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RESEARCH

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PREVALENCE OF SYMPTOMS OF DEPRESSION, ANXIETY AND STRESS IN MILITARY POLICE

*Prevalência de sintomas de depressão, ansiedade e estresse em policiais militares**Prevalencia de síntomas de depresión, ansiedad y estrés en la policía militar***Alexciana Santos da Silva**¹ **Alanna Silva dos Santos**² **Priscilla Maria Castro Silva**³ **Ana Claudia Torres de Medeiros**⁴ **Gigliola Marcos Bernardo de Lima**⁵ 

ABSTRACT

Objectives: to evaluate the prevalence of symptoms of depression, anxiety and stress that can affect the professional and personal lives of Military Police. **Method:** this is a quantitative and cross-sectional research, developed in the 2nd Battalion of the Military Police in the city of Campina Grande-Paraíba. A questionnaire with sociodemographic characteristics, the Beck Depression Inventory, the Beck Anxiety Scale and the Lipp Stress Inventory for Adults were used. The data obtained were transcribed into a spreadsheet and then analyzed using the R program. **Results:** most professionals did not show high levels of symptoms of depression, anxiety and stress. Women were more likely to develop depression and anxiety. **Conclusion:** the importance of developing public policies and projects aimed at working on these issues is highlighted, seeking to reduce the risks of developing anxiety, depression and stress in Military Police.

DESCRIPTORS: Mental health; Police; Occupational stress.

¹ Federal University of Campina Grande, Paraíba, Campina Grande, Brazil.

² Federal University of Rio Grande do Norte, Rio Grande do Norte, Natal, Brazil.

^{3,4} Federal University of Paraíba, Paraíba, João Pessoa, Brazil.

⁵ Oswaldo Cruz Foundation, Rio de Janeiro, Rio de Janeiro, Brazil.

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Corresponding Author: Alexciana Santos da Silva alexcianasantoss@gmail.com

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RESUMO

Objetivos: avaliar a prevalência de sintomas de depressão, ansiedade e estresse que podem afetar a vida profissional e pessoal de Policiais Militares. **Método:** trata-se de uma pesquisa quantitativa e transversal, desenvolvido no 2º Batalhão da Polícia Militar do município de Campina Grande-Paraíba. Foi utilizado um questionário com características sociodemográficas, Inventário de Depressão de Beck, Escala de Ansiedade de Beck e Inventário de Stress para adultos de Lipp. Os dados obtidos foram transcritos na planilha e em seguida, analisados através do programa R. **Resultados:** a maior parte dos profissionais não apresentaram níveis elevados de sintomas de depressão, ansiedade e estresse. As mulheres apresentaram maior tendência a desenvolver depressão e ansiedade. **Conclusão:** evidencia-se a importância do desenvolvimento de políticas públicas e projetos que visem trabalhar essas questões, buscando diminuir os riscos do desenvolvimento de ansiedade, depressão e estresse em Policiais Militares.

DESCRITORES: Saúde mental; Polícia; Estresse ocupacional.

RESUMEN

Objetivos: evaluar la prevalencia de síntomas de depresión, ansiedad y estrés que pueden afectar la vida profesional y personal de los Policias Militares. **Método:** se trata de una investigación cuantitativa y transversal, desarrollada en el 2º Batallón de la Policía Militar de la ciudad de Campina Grande-Paraíba. Se utilizó un cuestionario con características sociodemográficas, el Inventario de Depresión de Beck, la Escala de Ansiedad de Beck y el Inventario de Estrés de Lipp para Adultos. Los datos obtenidos fueron transcritos en una hoja de cálculo y luego analizados con el programa R. **Resultados:** la mayoría de los profesionales no presentaron niveles elevados de síntomas de depresión, ansiedad y estrés. Las mujeres eran más propensas a desarrollar depresión y ansiedad. **Conclusión:** se destaca la importancia de desarrollar políticas públicas y proyectos dirigidos a trabajar estos temas, buscando reducir los riesgos de desarrollar ansiedad, depresión y estrés en la Policía Militar.

