant's target demographic was officers-working in the field and who are exposed as a group to the numerous stressful occurrences; have familiarity with the risk factors and demands in lower police ranks. In the capital city of Peshawar; there are more than 5000 police personnel working in the different ranks. The majority is between the ages of 26 and 45, and over 70% have been in this position for 2–6 years. As a result, they may replicate their experiences and perspectives as the officers, while also providing insight into workplace difficulties for lower-level employees. We planned to interview SHOs, and Inspectors for up to 35 minutes each, ASIs, and Head Constable for up to 30 minutes, and constables for up to 25 minutes. A total 25 number of informants were interviewed. Interviews were done with persons who had personal experience with MH difficulties. MH-related concerns including work and non-work related, wellness, general fitness, and health behaviors; occupation; thoughts, and perspectives on whether workstation treatments for MH problems work or do not work were among the themes discussed in interviews with informants.

Participants were interviewed from all around the city to take part in this study. Posters and short notice were disseminated through the personal contacts of the researcher to promote the research. Before the participants agreed to participate, the investigators promised to respond to any query they had. They were requested to sign a permission form or give the noted oral assent over the phone. With the participant agreement, interviews were audio-recorded with the help of an encrypted dictaphone. The interviews were done by two members of the study team.

To identify major themes and construct an analytical framework; two researchers (SS and FU) reviewed the anonymized sample transcripts separately. The texts were then, read many times and code was done in QSR NVivo12 for exploration. Collected data were classified and then, indexation was done into six key groups: individualized understandings of MH, views of MH, MH stressors, policies/practices of MH, police cultures, and mental health interventions, using a thematic analytic technique (Braun & Clarke,

2006). All of the participants provided their consent for their anonymous quotes to be used.

SHOs quotes are represented by the letter S, Inspectors by I, ASIs by A, Head Constable (HC) by H, while Constables are signified by the letter C. The numbers used to identify participants- are assigned at random and have no relation with respect to the sequence in which interviews were conducted, job title, gender, or other factors. We utilize the pronouns's/he' and 'him'/her' throughout to hide participants' identities from (supposed) deductive exposure.

5. Results

Twenty five police personnel (n = 20 males, n = 5 women) were questioned. Twenty-one worked mostly in urban settings, two in rural settings, and two had experience in both. Contributors had been for 18 to 29 years with the police, with most of them having served for 6 years or fewer before retiring.

80% of Participants thought that, though there was still space for enhancement, police personnel' understanding the MH problems increased significantly when questioned about their opinions of personal experiences with mental health difficulties. Some 75% of participants defined MH as the inability to deal with stress, while others used words like "stress," "struggling," "crisis circumstances" and "mental ill-health," to describe it (see officer participant quotes below). 'Happiness' was also included in the definition of MH.

5.1 Views of MH

I 21: *"....When someone is suffering, MH is the first thing that comes to mind is... It's possibly as simple as I can put it...."*

A 3: *'... your mental capacity to deal with the challenges you face daily.'*

C 4: *'..... I think MH means how you can handle the situation without tension in a peaceful manner. For me, MH is the ability of police to perform their duties in a better way.'*

5.2 Personal experiences with MH difficulties

When questioned about their experiences of MH, all of the participants were open and honest. Many officers and stakeholders voiced concerns about the police officers' workforce's psychological health, highlighting the difficulties such as stress, depression, anxiety, and PTSD, as shown by the statements as the below from officers and stakeholders sharing lived experiences with mental health difficulties.

