Effects of Health Risks and Operational Work Stress to Eastern Police District Police Officers During Covid 19 Pandemic

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Abstract

This study investigated the effect of COVID-19-related health risks and operational work stress of Eastern Police District (EPD) frontliners on their mental health in terms of burnout, distress, anxiety, and depression. A mixed-method research was done with 938 EPD frontliners participating in the quantitative survey part, five of whom participated in the qualitative in-depth interview part. Findings revealed that frontliners with high COVID-19 related health risk are 6 times more likely to have high operational work stress. Frontliners with high operational work stress are in turn 11.61, 6.05, and 2.11 times more likely to have high burnout, distress and depression, respectively. High operational work stress strongly predicts overall mental health status as frontliners with high operational work stress 5.97 times more likely to have a high level of at least one indicator of mental health problem. Major issues/challenges identified were mixed feelings of stress mostly due to longer work hours and separation from significant others. Overall, this study provides empirical evidence on adverse effects of COVID-19 health risks and operational work stress on the mental health of EPD police frontliners during the pandemic. Recommended strategies under the action plan for a Mental Health Program for the PNP in the New Normal are proactive measures and resiliency building through Annual Mental Health Check-In Retreat and Research-based Mental Health First Aid Course as well as strategies to improve mental health seeking behaviors through a functional mental health surveillance system using an innovative mental health app.

Keywords: Police Frontliners; COVID-19 Health Risk; Work Stress; Mental Health

Introduction

On March 8, 2020, Presidential Proclamation No. 922 declared a State of Public Health Emergency throughout the Philippines in view of the coronavirus disease of 2019 (COVID-19) pandemic. About two weeks after the said declaration, the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) revealed a National Action Plan (NAP) to slow down the spread of COVID-19 which includes the Joint Task Force COVID-19 Shield composed of the Philippine National Police (PNP), the Armed Forces of the Philippines (AFP), the Philippine Coast Guard (PCG), the Bureau of Fire Protection (BFP), and Barangay tanods. In view of this, police officers were deployed, preparation almost

nil, as one of the essential frontliners tasked to enforce quarantine protocols in border checkpoints and streets, and maintain peace, order, and security throughout the country during a very chaotic period. Now, the country is transitioning into the endemic phase of COVID-19. Endemic refers to the disease frequency within an expected level of prevalence in a population within a geographic area, without posing a public health emergency, unlike during the pandemic phase which is characterized by an uncontrolled community transmission of COVID-19 (Department of Health Memorandum No. 2022 – 0141).

In the span of over two years, limited researches have been conducted particularly on how the pandemic affected police

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officers as they were suddenly assigned to tasks with substantially increased health risks and operational work stress (Kang., *et al*. 2020; Lu., *et al*. 2020). The front-line police officers found themselves in communities helping quarantined residents, fighting crimes during the epidemic, and conducting 24-hour safety inspections of passing persons and vehicles at checkpoints, with very high possibility of contacting infected people. This increased health risk may raise work stress and adversely impact the mental health status of the front-line police force (Ivana., *et al*. 2017). Thus, this study aimed to investigate the COVID-19 related health risks and operational work stress of frontline Philippine National Police (PNP) officers and determine how these affected their mental health as manifested by their psychological status in terms of burnout, distress, anxiety, and depression.

COVID-19 related health risks pertains to the state of being exposed to contact with a potential hazard that can have negative impacts on short- or long-term health and comorbidity while operational work stress during the pandemic refers to sources of stress in policing that may be classified into two general categories as those arising from "job content" which include work schedules, shift work, long-work hours, overtime and court work, and traumatic events and threats to physical and psychological health; and those arising from "job context" also called organizational stressors, which refer to characteristics of the organization and behavior of the people that produce stress (e.g. bureaucracy and co-worker relations). To date, there is still limited local research studies on these variables among front-line police officers facing the COVID-19 outbreak.

Statement of the problem

This study investigated COVID-19 related health risks and operational work stress of frontline police officers in the Eastern Police District (EPD) and determined the relationship of these variables to their mental health.

It specifically answered the following questions:

- What are the effects of COVID-19 related health risks and operational work stress to mental health of Eastern Police District frontline police officers in terms of burnout, distress, anxiety, and depression?

- What are the issues or challenges relative to COVID-19 related health risks and operational work stress during the pandemic given the mental health status of the police officers?

- What action plan may be proposed to address the issues identified in the study?

Hypothesis

The analysis of the findings included the postulation of the following hypotheses:

- H_{o1}: COVID-19 related health risk does not cause/affect the mental status of the EPD frontline officers.

- H_{o2}: Operational work stress does not cause/affect the mental health status of EPD frontline officers.

Objectives of the study

This study investigated the effects of COVID-19 related health risks and operational work stress to the mental health of frontline police officers in the EPD during the COVID-19 pandemic in terms of burnout, distress, anxiety, and depression. In-depth understanding of the gaps or issues derived from the analysis will lead to the conceptualization of programs, policies, and protocols that would be responsive to the needs of police officers, thus enabling them to be fully capable of enforcing laws and regulations and ensuring public safety during the pandemic. Eventually, an action plan is proposed to address the issues identified in the study. The hypotheses on the no cause/effect relationship between the independent (COVID-19 related health risks and operational work stress) with dependent variables (mental health) were postulated and analysed.

Significance of the study

The findings of this study generally add to the scarce body of knowledge on mental health among Filipino police officers during this pandemic. Particularly, this study contributes to the extant literature in several ways. First, investigating police officers' health risk perception, work stress, and mental health contributes to better understanding of police officers' needs during a pandemic. This better understanding can be used to design strategies for utilizing police personnel during the pandemic effectively. Third, research findings can support target interventions to ensure police officers' mental health.

Specifically, this study may benefit the following:

- **Academe:** This study's outcome provides essential inputs to a more comprehensive view among the professors and academic people in the National Police College (NPC) on the effects of the pandemic to police officers. This serves as a reference to develop explorative topics within the bounds of PNP to further support its operational management system.

- **The Philippine National Police:** Findings on the mental health of police during the pandemic provides relevant guidance to PNP in preparing programs, projects, and activities which are responsive to the mental health needs of police officers. The results also aid PNP in designing programs, projects, and activities for the likely longer-term consequences of the pandemic on the police officers' mental health.

- **The Directorate for Police Community Relations (TDPCR):** The findings of this study serves as a tool or reference in reviewing, evaluating, and assessing the effectiveness of the existing comprehensive Stress Management Program for PNP uniformed and non-uniformed personnel, and the conduct of appropriate seminars in coordination with The Directorate for Human Resource and Doctrine Development (TDHRDD) and Health Service (HS) to acquaint PNP uniformed and non-uniformed personnel and the public in general on the policies and guidelines governing Stress Management Program.

- **The Directorate for Human Resource and Doctrine Development (TDHRDD):** The result of this study serves as a reference to review and update existing human resource development plan on the PNP Stress Management Program system, in coordination with Health Service, Directorate for Plans, Center for Police Strategy Management System and Chaplain Service, aimed at improving the existing training and education of PNP personnel to enhance their knowledge, skills, and ability to cope with stress that they encounter personally and/ or in the performance of their duties.

- **The PNP Health Service:** The data reflected in this study helps in the monitoring and evaluation of the current strategies and initiatives in the improving mental health and well-being of police officers.

- **The District Director and Command Group of the Police District:** The findings of this study serve as a reference on the current mental health of police officers in the police district to be studied during the COVID-19 pandemic and as a future guide in the much-needed individual development program which is still nonexistent in the uniformed service.

- **The PNP personnel of the Police District:** PNP personnel identified with further mental health concerns after the study will be referred to Psychiatrist for further evaluation and management and for personal psychological enhancement when needed.

- **The Present Researchers:** This research provides empirical evidence that lays the foundation on which to draw key insights about the likely impact of COVID-19 on police mental health and their efficiency. It can provide critical recommendations for the present researchers to serve as basis in the formulation of an action plan.

- **Future Researchers:** The outcome of this study provides baseline information and will serve as reference material for further studies in areas of related interest by future researchers.

Coverage of the data set

This study is limited to data on EPD frontline officers' health risk perception and level of operational work stress and mental health as manifested by their psychological status in terms of burnout, distress, anxiety, and depression obtained from self-administered online survey questionnaire. The questions were formulated based on published, open access, standardized questionnaires which were modified to the context of this study.

The study included interview data to help explain the quantitative results and to determine issues or challenges related to the relationship between mental health status of the police officers and the COVID-19 related health risks and operational work stress. The respondents of the study were purposively sampled from among frontline police officers from the Eastern Police District in PNP-NCRPO. The data gathered from the questionnaire, together with data from interviews, were analyzed to serve as a baseline reference for the establishment of an action plan.

Theoretical framework

This study was anchored on the following five theories: General Strain Theory of Robert Agnew (1992 as cited in Stogner, Miller

and Mclean, 2020) [1], Lee Ann Slocum's (2010 as cited in Stogner, Miller and Mclean, 2020) Exploration of Behavioral Continuity apropos the Strain Theories, Transactional Stress Theory of Richard Lazarus and Susan Folkman (1984 as cited in Frenkel, 2021), Cognitive Theory of Aaron Beck (1963 as cited in Beck and Haigh, 2014) [2], and biopsychosocial theory of George Engel (1977, as cited in Oldham, Hitchins, and Nickels, 2021).