DESCRIPTORES: Salud mental; Policía; Estrés ocupacional.

INTRODUCTION

The function of the military police refers to ostensive policing, which is intentionally developed for the preservation of public order.¹ It is noteworthy that Military Police (MPs) deal in their daily lives with violence and crime, in addition to human problems of conflict and tension, thus, they are part of a special group in society, as it is a high-risk profession. Faced with such responsibilities, this class of professionals is exposed to a high level of stress, engendering, in most cases, physical and mental exhaustion.²

These professionals are often living strenuous working hours, in which exposure to different activation schedules, imminent risks of accidents at work, injuries and possible death in confrontations with criminals, in addition to the specific equipment of the profession that cause weight overload stand out. They face difficulties such as lack of adequate equipment and safety and low pay, leading to disorders such as imbalance in sleep hours and emotional fatigue. These factors are considered occupational stressors and the stress resulting from them directly interferes with the productivity and efficiency of professionals.³

In this perspective, stress is directly related to mental disorders and this relationship can be presented directly or indirectly. Some risk factors inherent to the function of military police contribute to their illness, such as unhealthy conditions, environmental hazards, administrative and operational routines, in addition to the dedication required of the police officer, as it requires him to be on alert twenty-four hours a day, even during his time off, causing considerable changes in his personal life.⁴

In this way, police officers exhibit behaviors that result in greater attention and vigilance in the environments they frequent, in addition to increased distrust in their interpersonal relationships. The police officer lives in a controversial situation, that is, the working police officer with the function of containing violence, but who runs the risk of producing it or even being a victim of it.⁵

It is not the work that makes the professional ill, but the way the work is structured, as well as the conditions under which it is carried out. These factors are considered more stressful than the imminent exposure to risk that the police officer is exposed to.¹

A study has shown that the number of police officers killed in Brazil is significantly higher compared to developed and non-violent countries, therefore, in view of these data, the hypothesis of this research is that the profession of military police puts these subjects in a situation of vulnerability to psychic illness, since they are exposed to a high level of stress, risks and unhealthy conditions.⁶

Taking into account that the profession of military police requires great responsibility in daily tasks in addition to facing numerous situations of risk and exposure to violence, even before becoming a military police officer, considering that the individual suffers psychological and physical pressures during the training period, as well as the high pressure they face from society. Thus, these factors can engender high levels of stress, psychological disorders, the appearance of chronic diseases, physical and mental fatigue in this group of individuals. Therefore, this study aims to evaluate the prevalence of symptoms of depression, anxiety and stress that can affect the professional and personal life of military police officers in the municipality of Campina Grande- PB.

METHOD

This is a descriptive field study with a quantitative approach, which was developed in the 2nd Military Police Battalion (2nd BPM) of the municipality of Campina Grande, PB. Considering the total number of MPs of the 2nd BPM (200), a sample of 111 MPs was calculated, with a confidence level of 95% and a margin of error of 5%. However, due to losses, sample refusals and taking into account the available time of the MPs that made it difficult to perform the collection, a total of 82 MPs who are part of the 2nd BPM participated in the study.

The sample was defined by convenience and free adherence, through the snowball procedure, and the coordination of the 2nd BPM was asked to publicize this research, by sending a message to the MPs, which contained a text with the objective of the research together with the link to access the questionnaire.

Access to the online questionnaire, through the Google Forms platform, was released after clicking on the button to accept participation in the research, then it was forwarded to agree to the Informed Consent Form (ICF), in which information on the anonymous and voluntary nature of participation was exposed. Regarding the face-to-face collection, the instruments were applied according to the availability of the research participant. The research was only started after the participant's acceptance and signature of the ICF.

Data collection was carried out between September and December 2021. As inclusion criteria, PMs of both genders were

selected, with no age limit. Exclusion criteria were: PMs who were on leave, leave or vacation, were not located after two attempts.

