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Policies to the police – mental health issues among police officers

Políticas para policiais – problemas de saúde mental entre policiais

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Despite the recent decrease in homicide rates in Brazil – where 2,7% of the world population lives – one-fifth of world homicide rates still occur in our country. Also, a recent increase in death rates from undetermined causes suggests an increase in underreporting of homicides in the last years. Official statistics also point to a reduction in deaths resulting from police actions – 12.9% of all intentional violent deaths in the country – a figure that is still very high when compared to other countries. In some areas of Brazil, such as Amapá, this figure is even higher, with police lethality six times higher than the national average¹. In 2020, 6,416 civilians were killed by interventions by active civilian and military police, and 194 police officers were fatally victimized².

Colonel Ibis Silva Pereira, former General Commander of Military Police of Rio de Janeiro, in the preface to the book *Why police kill themselves?*³ states that “a warning for this type of banalization of violence, in which we are all entangled”. And, quoting Simone Weil⁴, Colonel Pereira recalls that in the bellicose culture of our Public Security: “victim and executioner are subjected to violence. Both are victimized. If the vanquished is crushed by force, in the drunkenness of the victory lies his downfall. (...) And more: when endemic, as in the Brazilian case, there is a risk of a collective contagion of stultification of affections, associated with its spreading”³.

According to Minayo *et al.*^{5,6}, police officers are the greatest victims in the performance of their duties, with elevated mortality and morbidity rates – more than 50 times higher than the general population in Rio de Janeiro. Police officers are also vulnerable to developing burnout syndrome⁷, and intense alcohol consumption that causes problems at work and in their social and family relationships⁸. The relative risk of death by suicide of military police officers of the state of Rio de Janeiro is much higher than the general population, reaching a risk of up to 7 times greater in the years 2007 to 2008. The absence of opportunity for dialogue in the organizational culture of the Military Police, and the difficulty in sharing their problems or aspects of one’s personal life with colleagues, friends, and family, seem to contribute to this elevated risk³.

The evaluation of the work context is crucial for the understanding of the mental health issues among police officers. Working long hours, higher violence rates in the area of work and exposure to direct violence during work, lack of preparation and planning of work activities are some of the factors associated with greater report of psychiatric symptoms⁹⁻¹¹. A study published in this issue of the *Jornal Brasileiro de Psiquiatria*, entitled “Minor psychiatric disorders and the work context of Civil Police: a mixed method study”¹⁰, also shows that motivation to the job and the capacity to respond to a difficult situation at work are associated with fewer psychiatric symptoms reported by civil police officers in Brazil.

The presence of mental health symptoms in police officers are associated with poorer physical health, overall lower quality of life and adverse work outcomes^{11,12}. However, barriers for screening and treatment for mental health problems among police officers are many and great. Underreporting of symptoms, misinformation about mental health, stigma and concerns about confidentiality are some of the factors that drive away police officers from much needed

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psychiatric and psychological treatment¹³. Improvement of work environment, strengthening resilience and social support, increasing information about mental health, better screening and facilitating access to psychiatric and psychological treatment are strategies that can help improve quality of life and work conditions among police officers^{13,14}. For instance, mindfulness training was performed among police officers in São Paulo and Porto Alegre (two large cities in Brazil). The training showed feasibility among this population, and resulted in improvement in overall quality of life and reduced depression and anxiety symptoms¹².

Better training, psychoeducation, along with stimulating the conduction of health surveys, the compulsory notification of work-related mental disorders (often underreported in our country), is of fundamental importance in diagnosing the magnitude of the problem, and to support the formulation of public security policies that address the mental health of police officers. Healthy police officers are a fundamental pillar to build a healthy, democratic and secure society.

REFERENCES

1. Cerqueira D, Bueno S, Alves PP, Lima RS, Silva ERAd, Ferreira H, et al. Atlas da violência 2020. Ipea; 2020.
2. Bueno SPD, Nascimento T, Marques D. Letalidade policial cai, mas mortalidade de negros se acentua em 2021. Anuário Brasileiro de Segurança Pública 2022: Fórum Brasileiro de Segurança Pública 2022.
3. Miranda D. Por que policiais se matam. Rio de Janeiro: Mórula; 2016.
4. Bosi E. Simone Weil: a condição operária e outros estudos sobre a opressão. Rio de Janeiro: Paz e Terra; 1996.
5. Minayo MCS, Souza ER, Constantino P. Riscos percebidos e vitimização de policiais civis e militares na (in) segurança pública. *Cad Saúde Pública*. 2007;23:2767-79.
6. Minayo MCS, Souza ER, Constantino P, Assis S, Carvalhaes O. Segurança profissional e (in) segurança pública. *Coleção Segurança com Cidadania*. 2009;1(1):195-230.
7. Minayo MCS, Souza ER, Constantino P. Missão prevenir e proteger: condições de vida, trabalho e saúde dos policiais militares do Rio de Janeiro. Rio de Janeiro: Editora Fiocruz; 2008.
8. Souza ER, Schenker M, Constantino P, Correia BSC. Consumo de substâncias lícitas e ilícitas por policiais da cidade do Rio de Janeiro. *Ciênc Saúde Coletiva*. 2013;18:667-76.
9. Pinto LW, Figueiredo AEB, Souza ER. Sofrimento psíquico em policiais civis do Estado do Rio de Janeiro. *Ciênc Saúde Coletiva*. 2013;18:633-44.
10. Tavares JP, Mendonça VG, Vieira LS, Guimarães RSW, Magnago TSBS, Machado WL, et al. Minor psychiatric disorders and the work context of Civil Police: a mixed method study. *J Bras Psiquiatr*. 2022;71(4):288-95.
11. Minayo MC, de Assis SG, de Oliveira RVC. The impact of professional activities on the physical and mental health of the civil and military police of Rio de Janeiro (RJ, Brazil). *Ciênc Saúde Coletiva*. 2011;16(4):2199-209.
12. Trombka M, Demarzo M, Campos D, Antonio SB, Cicuto K, Walcher AL, et al. Mindfulness training improves quality of life and reduces depression and anxiety symptoms among police officers: Results from the POLICE Study – a multicenter randomized controlled trial. *Front Psychiatry*. 2021;12:624876.
13. Jetelina KK, Molsberry RJ, Gonzalez JR, Beauchamp AM, Hall T. Prevalence of mental illness and mental health care use among police officers. *JAMA Network Open*. 2020;3(10):e2019658.
14. Castro MCA, Cruz RM. Prevalência de transtornos mentais e percepção de suporte familiar em policiais civis. *Psicol Ciênc Prof*. 2015;35:271-89.