In 1992, Robert Agnew (as cited in Stogner, Miller and Mclean, 2020) took the traditional strain theory in a new direction with his General Strain Theory (GST) in which he conceptualized strain as a psychosocial characteristic that can be used to explain individual-level offending. In GST, strain is defined as negative relations with others or "events or conditions that are disliked by individuals" (Slocum, 2010 as cited in Stogner, Miller and Mclean, 2020). It may be caused by exposure to noxious stimuli, the removal of positive stimuli, or blocked goals. Not all sources of strain are equally likely to result in illegal behavior. Agnew suggests that strains are most likely to lead to crime when they have the following characteristics: (1) they are seen as unjust; (2) they are viewed as high in magnitude; (3) they are associated with low social control; and (4) they create pressure or incentive to engage in deviant coping. Examples include failure to achieve goals that are easily achieved through criminal behavior and that are not the product of conventional socialization. Strain leads the individual to experience negative emotions including fear, disappointment, depression, and especially anger (Agnew, 1992 as cited in Stogner, Miller and Mclean, 2020). These feelings can lead an individual to desire corrective action, which may take the form of crime for certain individuals. Specifically, people may (1) engage in illegitimate behavior to achieve their goals, (2) attack or escape from the source of their stress, and/ or (3) manage their negative feelings. For example, some types of illegal behavior may be used to attack or escape sources of stress or to achieve positively valued goals. Stress has been associated with both internalizing behaviors, like substance use, and externalizing behaviors, like violence and property crimes. Depression creates pressure for corrective action by decreasing the perceived costs of crime because depressed individuals feel they have nothing left to lose. Also, the feelings of lethargy, powerlessness, and listlessness associated with depression decrease individuals' ability to cope with stress in a legal manner. In contrast to anger, which tends to activate and mobilize people, depression is more likely to result in inwardly directed coping mechanisms. Constraints may be internal,

such as goals and values, or external, like a social support system. Criminologists, including Agnew, often use the terms strain, stressor, stress, and distress interchangeably. Included in this list of strains are negative life events, life stresses, neighborhood problems, negative relationships with others, and daily hassles. Stressors have been defined by Wheaton (1996 as cited in Stogner, Miller and Mclean, 2020) as "conditions of threat, demand, or structural constraint that, by the very fact of their occurrence or existence, call into question the operating integrity of the organism". This term is more appropriate than strain because it captures the broad array of events, states, and occurrences that Agnew posits are causes of offending, yet does not confound them with their effects (i.e. stress or psychological distress). It is also more appropriate for the work at hand because the measures used in this study consist of events and conditions like the pandemic, as opposed to the psychological distress or strain resulting from these events and conditions.

For example, in addition to reduced police productivity due to COVID-19, there have been more incidents of police misconduct. By the nature of the occupation, police officers must uphold high standards of ethical behavior, but police misconduct is associated with increases in organizational stressors (Stogner, Miller and Mclean, 2020). These are likely to increase during the uncertainty and increased protocols during a pandemic. Furthering these challenges, police officers are the face of the government on the street. That is, they are likely the only direct representative of the government and its laws that many people interact with. As community tensions have increased and citizens voice greater resistance to stay-at-home mandates and business restrictions, police officers are forced to deal with implementing unpopular rules that they did not create.

One of the more stressful roles assumed by law enforcement is crowd control in an unplanned and unrehearsed situation like a pandemic. Such a more chaotic event without clear boundaries, drills, and for which citizens have no awareness of normative procedures is likely to be seen as extremely stressful (Stogner, Miller and Mclean, 2020). Sporting celebrations, unforeseen weather emergencies, and riots each present challenges that accumulate stress on officers and may encourage or facilitate misconduct. The stress-creating unknown and unrehearsed nature of these events have been compounded by the lack of precedent — protests of social distancing and shutdown orders;

form of challenges to governmental directives like non-essential business remaining open/reopening in opposition to state mandates; officers targeted as a result of other officers' behavior or governmental lockdowns are likely to feel angry and act to protect themselves; and groups assembling to vie for their right to interact with others were violating orders that regulated assembly and group size. Additionally, due to the stated position of these protests, most ignored best practices for reducing the spread of COVID-19 by not leaving six feet of distance between themselves and police officers, as well as not wearing a mask. It is easy to see how these officers would be stressed that in performing their duties, they were potentially exposing themselves to the virus. Police have been forced to adapt to protect protestors from their compatriot's viral loads.

While not intended to describe the behavior of police, Slocum's (2010 as cited in Stogner, Miller and Mclean, 2020) Exploration of Behavioral Continuity apropos the Strain Theories provides a framework for how the COVID-19 may influence officer stress, mental health, and performance long after any vaccine is introduced. First, Slocum describes the negative impact of past and existing stressors on individuals' ability to deal with new stressors and challenges. A reasonable inference would be that officers dealing with stressors associated with COVID-19 response are less ready to deal with new stressors. While COVID-19 policing stressors may impair officers' functions from a psychological perspective, the omnipresent stress of policing during an uncertain pandemic is likely to impact neurotransmitter and stress hormone levels resulting in increased susceptibility to stress and overreactions. Put simply, dealing with evolving regulations, ever-changing departmental policies, enforcing unpopular shutdowns, and the fear of contracting COVID-19 likely diminish officers' ability to deal with the numerous other stresses that characterize their profession.

Second, Slocum's (2010 as cited in Stogner, Miller and Mclean, 2020) stress proliferation arguments can be applied to COVID-19 policing in both primary and secondary forms. Dealing with COVID-related demands and uncertainty itself presents as a source of stress, but also clearly exacerbates other job stressors that may impact mental health. Dealing with an unruly citizen becomes increasingly challenging due to social distancing expectations and protective gear. Another example of primary proliferation

is COVID-19 affecting shift schedules and work rotations in an atypical manner (meant to minimize the chance of numerous officers being infected at once), when inconsistent work schedules already serve as a significant source of officer stress and fatigue. Secondary stress proliferation also likely occurs in situations where COVID-19 policing precautions affect family life. Officers exposed to the public may have chosen to avoid extended contact with family in case they contracted COVID-19 and be limited in their options to cope with stress in the manner they did prior to COVID-19. Thus, COVID-19 policing potentially impacts officer stress in domains outside of the work, intensifying the potential need for stress management and mental health assistance.

On the other hand, in attempting to explain stress as more of a dynamic process, Richard Lazarus (1966 as cited in Frenkel, 2021) [3] developed the Transactional Theory of Stress and coping (TTSC) which presents stress as a product of a transaction between a person (including multiple systems: cognitive, physiological, affective, psychological, neurological) and his or her complex environment. According to the Transactional Stress Theory (Lazarus and Folkman, 1984 as cited in Frenkel, 2021), stress results from the individual's perception of a discrepancy between the environmental demands placed on him/her and his/her coping resources present in a particular situation. In this cognitive appraisal process, the individual judges on the one hand the stressfulness of the environmental demands (the so-called stressors) and on the other hand the availability and effectiveness of coping resources to meet these demands. When the individual perceives the stressors as exceeding his/her coping resources, a negative, unpleasant psychological state of stress ensues, commonly accompanied by fatigue and deterioration in mood. In this sense, the central mechanism posited in the Transactional Stress Theory shows similarities to the mechanism proposed by the General Strain Theory (1992 as cited in Stogner, Miller and Mclean, 2020), which explains why individuals might engage in deviant behavior. In both accounts, adverse environmental demands (e.g., failure to achieve a goal, the removal of positive stimuli, or the exposure to negative stimuli) lead to stress or strain in the absence of adequate coping strategies. Importantly, the appraisal of the stressors and coping resources is constantly updated and may change rapidly dependent on the circumstances.

Lazarus presented an elegant integration of previous research on stress, health, and coping that placed a person's appraisal of a stressor at the center of the stress experience. How an individual appraises a stressor determines how he or she copes with or responds to the stressor. Whether or not a stressor is experienced as discomforting is influenced by a variety of personal and contextual factors including capacities, skills and abilities, constraints, resources, and norms (Walinga, 2014 as cited in Frenkel, 2021). Lazarus and Folkman (1984 as cited in Stogner, Miller and Mclean, 2020) unpacked the concept of interpretation further in their model of stress appraisal, which includes primary, secondary, and reappraisal components. Primary appraisal involves determining whether the stressor poses a threat. Secondary appraisal involves the individual's evaluation of the resources or coping strategies at his or her disposal for addressing any perceived threats. The process of reappraisal is ongoing and involves continually reappraising both the nature of the stressor and the resources available for responding to the stressor.