For data collection, the instrument/questionnaire was used, divided into two parts, prepared for the study: I - referring to the sociodemographic characteristics and issues involving the work and personal life of the police officer; II - composed of specific scales of the themes of the study: Beck Depression Inventory (BDI),⁷ Beck Anxiety Scale (BAI),⁸ Lipp Adult Stress Inventory (ISSL).⁹

The BDI and BAI are self-report scales composed of 21 items that determine symptoms related to depression and anxiety, respectively; each item is scored from 0 to 3, and the higher the score, the more severe the symptoms.¹⁰

Lipp's Inventory of Stress Symptoms for Adults (ISSL) is composed of three tables referring to the four phases of stress: alertness, resistance, near-exhaustion and exhaustion.⁹

The collected data were coded and transcribed to a Microsoft Excel® spreadsheet version 2016, for analysis using the R program version 4.1. The sociodemographic data were analyzed descriptively and the scores of the evaluation instruments were analyzed according to the crossing of variables with the presentation of differences mentioned with statistical significance of $p < 0.05$.

The research followed the ethical aspects, in accordance with Resolution 466/12 of the National Health Council and respected the Nursing Ethics Code. The project was approved by the Research Ethics Committee of the Alcides Carneiro University Hospital - HUAC/UFCG, with opinion 4.944.578.

Table 1- Characterization of the sociodemographic profile of the military police officers of the 2nd BPM. Campina Grande, PB, Brazil, 2021.

Variables	n	% of Total	Cumulative %
GENDER			
Female	7	8,5	8,5
Male	75	91,5	100,0
ETHNICITY			
Yellow	2	2,4	2,4
White	25	30,5	32,9
Indigenous	2	2,4	35,4
Not specified	8	9,8	45,1
Brown	36	43,9	89,0
Black	9	11,0	100,0
RELIGION			
Catholic	25	30,5	30,5
Christian	26	31,7	62,2
Deist	1	1,2	63,4
Spiritist	2	2,4	65,9
Evangelical	10	12,2	78,0
Not specified	12	14,6	92,7

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Protestant	6	7,3	100,0
INCOME			
2 minimum wages	7	8,5	76,8
3 minimum wages	17	20,7	100,0
>3 minimum wages	56	68,3	68,3
Not specified	2	2,4	79,3
CIVIL STATUS			
Married	51	62,2	62,2
Divorced	5	6,1	68,3
Stable Union	8	9,8	98,8
Single	17	20,7	89,0
Widowed	1	1,2	100,0
SCHOOLING			
Complete elementary school	2	2,4	2,4
Incomplete elementary school	4	4,9	7,3
Complete high school	14	17,1	24,4
Incomplete high school	3	3,7	28,0
Complete higher education	42	51,2	79,3
Incomplete higher education	17	20,7	100,0
HOUSING			
Rented	14	17,1	17,1
Financed	3	3,7	20,7
Own	65	79,3	100,0
CHILDREN			
Yes	60	73,2	100,0
No	22	26,8	26,8
MILITARY RANK			
2nd Sergeant	9	11,0	11,0
2nd Lieutenant	3	3,7	14,6
3rd Sergeant	1	1,2	15,9
Corporal	28	34,1	50,0
Captain	1	1,2	51,2
Sergeant	15	18,3	69,5
Soldier	15	18,3	87,8
Second Lieutenant	1	1,2	89,0
Lieutenant	9	11,0	100,0
PHYSICAL ACTIVITY			
Practice	76	92,7	82,7
Doesn't practice	6	7,3	7,3
PSYCHOLOGICAL MONITORING			
No	70	85,4	85,4
Yes	12	14,6	100,0
TOTAL	82	100	

Source: Own elaboration.