S 2: *"the most of the illness is related to stress. Worries and stress seriously damaged me every time. Sometimes, I feel weep in tears due to stress. Most of the time it's out of my control to deal with stress".*

A 1: *"The consequences of not being able to fulfill one's purpose or potential in life, working life, weakens you".*

HC 4: *"Depression possibly weakens the sense of identity and self-worth if you let it enter in your life. If a person cannot digest or comprehend it, and if you don't lack the mental capacity to enter in your personality, you're doomed".*

5.3 MH Stressors

The Operational Encounters in which other officers were directly impacted, if not killed, were particularly difficult. 90% of Stakeholders believed that PTSD and PTSD symptomatology were highly widespread among cops. The participants discussed how their profession and MH affected their family life, as well as their worries about how challenging it is to develop a healthy balance in work and life. As informant S22 notes;

S 22: *"My job affected my work-life balance. Sometimes, I feel it's just a waste of time. When I go home and I kiss my kid for a good night. Similarly, I am getting up in the early morning before my child and I leave to work. So I'd come home occasionally to tell my child a tale, so this is how my work-life equilibrium is. I mean that it does not exist, and I felt sick as a result."*

I 7: *"I was a different person before I joined the police force. But now I feel that I just wasted my life here in this job. The nature of job seriously affect personal life as well and it not possible to make sure a work-life balance".*

HC 11: *(issue of long working hours) "working hours is very long as compared to another profession. We have to do it every day. Even when the whole country is celebrating some important festivals and official vacations are in the country, but we are on duty".*

C 8: *"The job duration is very long. We cannot sleep properly and because of this reason I become patient of high blood pressure".*

5.4 Police Cultures

Like other groups and organizations, police personnel practices a culture for making logic of their surroundings as well as, their place in it. Whenever asked about police culture from the participants, they replied;

S 13: *"firstly, I feel the police profession in Pakistan is male-dominated and the ratio of women in the police profession is very low. It may have multiple reasons. This might be because of the culture of our society and it might be working hours is very long".*

I 9: *"I am fed up with political interference in our duty. Politicians should not interfere in our work. Our transfer from one place to another place in their hands and this give me stress".*

A 14: *"We do more work than our seniors, but the reward is very little. The salary is very low and it's not possible to meet our expenditures".*

5.5 MH Policies/Practices

95% of Participants noted that greater supply of workplace canteens and gyms, as well as guidelines addressing real-world difficulties (e.g., prohibiting/ preventive the work-related mobile phone usage while off the duty, boosting malleable operational facilities), might lead to healthier lives and improved wellbeing. They also said that more messaging and discussion about mental health concerns are required.

S 16: *"The higher officials and policymakers needed to look at the things that change behavior and improve mental health. If you are happy and smiling so certainly the people will be satisfied and the image of police will also be better in society".*

I 25: *"Mobile phones are not allowed during duty. We also have a family to communicate with. The rules should be made a little flexible. Sometimes the important message from family is not possible to communicate".*

A 4: *"Behavior change is the most important thing to work on. But the policies are not human friendly. Our image is not good in the community and how it could be."*

HC 17: *"We do not have proper lunch/dinner/breakfast time during duty. We cannot maintain our health. There must be a short break to perform prayers and also for breakfast/lunch/dinner".*

5.6 MH Interventions

It was proposed that MH training required for all police personnel, might be advantageous. Health checks and Needed counseling with a physical as well as a mental focus were proposed to decrease the stigma of seeking help for mental health problems; openly advantage entities; save money for the organization (e.g., by decreasing sick leave); and relieve the stresses that absences place on other employees. The 80% of participants replied;

S 25: *"Police personnel do not understand how to deal with emotional wellbeing. Even they do not understand that mental health is a serious health issue. There must be proper training and facilities to cope with the issue of mental health".*

I 3: *"I do not know the symptoms of mental issues and stress. But after this interview, I realized that I am a patient of mental stress. The department must provide us a counselor to deal with our mental health issues".*

A 13: *"There must be counseling facilities and regular checkup for mental health issues."*

C 17: *"Annual health screening is very important and must be mandatory for all to do it. Police wellbeing is directly connected with their performance".*