In connection to the present study, besides the well-known stressors in police work, the COVID-19 pandemic places a high number of novel environmental demands on police officers. Most obvious, the risk of infection with COVID-19 is an additional threat that jeopardizes officers' health and lives. Due to the nature of police work, officers need to be physically present in order to serve and protect communities. During their shift, they come into contact with a large number of colleagues and civilians, whose COVID-19 status is often unknown, requiring officers to be increasingly hypervigilant of their environment. Moreover, critical tasks (e.g., arrests) require them to violate guidelines on social distancing, increasing the risk of infections. At the same time, police officers face new types of threatening and hazardous behavior by assailants through intentional contamination, such as spitting attacks. While personal protective equipment (PPE) could reduce the risk of infection, the sufficient availability of appropriate PPE – even for critical infrastructure - was uncertain at the outbreak of the pandemic. Naturally, the number of infected or self quarantined officers was predicted to increase over the course of the pandemic, which might result in staff shortage and higher workload for those left in the work force. As a result, and to prevent spreading within the police force, shift schedules and working hours have been adjusted. Additionally, the public health measures put in place by the governments have created novel tasks and procedures that needed to be implemented by the police officers at short notice. These governmental measures have also led to a shift in crime and service (e.g., "criminalizing" common behaviors such as gathering with friends. In this context, officers are more likely to experience high-stress encounters with anxious or intransigent individuals aggravated by the fear of contagion, economic uncertainty, and isolation, especially since the new policies have been challenged on political, economic, and legal grounds. Therefore, the COVID-19 pandemic is hypothesized to be a significant stressor for officers compounding the general work stress associated with the occupation.

Initially conceptualized as a model relevant to anxiety and depression, the Cognitive Theory has been empirically validated in hundreds of cognitive science studies (Beck, 2010 as cited in Beck and Haigh, 2014) and is also applied to a wide range of disorders. In its simplest form, the cognitive model 'hypothesizes that people's emotions and behaviors are influenced by their perceptions of events. It is not a situation in and of itself that determines what people feel but rather the way in which they construe a situation' (Beck, 1964 as cited in Beck and Haigh, 2014). In other words, how people feel is determined by the way in which they interpret situations rather than by the situations per se. A central tenet of the cognitive theory is that one's thinking (cognitions) influences emotional (feelings) and behavioral experiences (actions) and vice versa.

In relation to the present study, Beck's cognitive theory posits that how police officers perceive COVID-19 influences how they will feel and act. Predominantly negative thoughts about the pandemic may result in persistent feeling of sadness and loss of interest which are characteristics of depression. These negative thoughts may likewise lead to anxiety characterized by feelings of tension, worried thoughts, and physical changes. These feelings of depression and anxiety may in turn have a deleterious effect on police officer productivity, efficiency, and effectiveness.

While spreading physical illness, there is an expanding emotional pandemic as COVID-19 infects the world with strong emotions such as fear, anger, and sadness. Thus, the last theory which guided this study was the biopsychosocial model which emphasizes that the psychosocial costs of this disaster will parallel the biomedical ones, and these costs are accruing by the day. All

sectors, including the much-affected police force must be engaged proactively with the goal of improving mental health outcomes in the face of mental health needs expected to arise in the aftermath of the surge.

The theories mentioned in this study will serve as the researchers' guiding principles for the drafting of an action plan significant towards the development or enhancement of the existing policies and programs of the PNP, specifically in the National Capital Region's Eastern Police District.

Operational planning framework

In the PNP, Memorandum Circular (MC) No. 2021 – 115 sets forth the guidelines and procedures to be undertaken in the protection, management, and enhancement of the mental well-being of all PNP personnel under the PNP Mental Health Program "Bantay Kaisipan". This MC is anchored on Republic Act (RA) No. 11036 or the Mental Health Act of 2018;RA No. 10173, or the Data Privacy Act of 2012; PNP Memorandum Circular (MC) No. 20-2020 entitled, "PNP Internal Disciplinary Mechanism" dated October 8, 2020; Letter of Instruction 32/10 "Lusog Kaisipan" dated July 13, 2010; Health Service (HS) IMPLAN on Anger Management Program for PNP Personnel dated February 9, 2021; HS IMPLAN on Conduct of Stress Debriefing for PNP Personnel dated January 4, 2021; Standard Operating Procedure on Psychosocial Support Response (PSSR) to PNP Personnel During COVID-19 Pandemic dated April 23, 2020; Revised Philippine National Police Operational Procedures dated December 2013; Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM 5); and Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry 11th Edition.

Good mental health is just as important as good physical health for PNP personnel to be effective in keeping our communities safe from crime and violence. An officer's mental condition affects his decision-making and judgment, which in turn influences his behavior in a variety of situations. Police officers look at themselves as society's protectors who are ready to sacrifice and risk their lives in order to serve and protect the people. They are regularly exposed to situations that often leave an emotionally undesirable impact on themselves and the organization. At the first stage of stress, the individual's flight-or-flight response to stress is activated which protects an officer from being in distress. However, when stress becomes continuously unmanaged, it can also lead to significantly higher possibilities of errors in judgment, compromised performance, and physical injuries.

Several police officers caught on camera were involved in brazen shooting incidents that led to the death of civilians whom they swore to serve and protect. Based on the results of initial investigations, the shootings came after previous unsettled personal grudges with these civilians. Moreover, some police officers in severe distress were unable to control their emotions leading to the shooting of their fellow police officers to death. Few of them who are suffering from mental health problems turned their anger towards themselves, killing their own self and leaving their bereaved loved ones, family, friends and colleagues.

Stress and mental health problems can affect anyone, regardless of rank and position in the PNP. Negative impact of unmanaged stress is manifested in the police officer's psychological, physical, and emotional reactions to an event. It may also be contributory to the development of mental illness or it may exacerbate an existing mental health problem. Failing to address the challenges that pose threats to the mental health of these personnel can result in unacceptable and abusive behaviors that weaken community's support and trust in the PNP organization. It is therefore important to take initiatives in the promotion and protection of the mental health of all PNP personnel to improve their physical health, social well-being, and work productivity.

Hence, the implementation of these guidelines is deemed necessary to prevent further occurrence of similar unfortunate incidents that put everyone's safety into jeopardy. This is also in consonance with Section 25 of RA No. 11036 or the Mental Health Act which states that: "...mental health promotion and policies in the workplace, employers shall develop appropriate policies and programs on mental health in the workplace designed to: raise awareness on mental health issues, correct the stigma and discrimination associated with mental health conditions, identify and provide support for individuals at risk, and facilitate access of individuals with mental health conditions to treatment and psychosocial support".

In addition, it is also stated in the preventive aspect of PNP MC No. 20- 2020 or the PNP Internal Disciplinary Mechanism to enhance the physical and mental wellbeing of all PNP personnel.

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The PNP Bantay Kaisipan is implemented to minimize, contain, and remove the adverse impact of the mental challenges of police work; strengthen coping skills for self-control particularly in their thoughts and actions for them to properly manage difficult situations, move on with their normal lives, and perform their duties as law enforcers within the bounds of law; prevent police officers from committing irregularities in the performance of their duties due to their mental conditions; and manage the risk of developing mental illnesses like depression, post- traumatic stress disorder, panic disorder, substance and addictive disorders (alcohol, nicotine, drugs and gambling) and/or abuse. Specifically, this program aims to enhance the mental health and wellness of every personnel through initiatives on the prevention, intervention, and restoration approaches of the mental health program of the PNP; provide appropriate mental health services and support to the PNP personnel at risk of developing mental illness; and conduct proper evaluation and management of PNP personnel with mental health problems while in the service, with a continuity of care for mental health and well-being of personnel post-retirement.

In view of the foregoing, it is recognized that the mental health of police frontliners must be protected in order for them to be of the best service to the Filipino people. Hence, the need for reinforcement of mental health programs in the PNP.

Conceptual framework

The conceptual model of this study depicting the relationship between health risk and operational work stress to mental health is displayed in figure 1. Police frontliners' health risk and operational work stress are deemed to affect mental health levels in terms of burnout, distress, anxiety, and depression. The link between these variables was established in this study through statistical procedures.
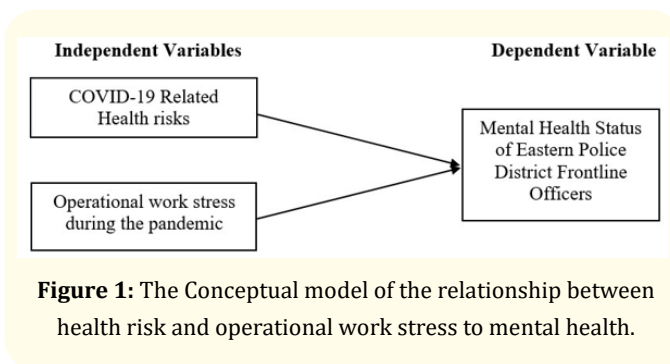
Figure 1: The Conceptual model of the relationship between health risk and operational work stress to mental health.

Operational definition of terms

For consistency and clarity, the following relevant terms are operationally defined as used in this study.

- **Anxiety:** In this study, this refers to persistent, excessive, seemingly uncontrollable, overwhelming, and disabling emotional reaction to stress.

- **Burnout:** This pertains to a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. It occurs when one feels overwhelmed, emotionally drained, and unable to meet constant demands.

- **COVID-19 related health risks:** In this study, this refers to the composite risk of becoming infected with COVID-19 as a frontline police officer during this time of pandemic and having a comorbidity or an underlying health condition known to adversely affect the progression and prognosis of COVID-19, namely hypertension, diabetes mellitus and asthma.

- **Depression:** The term refers to a condition characterized by feelings of being sad, discouraged, hopeless, irritable, unmotivated, as well as a general lack of interest or pleasure in life. When these feelings last for a short period of time, it may be called a passing case of "the blues". But it is likely to be a depressive disorder when they last for more than two weeks and interfere with regular daily activities.