RESULTS

It was possible to verify that the sample consisted mainly of 75 males (91.5%), with ages ranging from 25 to 63 years. It is noteworthy that the average age of females was 34 years, while that of males was 41 years. Most participants were classified as brown 36 (43.9%), Christian 26 (31.6%), married 50 (61%), with children 60 (73.2%), monthly income of more than three minimum wages 56 (68.3%), own home 65 (79.3%), with complete higher education 42 (51.2%), police rank of corporal 28 (34.1%), who practice some type of physical activity 76 (92.7%) and who do not follow up on mental health 70 (85.4%), as shown in Table 1.

When characterizing the depressive and anxiogenic symptoms in military police officers of the city of Campina Grande-PB, Table 2 was obtained.

Table 2- Mean, mode and median of BAI and BDI. Campina Grande, PB, Brazil, 2021.

	BAI	BDI
N	82	82
Average	8,50	6,56
Median	4,50	5,50
Standard deviation	9,38	5,03

Source: Own elaboration.

It was possible to observe that the results found with the Beck Anxiety Inventory (BAI) obtained a higher average (8.50).

In order to test whether the differences found were statistically significant, the normality test was initially performed to identify whether the data were normally distributed. After verifying that they did not follow normality, the Mann-Whitney test for independent samples was used, which is shown below in Table 3.

The BDI and BAI data did not show normality and the Wilcoxon test was used, with $p = 0.39$ and $p = 0.75$, respectively, indicating that there is no statistically significant difference between depression and anxiety considering gender, since the p -value was greater than 0.05.

The Kruskal-Wallis test was used to verify whether there is a difference in depressive and anxious symptoms in relation to the professionals' schooling, and the result can be seen in Table 4.

Table 3- Wilcoxon W test for BAI and BDI. Campina Grande, PB, Brazil, 2021.

Statistical Test	BAI	BDI
Wilcoxon W	282	314.5
Significance Sig	0.7515	0.3913

Source: Own elaboration.

Table 4- Wilcoxon W test for BAI and BDI. Campina Grande, PB, Brazil, 2021.

Statistical Test	BAI	BDI
Kruskal-Wallis	12.664	8.2919
df	5	5
Significância Sig	0.02674	0.1409

Source: Own elaboration.

Regarding education, there is a statistically significant difference ($P=0.02$), in which professionals who have higher education had a higher BAI score. On the other hand, there was no statistically significant difference in relation to schooling and depressive symptoms ($p=0.14$).

It was possible to observe that there was no statistically significant difference according to ethnicity, since the p -value was 0.495. Although there was no significant difference in the chi-square test, according to the ISSL it was identified that most of the sample 60 (76%) did not present symptoms of stress.

The results showed that in relation to stress and ethnicity, the majority of police officers who declared themselves brown did not have stress symptoms 26 (72.3%), with five (14%) being in the resistance phase, one (2.7%) in the quasi-exhaustion phase and four (11%) in the exhaustion phase.

With regard to religion, most of the police officers declared themselves Christians 20 (76%) do not show signs and symptoms of stress, others are not in the resistance phase four (20%), quasi-exhaustion one (5%) and in the exhaustion phase one (5%). The Catholic religion was the second most declared 25 (76%), being 19 (76%) without signs and symptoms of stress, three (12%) in the resistance phase and three (12%) in the exhaustion phase.

Regarding the marital status variable, a statistically significant difference was found ($p=0.001$). Among the married police officers, most did not present signs and symptoms of stress 37 (74%), while others were in the resistance phase nine (18%), quasi-exhaustion one (2%) and exhaustion 4 (8%).

The data related to the gender variable and the frequency of signs and symptoms of stress of the professionals are described below.

Table 5- Frequency of stress phases in police officers related to gender. Campina Grande, PB, Brazil, 2021.

Gender	ISSL				Total
	Exhaustion	Almost exhaustion	Resistance	No signs of stress	
F	2	1	1	3	7
M	5	0	13	57	75
Total	7	1	14	60	82

Source: Own elaboration.