6. Discussions

After thoroughly analyzing the interviews with police personnel reveals a complicated set of concerns surrounding police officers and staff's mental health. Participants talked about great levels of professional anxiety and stress,

which is the constant with former research (Kroes, 1985; Goodman, 1990; Gershon et al., 2009; Arial et al., 2010; Kumarasamy et al., 2016; LaMontagne et al., 2016; Chitra & Karunanidhi, 2018). The mental health concerns were found to be pervasive, including reports of anxiety, PTSD, and depression. The informants who said that they had been depressed and linked their condition to work-related pressures. Others recognized a clear relationship between reported PTSD and operational trauma, even if signs did not outwardly reveal themselves until years after an experience was caused by circumstances.

Workload, Job role, and organizational culture were identified as the key work-related stresses that contributed to MH disorders. Participants' responses to their encounters with operational stresses were influenced by their own experiences, personal attributes, and background. Officers and employees indicated organizational as well as operational stresses, as the most significant stressors, which is consistent with previous studies (Purba & Demou, 2019).

Counseling for officers suffering from depression- has previously been advised, with the caveat that such counseling should be made accessible without the risk of retaliation if they use it (Tewksbury & Copenhaver, 2016). For this study, the contributors were apprehensive about accessing psychotherapy services, alike to prior research (Tewksbury & Copenhaver, 2016), since they were unsure that doing such things would not hamper the professional growth or path. They, however; believe that an MH treatment programme may be beneficial, particularly in supporting efforts to achieve an enhanced equilibrium between work and family. Timely screening, more assets, organizational interventions; and campaigns for the promotion of mental health have all been highlighted as having the potential to improve negative MH behaviors and health conditions (Penalba et al., 2008). Participants offered further involvement strategies to address MH and mental wellbeing concerns in the police force (Austin-Ketch et al., 2012). A prevalent theme was the significance of training to successfully treat and manage mental health concerns. This includes training for upper-level officers to deliver them the skills they need to recognize and treat MH issues in the organization, and to reduce workplace exclusion. Other studies have shown that by improving awareness, the negative effect of mental health issues on the police staff and even the populations that the police organization assists can be avoided (Bell & Eski, 2015; Mitchell et al., 2001).

Our research has a lot of advantages and disadvantages. Because MH is such a delicate issue, one of the research's important strengths is that the participant interviews and analysis were done by independent university academicians, offering an extra sheet of secrecy safeguard and the great assurances of informants' anonymity. Generally, the informants were eager to share their thoughts on mental health problems that they believed and were frequent or troublesome in their workplace. Despite participants' recognition of a general worry that such information may be "used against them" if their

opinions and experiences were shared with peers and line supervisors, this is the case.

7. Future Research Direction

This study might be expanded to a broader extent at the provincial and state level. It would also be interesting to know about the conditions of high official from a stress perspective. As a result, further research should be done that includes other institutions and individual characteristics.

8. Conclusion and Recommendations

We believe that mental health and police departments must collaborate closely, that the resources of MH be more freely reachable and obtainable, that the department of police contributes in the specified mobile crisis teams, and that police personnel obtains an enhanced training, as based on both the literature and our experience. We provide the following findings and suggestions based on these concepts.

There is a necessity for more research to understand and assess mental health requirements inside Police personnel as well as to find out new concepts for involvements that would be the suitable for the enhanced administration of mental health problems- was highlighted by the significance of decent mental health and the trials connected with raising mental health matters in the police department (and also in the numerous other institutions). Long workload, working hours, culture, organizational change, and leadership-were the key alleged stresses as indicated by our participants, which were consistent with the findings from other police forces. Officers and employees acknowledged that progress had been made in managing and promoting mental health in the job, but they saw the need for further involvements, such as counselling, training, and environmental workplace modifications, to address the service's ongoing mental health challenges.

Our results may be used to develop workplace involvements for stimulating good mental health and treating mental health issues, which are adapted to the requirements of Police personnel and its employees while taking into account the unique possibilities and challenges that each organization faces.

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