- **Distress:** This refers to extreme anxiety, sorrow or pain.

- **Frontliners:** This pertains to PNP personnel performing operational or field work including medical and health services, allied services, emergency responders, and security functions during the pandemic.

- **Mental Health:** This refers to a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, efficiently and effectively and is able to make a contribution to his or her community. In this study, this variable is composed of the police frontliners' levels of burnout, distress, anxiety and depression.

- **Operational Police Stress:** This refers to sources of stress in policing that may be classified into two general categories as those arising from "job content" which include work

schedules, shift work, long-work hours, overtime and court work, and traumatic events and threats to physical and psychological health; and those arising from "job context" also called organizational stressors, which refer to characteristics of the organization and behavior of the people that produce stress (e.g. bureaucracy and co-worker relations).

Background realities

National reality

Since COVID-19 was confirmed to have reached the Philippines in January 30, 2020, a total of 2,549,966 cases have been recorded in the country as of September, 2021. This total number corresponds to an overall incidence of about 2.3% of the entire Filipino population.

The continuous rise in COVID-19 cases resulted to repeated imposition of quarantine classifications thereby affecting the lives of the citizenry in many aspects, especially their economic status. This may, in turn, affect their mental health and wellbeing. Moreover, the slow COVID-19 vaccination rollout adds to the anxiety. As of September 30, 2021, barely 23% of the Philippine population has received at least one dose of COVID-19 vaccine and only about 22% have been fully vaccinated.

Focal reality

There is likewise an increasing incidence of COVID-19 affecting the personnel of the PNP with a total of 39,825 cases of COVID-19 recorded as of September 30, 2021, out of the total strength of 222,169 police officers, corresponding to an incidence of 17.9%. These figures show that the risk of COVID19 infection increases manifold for police officers as compared to the general Filipino population. Specifically, the risk of acquiring the disease is almost eight times higher for police officers as opposed to the general Filipino population.

On the other hand, in the PNP-National Capital Region Police Office (PNPNCRPO), COVID-19 incidence (also as of September 30, 2021) is 30.9% with 7,116 confirmed cases out of a total strength of 23,052. Thus, the risk of COVID-19 infection for police officers in the NCRPO is nearly 13 times that of the general Filipino population.

Among the five police districts under the PNP–NCRPO, the highest incidence as of the same reference date was recorded in the Eastern Police District (EPD) with 986 confirmed cases out of 2,698 officers giving an incidence of 36.5%. This translates to a risk for police officers in EPD that is roughly 16 times that of the general Filipino population.

Review of related literature

This study contemplated on the literary works and related studies and references that justified the pursuit of such a study, that is, its need to be considered and given importance as far as personnel and public safety are concerned.

Conceptual research

Health is a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity. However, mental health remains a neglected part of global efforts to improve health. People with mental health conditions experience widespread human rights violations, discrimination, and stigma. The World Health Organization (WHO) has flagged mental health as a priority area for accelerated implementation. Strategic actions include advancing mental health policies, advocacy, and human rights as well as scaling up interventions and services across community-based, general health and specialist settings [4].

In the Philippines, although the Philippine National Mental Health policy was enacted in 2001, mental health remains a poorly resourced sector of healthcare in the Philippines. Only 3 to 5% of the total health budget is spent on mental health, and the majority of this is spent on the operation and maintenance of psychiatric hospitals. Despite these problems, raised awareness of mental illness in recent times has led to increased governmental application and focus. The first mental health act legislation in the history of the Philippines has been officially signed into law and was enacted as the Republic Act no. 11036 on June 21, 2018. It provides a rights-based mental health bill and a comprehensive framework for the implementation of optimal mental healthcare in the Philippines (Lally, Samaniego and Tully, 2019).

Chapter V, Section 26 of the Mental Health Act stipulates that appropriate policies and programs on mental health in the workplace shall be designed to raise awareness on mental health issues, correct the stigma and discrimination associated with mental health conditions, identify and provide support for individuals at risk, and facilitate access of individuals with mental

health conditions to treatment and psychosocial support (RA 11036, 2018).

Research literature

The impact of the COVID-19 pandemic on the mental health of the general population, more so on the already vulnerable mental health of the police force is now of great concern. The following section presents findings from researches conducted along this line.

A systematic review which synthesized extant literature that reports on the effects of COVID-19 on psychological outcomes of the general population and its associated risk factors showed that relatively high rates of symptoms of anxiety (6.33% to 50.9%), depression (14.6% to 48.3%), posttraumatic stress disorder (7% to 53.8%), psychological distress (34.43% to 38%), and stress (8.1% to 81.9%) are reported in the general population during the COVID-19 pandemic in China, Spain, Italy, Iran, the US, Turkey, Nepal, and Denmark. Risk factors associated with distress measures include female gender, younger age group (≤40 years), presence of chronic/psychiatric illnesses, unemployment, student status, and frequent exposure to social media/news concerning COVID-19. It was concluded in the said review that the COVID-19 pandemic is associated with highly significant levels of psychological distress that, in many cases, would meet the threshold for clinical relevance. Mitigating the hazardous effects of COVID-19 on mental health is an international public health priority.

sIn another systematic review, studies investigating health care workers found increased depression/depressive symptoms, anxiety, psychological distress and poor sleep quality during the COVID-19 pandemic. Studies of the general public revealed lower psychological well-being and higher scores of anxieties and depression compared to before COVID-19, while no difference when comparing these symptoms in the initial phase of the outbreak to four weeks later. A variety of factors were associated with higher risk of psychiatric symptoms and/or low psychological wellbeing including female gender, poor-self-related health, and relatives with COVID19. Research evaluating the direct neuropsychiatric consequences and the indirect effect on mental health is highly needed to improve treatment, mental health care planning, and preventive measures during potential subsequent pandemics.

In one more systematic review of existing literature on the COVID-19 outbreak pertinent to mental health, preliminary evidence suggests that symptoms of anxiety and depression (16–28%) and self-reported stress (8%) are common psychological reactions to the COVID-19 pandemic and may be associated with disturbed sleep. However, the available literature has emerged from only a few of the affected countries and may not reflect the experience of persons living in other parts of the world.

In Australia, a survey conducted in the general population at the early acute phase of the COVID-19 pandemic showed that depression and anxiety symptoms were substantively elevated relative to pre-pandemic data, including for individuals with no existing mental health diagnosis. Pandemic-induced impairments in work and social functioning were strongly associated with elevated depression and anxiety symptoms, as well as decreased psychological wellbeing. Financial distress due to the pandemic, rather than job loss per se, was also a key correlate of poorer mental health. These findings suggest that minimizing disruption to work and social functioning and increasing access to mental health services in the community, are important policy goals to minimize pandemic-related impacts on mental health and wellbeing. Innovative and creative strategies are needed to meet these community needs while continuing to enact vital public health strategies to control the spread of COVID-19.

For police officers, work during the pandemic is unprecedentedly challenging, faced with the difficult task of keeping communities safe and preventing the spread of COVID-19 while putting their physical and mental health at risk.

In a large-scale study done in Europe through an online survey, 2567 police officers (77% male) from Austria, Germany, Switzerland, the Netherlands, and Spain participated at three measurement points per country in spring, 2020. To add context to the findings, free response answers about officers' main tasks, stressors, and crisis measures were coded inductively. Results showed that on average, officers seemed to tolerate the pandemic with slight decreases in strain over time. Risk of infection and deficient communication emerged as main stressors.

In India, as per an online survey in which 102 police personnel of Maharashtra police department participated, 50% of the

respondents had mental disturbance due to fear of the COVID-19 virus, whereas 32.4% reported being under stress due to multiple reasons at the workplace. There are sporadic incidents of suicide by police personnel associated with the fear of catching COVID-19. In addition to increased workload and exposure to infection with coronavirus, police personnel, when trying to maintain law and order, are not uncommonly exposed to aggressive assaults by the public. Overall, since the COVID-19 crisis started, about 260 policemen have been injured in various incidents throughout the country. Such incidents pose a significant concern about their protection at work. This not only diminishes their morale but can also lead to significant psychological distress.

In another study in India, a study aimed to determine the effect of the added stress of the COVID-19 pandemic and population lockdown on the sleep/wake 24 hour rhythm of traffic police. Disorientation of working schedule, fear of being vulnerable to disease, and pressure of maintaining law and order during lockdown increased stress level. The survey identified discontinuation of sleep, shift of midsleep time, increase in depression, plus stress and anxiety among traffic police personnel that affected their chronobiological milieu.

In Moscow, a study among female police officers serving as public order guards in the COVID-19 pandemic emergency conditions showed that female police officers, in contrast to male police officers, in emergency conditions of the COVID-19 pandemic, showed greater neuro-psychic adaptability to stressful situations, despite increased situational and personal anxiety. When serving in crowded places, they showed anxiety not about their own health, but because of fears about possibility of infecting their families.

In another study, using online survey data collected from 325 police officers based at forces operating across different UK contexts during the pandemic, it was seen that a positive organizational climate was associated with increased police officer health and well-being.