The variant related to gender pointed out that a large part of the police officers of both sexes did not present signs and symptoms of stress 60 (76%), however those who presented signs and symptoms were more frequently in the resistance phase 14 (17.1%) and second in the almost-exhaustion phase seven (8.5%), only one (1.2%) participant, being this female, was in the almost-exhaustion phase.

To know if there was a statistically significant difference between gender and the signs and symptoms of stress, the chi-square test was used, a statistically significant difference ($p = 0.002$) was found between the signs and symptoms of stress in the different genders, with female police officers being the most affected, despite composing the smallest portion of the sample.

Regarding the frequency of signs and symptoms of stress of professionals and their phases according to the variable education, the police officers with incomplete and complete higher education did not present, in their majority 40 (67.8%), signs and symptoms of stress, with 12 (20.4%) in the resistance phase, one (1.6%) almost-exhaustion and six (10.2%) exhaustion.

It was possible to observe that although most police officers did not present symptoms of stress, however, the phases of resistance and exhaustion appeared more frequently in police officers with higher education.

The result of the chi-square test to verify the existence of a statistical difference between the ISSL and the police rank indicated that there is no statistically significant difference between the hierarchy of police work and stress ($p=0.969$), however, the rank that most showed signs and symptoms of stress was that of corporal in nine (41%) of them. The chi-square test showed that there was no significant difference between the exercise variable and the ISSL ($p=0.643$). However, the relationship between the practice of physical exercises and stress pointed out that of the number of police officers who practice physical activity 76, (92.7%) only 20 (26.4%) present signs and symptoms of stress, according to the phases the vast majority are in the resistance phase 12 (60%) and seven (35%) in the exhaustion phase, leaving only one (5%) in the almost-exhaustion phase.

DISCUSSION

When police officers are compared with other professionals, there appear to be significant differences particularly with regard to occupational stress, stressful life events, burnout syndrome, depression and anxiety.¹¹

Recent research has shown that professional demands (high workload and assaults by citizens) predict high levels of depression and anxiety in police officers, permeated through emotional exhaustion.¹²

The sociodemographic data of the research subjects ($n=82$) showed a prevalence of the male gender 75 (91.5%), this data corroborates with a study¹³ which showed that currently, women represent 12.3% of the Military Police (MP) staff, Brazilian police officers are below the world average and even the national average, in which women add up to 18.5% of the total police staff.

In Brazil, the Military Police has the lowest percentage of women, even when compared to the Fire Brigade, which is also an auxiliary force of the Army, with 15.6% women. The military police were the first to include women and currently seem to be the least open to women, given that when compared to the Civil Police, female participation reaches almost 1/3 of the workforce.¹³

Regarding education and stress, there was no statistically significant difference ($p=0.878$), however, it was observed that professionals with higher education had higher rates of stress. This data reinforces the research¹⁴ which identified that although the higher level of education generally provides higher salaries to police officers, the fact of having higher education is not considered a protective factor against stress, showing that most of the research participants with higher education had high levels of stress.

There was no statistically significant difference regarding the levels of depressive signs and symptoms ($P=0.39$) related to gender. Corroborating with the data, research¹⁵ which showed that no significant differences were found according to gender with regard to depression.

It is noteworthy that although the data of the present research did not verify a statistically significant difference, the analysis pointed out that the female gender has a 19.75% greater tendency to have a high BDI value. This greater tendency is in line with the study¹⁶ in which the authors compared the averages of psychological stress and depression by gender and found significant differences ($p < 0.05$), in which female police officers reported higher levels of stress and depression than men.