Dealing with COVID-related demands and uncertainty itself presents as a source of stress, but also clearly exacerbates other job stressors that may impact mental health. Dealing with an unruly citizen becomes increasingly challenging due to social distancing expectations and protective gear. Another example of primary proliferation is COVID-19 affecting shift schedules and work rotations in an atypical manner (meant to minimize the chance of numerous officers being infected at once), when inconsistent work schedules already serve as a significant source of officer stress and fatigue. Secondary stress proliferation also likely occurs in situations where COVID-19 policing precautions affect family life. Officers exposed to the public may have chosen to avoid extended contact with family in case they contracted COVID-19 and be limited in their options to cope with stress in the manner they did prior to COVID-19. Thus, COVID-19 policing potentially impacts officer stress in domains outside of the work, intensifying the potential need for stress management and mental health assistance.

Analyses and synthesis

Previous studies have concluded that mental health problems are a common response to the COVID-19 pandemic but there is still a need for more representative research from other affected countries, particularly in vulnerable populations such as police frontliners. On this premise, the current study aims to focus on the mental health of police officers during the COVID-19 pandemic.

Methodology and data collection procedures

The methodology in this study includes the detailed description of the research design, the sources of data, research instruments, data gathering, and statistical treatments to be used.

Research design
Approaches

This study employed mixed-method research approach. The mixed-method provides a better understanding of the research problems than either approach alone (Creswell and Wisdom, 2013). In this study, the qualitative research provides in-depth explanation to the trends seen in the quantitative research.

Self-administered questionnaires based on published, open access, standardized questionnaires which were modified to the context of this study, were used to collect data from a randomly selected set of police officers from the Eastern Police District through Google survey platform. Data were collected in November to December 2021. Informed consent were obtained from all participants. Inclusion criteria were as follows: uniformed PNP personnel in EPD performing field work (operations), between 21 and 56 years old.

Data sources

Primary sources

- The researcher used survey data obtained from the identified respondents from the EPD.

- The researcher also gathered additional information from them through interviews.

Data collection method

After the researcher obtained permission to implement this study, she sent request letters to the PNP National Headquarters, and then to the NCRPO and afterwards to the EPD (Appendices A, B and C, respectively) to conduct the data collection. The letters were sent via email.

Using the Slovin's Formula (n = N÷(1+Ne^2)), the researcher computed a minimum required sample size of 328 police officers from 2,219 police officers in EPD who are performing frontline functions out of the 2,698 total strength of the EPD.

The researcher used online survey questionnaires to collect data for the quantitative part of the study and key informant interviews to gather data for the qualitative part.

Since the survey questionnaire was accessible online, the researcher exceeded the minimum required sample size and the total number of respondents reached 938.

Survey questionnaire

The researcher administered the survey using Google form.

For profiling purposes, demographic data were also collected, namely age, sex, education, marital status, and length of PNP service. To determine COVID-19 related health risk, the respondents were asked to rate their risk of becoming infected with COVID-19 as a frontline police officer during this time of pandemic and indicate whether they have comorbidities or underlying health conditions known to adversely affect the progression and prognosis of COVID-19, namely hypertension, diabetes mellitus and asthma. To assess operational police stress and mental health status in terms of burnout, distress, anxiety and depression, published, open access, standardized and validated questionnaires were used as seen in Appendix D.

Specifically, burnout is measured from the questionnaire in the study by Creedy, Sidebotham, Gamble, Pallant, and Fenwick (2017). Distress is measured through the K10 and K6 scales of Cornelius, Groothoff, van der Klink, and Brouwer (2013). Anxiety was measured from the brief measure for assessing generalized anxiety disorder (GAD 7) by Spitzer, Kroenke, Williams, and Löwe (2006). Depression was assessed using the PHQ-9 by Kroenke, Spitzer, and Williams. Operational police stress was measured using the PSQ-Op by Kukić, Subošić, Heinrich, Greco, and Koropanovski (2021).

Key informant interview

The researcher, with the help of a civilian mental health professional (clinical psychologist) interviewed five (5) participants characterized by either high or low scores in the questionnaires to obtain wide-ranging and in-depth views on the independent and dependent variables. The primary focus of the interview was on the actual experiences encountered by the frontliners in police work during this COVID-19 pandemic and how they coped with such experiences. The interview guide is presented in Appendix E.

Modal and Verbal Interpretation

The results from the survey were tallied using frequency and percent distributions. Scaled responses were summarized using the mean, or average. COVID-19 related health risk was computed as the sum of the risk of becoming infected with COVID-19 as a frontline police officer during this time of pandemic (scale of 1 to 5) and presence of any one or combination of the following: hypertension, diabetes mellitus and asthma scored as either 0 (not present) or 5 (present).

Scores from the operational police stress and mental health status in terms of burnout, distress, anxiety and depression were obtained based on the following standard scoring procedures as stipulated in the original questionnaire references:

- Burnout, scores of less than 50 are considered 'low,' 50 to 74 are considered 'moderate', 75 to 99 are high, and a score of 100 is considered severe burnout.

- Distress, the optimal cut-off scores are 24 (K10) and 14 (K6).

- Depression, PHQ-9 scores of 5, 10, 15, and 20 represented mild, moderate, moderately severe, and severe depression, respectively.

- Anxiety, cut points of 5, 10, and 15 are interpreted as representing mild, moderate, and severe levels of anxiety on the GAD-7, similar to levels of depression on the PHQ-9.

For operational police stress cut-off values calculated from the mean and standard deviation are used for the PSQ-Op (Philippine norms based on study data): high is > 61, moderate is 42 to 61 and low is < 42.

To determine the effects of COVID-19 related health risks and operational work stress to mental health of Eastern Police District frontline police officers in terms of burnout, distress, anxiety, and depression, logistic regression was performed. P-values less than 0.05 were considered significant. Statistical computations were performed using IBM SPSS version 25.

Findings and analyses

Discussion of the findings

The COVID-19 Inter Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID), the task force mandated to respond to affairs concerning COVID-19, needed an enforcement arm. Thus, the PNP was tasked to provide the muscle of IATF. With this, police officers instantly became COVID-19 pandemic frontliners which meant that PNP personnel were deployed to communities, enforcing quarantine protocols, manning checkpoints, securing quarantine facilities, aiding during relief operations, and other security and public safety functions. Given these roles, PNP frontliners are vulnerable not only in contracting COVID-19 but in becoming stressed and anxious of passing the virus to their loved ones. The nature of their work also predisposes them to discrimination and encounters with violators. Because of their working conditions, police frontliners are also prone to have insufficient rest and sleep, exposure to other harmful elements aside from the COVID-19 virus, such as heat and pollution, lack time for regular physical activity, have limited food choices so they may have unhealthy diets, and poor quality time with family and/or support systems. All these may eventually lead to serious mental health conditions. Hence, this research was conducted to investigate the COVID-19 related health risks and operational work stress of frontline police officers and determine how these affected their mental health as manifested by their psychological status in terms of burnout, distress, anxiety, and depression.

To obtain comprehensive answers to the research problems, this study employed mixed-method research approach wherein qualitative research was conducted to provide in-depth explanation to the trends seen in the quantitative research. Permission to collect the needed data for this study was sought through proper channels (PNP National Headquarters, NCRPO and EPD). Upon approval, quantitative data were collected through an online survey using Google form with the informed consent of the participants who are uniformed PNP personnel in EPD performing field work (operations), aged between 21 and 56 years old. Survey items were based on published, open access, standardized questionnaires on COVID-19 related health risks, operational work stress of police officers, burnout, distress, anxiety, and depression, which were modified to the context of this study. Qualitative data were collected through in-depth interviews after the survey data have been analyzed.

For the quantitative survey part, a total of 938 police frontliners from the EPD participated in this study. As presented in table 1, the respondents' ages range from 22 to 55 with an average of 34.5 years and a median of 33 years (implying that half of the police officers are in the younger age group of 22 to 32 years old and the other half is in the 34 to 55 age bracket). Years of service in the PNP varied widely from 1 to 39 years with a mean of 9.2 years and a median of 7 years (again implying that half of the police officers are relatively new, having been in service from 1 to 6 years). Male to female ratio is about 7 is to 1 with 87.63% male police frontliners. Over half of the police officers are married (54.48%). The large majority hold at least a college degree.

Age		
Mean	34.5 years	
Median	33 years	
Range	22 to 55 years	
Gender	f	%
Female	116	12.37
Male	822	87.63
TOTAL	938	100.00
Marital Status	f	%
Married	511	54.48
Single	416	44.35

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Separated/Single Parent/ Widow(er)	11	1.17
TOTAL	938	100.00
Number of years in the PNP Mean		9.2 years
Median		7 years
Range		1 to 39 years
Highest Educational Attainment	ƒ	%
No College Degree	29	3.09
With a College Degree	849	90.51
With units in a Master's Program	20	2.13
Master's Degree	33	3.52
With units in a Post-Graduate Degree	1	0.11
Post-Graduate Degree	1	0.11
TOTAL	938	100.00

Table 1: Profile of the PNP COVID-19 Pandemic Frontliners.
Note: Respondent Profile (n = 938).

Health risk exposure

COVID-19 related health risk in this study refers to the sum of the risk of becoming infected with COVID-19 as a frontline police officer during this time of pandemic (scale of 1 to 5) and presence of any one or combination of the following: hypertension, diabetes mellitus and asthma scored as either 0 (not present) or 5 (present).

Table 2 shows that close to half of the police frontliners from the EPD perceived their COVID-19 related health risk as high to very high (49.04%) and that around 12% of the study participants indicated having chronic illnesses or comorbidities which can aggravate their risk for COVID-19. Based on the interviews conducted, there is high to very high perceived COVID-19 related health risk as assignments include the security of quarantine facilities and accounting of COVID-positive individuals confined in those facilities. There is extensive direct exposure to COVID-positive individuals, especially for senior staff. This is due to the need for inspection and monitoring of several facilities for long work hours and being in crowded workplace (inside and outside police stations).

	ƒ	%
Risk of Becoming Infected with COVID-19 as a Frontline Police Officer		
Very Low	132	14.07
Low	157	16.74
Moderate	189	20.15
High	218	23.24
Very High	242	25.80
Chronic illness (es)	Mean	3.30 (Moderate)
	ƒ	%
Asthma	3	0.32
Diabetes	11	1.17
Hypertension	65	6.93
Hypertension; Asthma	2	0.21
Hypertension; Diabetes	4	0.43
Hypertension; Diabetes; Asthma	1	0.11
Hypertension; Others	1	0.11
None of the above	820	87.42
Others	31	3.30

Table 2: COVID-19 Related Health Risk.

Operational work stress

The operational work stress experienced by frontline police officers during the COVID-19 pandemic was measured in this research through items pertaining to stress brought about by shift work, working alone at night, overtime demands, being injured on the job, work related activities on days off, traumatic events (e.g. death, injury), managing social life outside of work, not having enough time available to spend with friends and family, paperwork, not being able to eat at work, finding time to stay in good physical condition, fatigue, occupation-related health issues (for example, back pain), lack of understanding from family and friends about work, making friends outside the job, upholding a image in public, negative comments from the public, limitations to social life, feeling of always being on the job and family/friends feeling the stigma associated with the job.

Findings showed that the prevalence of low to moderate operational work stress was 72.71% (n = 682 out of 938) while the prevalence of high operational work stress was 27.29% (n = 256 out

of 938). This implies that about 1 of every 4 police frontliners from the EPD was found to have a high level of operational work stress. The top stressor was identified to be the stress experienced from the type of shift work during the pandemic (mean = 2.81) followed by the stress experienced from not having enough time available to spend with friends and family (mean = 2.77) and then by the stress experienced from overtime demands during the said period of health crisis (mean = 2.75). The mean scores of the respondents in terms of each operational work stress indicator and the verbal interpretation of the said mean scores are found in Appendix F.

Deeper exploration of these quantitative survey findings affirmed through interviews that operational work stress indeed stemmed mostly from too much time on the job and lack of time interacting with family, friends or other people who can provide stress relief. Duty consisted of 12 hours which sometimes extends to 14 hours with only one day off per week. According to Interviewee No. 1, "Sagad ka sa trabaho wala talaga magagawa eh. Manghihina talaga yung katawan kahit sabihin mung nagmemaintenance ka ng vitamins po…" Similarly, Interviewee No. 2 said "Yung oras kailangan mong magbigay talaga ng oras kahit sabihin mong ang duty mo sa isang araw dose pero kailangan mag-extend eh. Di kagaya nang dati na minsan eksakto talaga sa oras nakakauwi ka ng pagkatapos ng duty mo". Moreover, Interviewee No. 3 expressed "Parang ano to na-doble yung trabaho… Minsan po talagang ganun eh kasi kapag may natamaam na isang kasama imbes na dalawa kayo sa isang trabaho mag-isa ka na lang…" Finally, Interviewee No. 5 stated "Hindi mo alam ma'am, kung, kung ngayong week ba bibigyan ka ng isang araw na dayoff, na rest day, yung tipong ano ba sir, gigising ka ng hindi ka nagaalarm, malaking tulong po yun e, yung gigising ng walang alarm, ang sarap po sa pakiramdam e, yung kahit isang araw lang… yun lang po sir maam yung nakakapagod. kumbaga bigyan ka lang ng isang araw for rest, okay na tayo six days ulit kasi maam sir nung nagsimula yung pandemic. Parang 3 months maam bago kami nag dayoff e".

Lack of time interacting with family, friends or other people who can provide stress relief was also a major stressor. Since there was a drastic change in routine after work to protect family from possible infection, there was a need to be physically separated from family members especially when exposed to COVID-positive co-workers.

There was also longing for family and loved ones since the nature of work assignment prevented the police frontliners from going home in the usual schedule like to prior to the pandemic. They also sacrificed by choosing to be separated from their family on certain days to ensure their safety. According to Interviewee No. 5 - "Mas okay na, na mag adjust ako, hindi muna sila umuwi dito sakin ng 7-10 days hanggat or hanggat hindi ako nasa-swab test na negative, mas okay sakin sir yung prolong na, okay sila kaysa isugal ko na makuha ko yung satisfaction ko na kasama ko nga sila, may doubt naman ako araw-araw na "teka lang bat biglang inubo?", "Teka lang bat bigla syang sinipon?", mas okay na po sakin yun na masakripisyo ako ng ilang araw".

According to Interviewee No. 1, "Yung pag-uwi mo dati may energy ka pang makipagkulitan sa pamilya mo ngayon wala na eh pag-uwi mo ayun talagang paligo na lang tapos tulog na po ganun lang po yung set-up ng ano nung buhay". Moreover, Interviewee No. 2 said "Yung pamilya nalungkot eh sabi ko sa kanila wala kaming magagawa eh diyan tayo nabubuhay eh". Similarly, Interviewee No. 3 expressed "Bale yung sa pamilya sir kung dati medyo may oras po yung ginagawa ko po before po ko matulog nag lalaan po ko ng konting oras para makipag-usap sa kanila makipagbonding din at least mga 30 minutes mga ganoon po at least isang oras pwede na po iyon". Interviewee No. 4 also said "Kailangan din kasi sana ng mga kausap… Kumbaga sir ano sir ano to eh don mo sasabi kung may problema pwede mong sabihin dun sa kaibigan mo maikwento mo man at least na-express mo yung nararandaman mo… Mabawas-bawasan". Police officers try to cope with this stressor by communicating with family and friends through social media platforms.

Mental health

Mental health in this study is assessed based on the variables discussed in the succeeding sections, namely burnout, distress, anxiety and depression.

Burnout

In this research, the burnout experienced by frontline police officers during the COVID-19 pandemic was indicated by feeling worn out at the end of the working day, being exhausted in the morning at the thought of another day at work, feeling that every working hour is tiring, not having enough energy for family and friends during leisure time, emotional exhaustion, frustration with work, and overall feeling of being burnt out. Results revealed that

the prevalence of low to moderate burnout was 95.84% (n = 899 out of 938) while the prevalence of high burnout was 4.16% (n = 39 out of 938). These results suggest that approximately 1 of every 25 police frontliners from the EPD was found to have a high level of burnout. The top burnout indicator was identified to be feeling worn out at the end of the working day (mean = 44.16) followed by not having enough energy for family and friends during leisure time (mean = 42.83) and then by emotional exhaustion (mean = 39.02). Appendix G provides the mean scores of the respondents in terms of the indicators of burnout and their verbal interpretation.

Interviews revealed that feeling worn out at the end of the working day happens due to the lack of staff during outbreaks which causes extended work hours (no day off and long work hours because other officers are sick). Hence, the police frontliners also have no more energy for family and friends during their day off, which is usually just spent for sleep to gather energy to be able to work again. According to an interviewee, this may be partly attributed to the lack of proper system of scheduling duty hours especially during the initial days of the deployment of the police officers because just like the rest of the world, the PNP was taken aback by the COVID-19 pandemic. Burnout may also stem from the need to comply with numerous work requirements.

Emotional exhaustion, on the other hand, is due to the gamut of emotions experienced by the police frontliners. Primarily, there was fear, not of possible physical difficulties brought about by COVID-19 but fear of social stigma and discrimination against the police frontliner himself and his family. Because of this fear, there was also paranoia. According to Interviewee No. 5: "Hindi ako natakot sa akin, natakot ako sa pamilya ko… iba po kasi pag yong family na, iba na… Hindi po ako natakot sa sarili ko na baka hindi ako makahinga, hindi ako ma ganito, natakot po ako sir sa respeto ng, baka malaman ng community, pandirihan ang pamilya, hindi makabili ng supply, hindi makalabas, yung ano ba sir, kumbaga, nasa quarantine facility ako tas ganon ang sitwasyon nila, mas, masakit sa ulo e. Kumbaga sir, yung mas, mas inaalala mo sila na baka malaman baka, alam mo naman sir ang tao e, pag kinain ng… maling akala sir e. Emotionally sa akin, kayang kaya sir tanggapin, na okay positive ako, at ayun sa IATF, 7 days, 10 days lang ako magkaquarantine, kayang-kaya, pero sir iba ang dating pag yung kasi, pag nakakabalita tayo sir na, nag positive yung isang pamilya, pinandirihan, hindi pina, hindi pinabili ng tubig, ng pagkain, mas nakaka ano sir, stressful sa akin na hindi ko matulungan yung family ko. Kaya ganon sir, kumbaga sir, kaya nga tayo nagtatrabaho, para sa kanila".