A representative survey found that the main disorders found among police employees are depression, being the most prevalent, (9.8%), followed by anxiety disorder (8.5%).¹⁷

It was observed in a study,¹⁸ through investigations that focused on factors associated with anxiety, a higher prevalence of signs and symptoms of anxiety in female police officers, not corroborating this research, which showed no statistical difference between genders regarding anxiety ($P=0.75$). However, the analysis carried out by Silva (2018) is in line with this, as it did not find significant differences in relation to anxiety and gender.¹⁵

Regarding the relationship of stress, the results showed a statistically significant difference between genders ($P=0.0015$), showing that female police officers have a higher level of stress when compared to male police officers. This data is similar to those found in the literature that indicate the existence of statistical differences in relation to stress, since female police officers were identified as more vulnerable and had a higher prevalence of stress than male police officers.^{15,19}

Female police officers are exposed to more stressors, being explained in part by their attempts to gain acceptance and gain the esteem of colleagues and superiors within what has historically been a male-dominated profession.²⁰ In addition, some situations experienced by women inserted in police institutions and the events to which they routinely face are also factors for increased stress, due to their gender condition, such as lack of bathrooms or own accommodation, equipment inadequate to their physical size, constant need to prove their competence, lack of time with children and family, among others.²¹

Regarding the variable of marital status of these professionals, a study that investigated the prevalence of risk for burnout syndrome in military police officers, goes against the data of the present research finding a significant association between marital status and the level of stress among police officers.²²

With regard to police rank, the present study did not identify a statistically significant difference between police hierarchy and stress ($p=0.969$), however, the rank that most showed signs and symptoms of stress was that of corporal nine (41%) of them, seven (78%) in the resistance phase. Police officers who perform operational duties have more intense and stressful activities, leading to work-related stress, especially among low-ranking police officers. Although police officers live and deal with asymmetrical power relations, the hierarchy of police work ends up causing damage, since it also contributes to the humiliation and devaluation of the professional, using the level of rank to embarrass and oppress subordinates, strengthening the states of stress and low esteem.²³

Physical activity is another point to be considered, as the results showed that most police officers 76 (92.7%) who practice physical activity only a small portion listed stress levels²² (26.4%).

In a study with 56 military police officers, with the objective of analyzing the association between the level of physical activity, physical fitness and stress in military police officers, it was identified in the Lipp test that most individuals (39.3%) did not present any type of symptoms relevant to the test, 32.1% individuals presented a low level of stress, 21.4% presented an average index for stress and only 7.1% presented a high risk for stress, concluding that high levels of physical fitness contribute to a decrease in the highest levels of stress, corroborating this research.²⁴

CONCLUSION

The research showed that most of the sample had minimal anxiety and no signs and symptoms of stress and depression, however, it was possible to observe that female police officers were the most affected and had a greater tendency to present

depression, anxiety and stress when compared to males. Special attention should be given to these professionals who struggle daily against various factors, not only in the work environment but also personally. In this way, it will be possible to avoid psychic illness, promote health and prevent diseases.

Most of the police officers who practice some type of physical activity did not show signs and symptoms of depression, anxiety and stress, reaffirming that the practice of physical activity brings benefits to both physical and psychological health. However, a large part of the police officers did not undergo psychological monitoring, a fact that can be explained by the possible prejudice existing in the military profession, where seeking support can be seen as a sign of weakness, thus, many professionals suffer silently for fear of judgment.

On the other hand, the lower ranks had higher levels of stress, considering that these professionals most likely accumulate more workload, receive lower salaries and suffer greater pressure in the position they are in the professional hierarchy, consequently leading to greater psychological distress and occupational stress.

Finally, it is evident, therefore, the importance of developing public policies and projects aimed at working on these issues, seeking to reduce the risks of developing anxiety, depression and stress, through encouraging regular physical activity, psychological counseling, support groups, moments of distraction and leisure, thus seeking a promotion in the health of these professionals.

As a limitation of the study, the difficulty regarding the availability of the MPs to participate in the interview stands out, because of this, it was also decided to carry out the online questionnaire that helped the adherence of the MPs, considering that they answered when they were available, even so the expected sample of the research was not reached, although a significant number of participants were reached.

It is hoped that this study can contribute to the establishment and support of health promotion actions by health professionals, in addition to the prevention of diseases and improvement in the quality of life with actions aimed at the care and psychological well-being of MPs.

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