There were also expressed feelings of hurt because of discrimination by some coworkers. As described by Interviewee No. 1, "Yung tipong, after recovery ko, nakita ako ng kasamahan ko, bigla syang nag one-step backward as in humakbang patalikod pero gusto ko sabihin sa kanya "teka lang, recovered na ako e".

There was also compulsion (feeling of being compelled to engage in extra hygiene practices to reduce the risk of infection for loved ones). Interviewee No. 2 described this as: "Ma'am, meron akong biniling bago pumasok ma'am, meron akong biniling personal sauna, yung maliit, yung kasya ka sa loob, magiisteam ako doon 30 minutes, tapos ligo bago ako humalo sa kanila, kumbaga sila aakyat muna sa taas, lahat uh pag magte-text akyat muna sila sa taas sa kwarto, ako muna gagamit ng baba. Para lang para lang po satisfaction ko lang na malinis ako na hahalo sa kanila".

When some of them were infected with COVID-19, they felt hopelessness. They wanted to take a leave/break and they were worried for family's welfare. They became sad due to the many problems they were experienced (example: death in the family).

Because of the nature of their work, they also have less time to bond with their family.

During isolation, they felt boredom and the feeling of being like a prisoner with no freedom. On work schedules, there assignments are also described as routinary (example: checking on quarantined officers).

This caused sadness and annoyance but they tried to be calm because they were grateful since some of them have their family is near work station and that they have a stable work even during the pandemic.

Distress

Distress for frontline police officers during the COVID-19 pandemic in this research was signified by being tired out for no good reason, being nervous, being so nervous that nothing could calm them down, being hopeless, being restless or fidgety, being so restless they could not sit still, being depressed, feeling

that everything was an effort, being so sad that nothing could cheer them up, and feeling worthless. Findings revealed that the prevalence of low to moderate distress was 75.05% (n = 704 out of 938) while the prevalence of high distress was 24.95% (n = 234 out of 938) implying that approximately 1 of every 4 police frontliners from the EPD was found to have a high level of distress. The top distress indicator was the feeling that everything was an effort (mean = 2.53) followed by being tired out (mean = 2.04). Appendix H provides the mean scores of the respondents in terms of the indicators of distress and their verbal interpretation.

Anxiety

In this study, the anxiety experienced by frontline police officers during the COVID-19 pandemic was indicated by being nervous, anxious, or on edge; being unable to stop or control worrying; worrying too much about different things; having trouble relaxing; being so restless that it is hard to sit still; becoming easily annoyed or irritable; and feeling afraid, as if something awful might happen. Results showed that the prevalence of low to moderate anxiety was 97.87% (n = 918 out of 938) while the prevalence of high anxiety was 2.13% (n = 20 out of 938) implying that approximately 1 of every 50 police frontliners from the EPD was found to have a high level of anxiety. Among the anxiety indicators, relatively higher mean scores were noted for having trouble relaxing (mean = 0.41) and worrying too much about different things (mean = 0.36). Based on the interviews, it was found that aside from the alarming spread of the virus/infection, there is a concern for others who are not following health protocols. Police frontliners are worried when others do not follow health protocols because people are putting them (the police officers and their family) at risk. There is also annoyance due to insubordination when health protocols are being implemented.

Appendix I provides the mean scores of the respondents in terms of the indicators of anxiety and their verbal interpretation.

Depression

Depression among the frontline police officers in this study during the COVID-19 pandemic was characterized by feeling little interest or pleasure in doing things; feeling down, depressed, or hopeless; trouble falling or staying asleep, or sleeping too much; feeling tired or having little energy; having poor appetite or overeating; feeling bad about oneself or feeling like a failure or having let oneself or one's family down; trouble concentrating on things, such as reading the newspaper or watching television; moving or speaking so slowly that other people could have noticed or being so fidgety or restless /moving around a lot more than usual; thoughts of being better off dead or of hurting oneself in some way. Results revealed that the prevalence of low to moderate depression 95.31% (n = 894 out of 938) while the prevalence of high depression was 4.69% (n = 40 out of 938) denoting that about 1 of every 20 police frontliners from the EPD was found to have a high level of depression. Top depression indicators were feeling little interest or pleasure in doing things (mean = 0.51) and feeling tired or having little energy (mean = 0.47).

The relatively low prevalence of high burnout, anxiety and depression could be due to the coping mechanisms that the police frontliners eventually developed. Based on the interviews conducted, after several months of getting used to the pandemic, the police frontliners eventually psyched themselves to adjust to the new situation, realizing that if they are not able to cope, they will not be able to perform their functions well.

Eventually there was acceptance of the "new normal". The police frontliners imbibed the new health protocols because they accepted what is happening. They slowly learned to adjust and live with the current situation. Aside from acceptance, they have positive thinking and learned to not over react or be overly cautious. As per Interviewee No. 3 – "Emotionally naman sir, kinatagalan, nakapag-adjust ka na rin po e, kasi kung iisipin natin na 'Ganito na lang ba tayo lagi mag-alala?' Hindi tayo magpa-function ng maayos e… Kumbaga kailangan na lang po nating tanggapin na, mabubuhay tayo ng merong mask, mabubuhay tayo ng kumakain mag-isa… Mabubuhay tayo na nagkakape mag-isa Habang nasa labas, tapos naman sir sa… isang aspeto naman, yung sa mga routine, ganon din kailangan mo rin mag adjust na hindi na katulad dati na pagdating mo ng bahay tatakbo yung bata sayo… kakamustahin ka, medyo layo-layo mo na kailangan lang talaga natin sir talaga mag adjust".

Support of fellow police officers and harmonious relationship with unit members (open communication with co-workers) were also cited as important factors in coping especially because some police officers are not from NCR who were living alone and far from their family. Solidarity among police officers helped build courage to accept their difficult work assignment. According to Interviewee

No. 5 – "Actually sir, ano sir, yung core ba ng magkakaibigan, na mas matagal kayo magkakasama sa unit. Don humugot lahat ang tropa e, halimbawa ko sir, ako, yung time na nag positive ako, sila tapos na, nag positive na sila nung una, nung ako ang naiwan sa labas, anong pangangailangan nila sa loob ng quarantine facility, bilang tulong, ako yung nagpoprovide, "kuya, kailangan ko … prutas," "kailangan ko ng ganito" ako sir ang bibili. Ngayon, nong ako naman, in return, sila naman, nagpadala ng pagkain, nagpadala ng ganito, Nagpadala ng vitamins, ng ano, minsan nagpadala ng alak, "Oh… Matagal ka pa jan, uminom ka" Kumbaga, yung core ba ng isang magandang unit, yon ang isa sa napapansin ko na nagpapatatag ng isang tao na nasa quarantine. Alam niya, na may susuporta sa kanya".

Moreover, according to Interviewee No. 4, "Tulungan tayo… bale sir, yun sir yung isa sa naging aral na rin dito sa pamdemya na to sir, nandyadyan na sya, nandyadyan na sya, ang covid, nandyadyan na sya, frontliners tayo, obligado tayo magpa swab test pag kailangan, sinabi ng command or nagkaroon ka ng sintomas, kailangan natin magpa swab test, pero lalakas nalang sir ang loob mo ngayon dahil, alam mo na merong kang kasamahan na hinding-hindi ka iiwan… Bukod sir sa family mo, nandyadyan yung tropa, na alam mo na andyadyan sa likod mo".

Police frontliners have also learned to prepare their family on what to do in case they get positive for COVID-19. They also prepare themselves by having enough supplies for at least 10 days. They are always ready to undergo swab test immediately if symptoms are really indicative of COVID for the sake of their family.

Overall, on the average, the interviewees' rating of their overall state of mental health on a scale of 1 to 10 was 8.8. The police officers learned not to over react or be overly cautious. They learned to act reasonably so as not to hamper productivity and cause undue stress to the family. They became very health conscious and trust in the vaccine against COVID-19. They were mindful of symptoms but at the same time, they learned to analyze the possible causes of symptoms. They realized the need to be prepared from now on to adjust to unexpected situations like the pandemic. Police officers also appreciated the importance of family and family support as coping mechanism. They also realized that true strength comes from God as prayer has been one of their tools as a survival kit during the pandemic.

However, despite the coping mechanisms adopted by the police frontliners, the interviewees identified the following challenges relative to mental health that are still facing the PNP amidst the pandemic:

- Lack of Awareness on PNP Programs for Mental Health: According to Interviewee No. 1, "Kasi ano to pag nagka may problema ka rerekta ka na don sa superior mo, dun ka na magsabi. Yang gagawin don kakausapin ka tapos kung pasok yung rason mo po bibigyan ka siguro ng isang araw dalawang araw na leave para makapag pahinga …"

- Need for Better Stress Management/Mental Health Programs: According to Interviewee No. 2, "Kasi yung problema kasi sir kahit bigyan mo ng pahinga yon kahit bigyan mo ng isang linggo kung umuwi lang sa bahay yun para tapos panay din trabaho din don o kaya stress din don wala rin silbi yung binigay na din po pahinga kaya mas maganda po sir kung may programa talaga…"

- Challenge to remove the police officer stereotype of being strong, need to have opportunities for police officers to open up and express their inner thoughts/feelings without being stigmatized: According to Interviewee No. 5, "Napansin ko lang ito organization natin ma'am pag sinabing pulis, bawal mag open up ng problema, kumbaga ma'am si pulis dapat matibay ka, wala sa organization natin ma'am yung magsasabi sa iyo na, pano ba to? masasabi sayo na "ate/kuya kamusta ka na?" yun ano ma'am e, pa… pa… gusto kong ano, gusto kong baguhin ba ma'am yung konsepto na si police matatag… kung makakapag open up siya mababawasan niya yung load niya".

- Challenge to capacitate police officers on how to help fellow police officers with mental issues get the needed social/emotional support: According to Interviewee No. 3, "Bago natin pagalitan, kamustahin muna natin "bakit ka nagkakaganyan?" nabasa ko yun maam sir yung memo na yun yung simula ng red flag natin, pero ma'am yaan ang isa sa kalaban ng pulis mag open-up. Parang isang malaking kahinaan sa kanya na, "tol kasi ganito nangyayari sakin e", ang kadalasang sagot naman nyan, ng isang tipikal na pulis, "pare naman, pulis ka na ganyang ka pa. Mas makakapag open up or makakapaghingi ng tulong ang isang personnel kung matagal nya nang nakasama, matagal nya nang

nakasama, parang alanganin maam, pumunta ako sa isang office na, "maam, may problema po kasi ako... Parang - sino ba si ma'am abigail nakakahiya mag open, unlike sa five years ko nang kasama, kaklase ko ng training, kabuddy ko nung training, "tol, kasi ganito nangyayari sa akin", kumbaga maam sir, baguhin natin yung konsepto na pag merong nag open up nang ganitong tropa tanggalin natin yung "ano ba yan, teka lang, lala… kung lalaki ka, pulis ka, ganyan ka pa magisip".

- Interviewee No. 5 was hoping to feel competent to be able to tell his comrade who needed support: "Tara pag usapan natin… Pag ganito, ganito na yung reach sa inyo ng tropa,

signs of red flag, wag na natin ba, wag na natin asarin ba... Tignan natin, kung ano maitutulong natin... Kasi alam nila ang tinakbo ng problema mo hindi katulad sir na pag problemang pulis dapat kapatid na turing na pulis na rin ang makikinig kasi alam nya ang na pagsimulan, alam nya ano yung mga nangyari, mas madali sir maintindihan... Natuwa rin ako dun sa ano ma'am sa, kumbaga parang brother's keeper maam diba na concept natin, di na, hindi natin, di na uso ngayon yung "pulis ako, kaya ko to" Kumbaga sir ano e, masyado nang nabuhay ang PNP sa "wala pulis yan! Kaya niya yan!". Kumbaga yung code ba na "for every badge, there is a human heart".

COVID-19 – Related Health Risk Indicator	Top Operational Work Stress Indicators	Mental Health			
		Top Burnout Indicators	Top Distress Indicators	Top Anxiety Indicators	Top Depression Indicators
Being in crowded places for long hours	Long shift work hours/ overtime demands	Feel worn out at the end of the working day	Feeling that everything was an effort Being tired out		Feeling tired or having little energy
Issues/Challenges	Lack of staff during outbreaks leads to no days off and longer work hours so police frontliners are physically and mentally drained;				
	Drastic changes in routine after work to protect significant others from possible infection (e.g. extra measures for disinfection) contribute to greater fatigue				
Extensive direct exposure to COVID-positive individuals due to the need for inspection and monitoring of isolation facilities	Not having enough time available to spend with friends and family Emotional exhaustion	Not enough relaxing family and friends during leisure time Worrying too much about different things	Having trouble energy for Being nervous		Feeling little interest or pleasure in doing things

Table 3: Summary Data Analysis Scheme of COVID-19 – Related health Risks, Operational Work Stress and Mental Health in terms of Burnout, Distress, Anxiety and Depression during the COVID-19 Pandemic.

Issues/Challenges

- Lack of quality time with significant others so police frontliners are unable to express sentiments/feelings;

- Emotional and psychological issues include fear and paranoia primarily due to social stigma and discrimination for themselves and their family; expressed feelings of hurt because of discrimination by own co-workers; longing for

their significant others due to need for physical separation; worry and annoyance when people from the general public do not follow health protocols because these people are putting them (the police officers and their family) at risk; (v) compulsion (feeling of being compelled to engage in extra hygiene practices to reduce the risk of infection for loved ones).

- Challenges relative to mental health that are still facing the PNP amidst the pandemic namely: (a) lack of awareness on PNP programs for mental health; (b) need for better stress management/mental health programs; (c) need to have opportunities for police officers to open up and express their inner thoughts/feelings without being stigmatized, and (d) challenge to capacitate police officers on how to help fellow police officers with mental issues get the needed social/emotional support.

Effects of Covid-19 health risk and operational work stress on mental health

Statistical analysis was performed using logistic regression to come up with quantitative evidence on the effects of COVID-19 health risk and operational work stress on the mental health of the police officers in general and per component (burnout, distress, anxiety and depression). Table 4 presents the odds ratio computed from the logistic regression analysis. It can be inferred from Table 4 that COVID-19 related health risk is strongly associated with high operational work stress (OR = 5.97, p = 0.000). Specifically, EPD police frontliners with high COVID-19 related health risk are 6 times more likely to have high operational work stress. High operational work stress was in turn strongly associated with burnout (OR = 11.61, p = 0.000), distress (OR = 6.05, p = 0.000) and depression (OR = 2.11, p = 0.018) but not with anxiety (OR = 1.15, p = 0.784). This means EPD police frontliners with high operational work stress levels are 11.61 times more likely to have high burnout level, 6.05 times more likely to have high distress level and 2.11 times more likely to have high depression level. Moreover, high operational work stress level strongly predicts overall mental health status. Particularly, EPD police frontliners with high operational work stress levels are 5.97 times more likely to have a high level of at least one mental health indicator. These results provide empirical evidence on how police frontliners in the local setting, particularly in the EPD, find work during the

pandemic as unprecedentedly challenging as they are faced with the difficult task of keeping communities safe and preventing the spread of COVID-19 while putting their own physical and mental health at risk.

Effect of -	Odds Ratio (OR)	p-value
COVID-19-related health risk on Operational Work Stress	5.97	0.000
Operational Work Stress on Burnout	11.61	0.000
Operational Work Stress on Distress	6.05	0.000
Operational Work Stress on Anxiety	1.15	0.784
Operational Work Stress on Depression	2.11	0.018
Operational Work Stress on Mental Health (Overall)	5.97	0.000

Table 4: Effects of COVID-19-related health risk on Operational Work Stress and of Operational Work Stress on Mental Health.

Conclusion and Recommendation

In terms of the effects of COVID-19 related health risks and operational work stress to mental health of Eastern Police District frontline police officers during the pandemic, the findings of this study revealed that COVID-19 related health risk is strongly associated with high operational work stress with EPD police frontliners with high COVID-19 related health risk are 6 times more likely to have high operational work stress. High operational work stress is in turn strongly associated with mental health variables. Particularly, EPD police frontliners with high operational work stress levels are 11.61 times more likely to have high burnout level, 6.05 times more likely to have high distress level and 2.11 times more likely to have high depression level. Finally, high operational work stress level strongly predicts overall mental health status as EPD police frontliners with high operational work stress levels are 5.97 times more likely to have a high level of at least one indicator of a mental health problem.

In relation to the issues or challenges relative to COVID-19 related health risks and operational work stress during the pandemic given the mental health status of the police officers. The study the following issues: (i) extensive direct exposure to COVID-positive individuals due to the need for inspection and monitoring

of quarantine/isolation facilities for several hours and being in crowded places; (ii) lack of staff during outbreaks which leads to no days off and longer work hours; (iii) and adjustment to the drastic changes in routine after work to protect significant others from possible infection (e.g. extra measures for disinfection). Emotional and psychological issues include: (i) fear and paranoia primarily due to social stigma and discrimination for themselves and their family; (ii) expressed feelings of hurt because of discrimination by own co-workers; (iii) longing for their significant others due to need for physical separation; (iv) worry and annoyance when people from the general public do not follow health protocols because these people are putting them (the police officers and their family) at risk; (v) compulsion (feeling of being compelled to engage in extra hygiene practices to reduce the risk of infection for loved ones). The EPD frontliners also identified the challenges relative to mental health that are still facing the PNP amidst the pandemic namely: (i) lack of awareness on PNP programs for mental health; (ii) need for better stress management programs; (iii) need to have opportunities for police officers to open up and express their inner thoughts/feelings without being stigmatized, and (iv) challenge to capacitate police officers on how to help fellow police officers with mental issues get the needed social/emotional support.

To address the issues/challenges identified this study proposes an action plan for a Mental Health Program for the PNP in the New Normal that highlights proactive prevention and resiliency building to reduce risk for mental health problems and early intervention though innovative strategies and to increase mental health seeking behaviors of police officers. Such strategies are characterized by assurance of confidentiality, accessibility, ease of use and customized content for police officers. The action plan is discussed thoroughly in Chapter 5.

This study recommends to adopt the proposed Mental Health Program for the PNP in the New Normal to prevent and address mental health problems among police frontliners.

The action plan

Action plan

Rationale and intents

The mental well-being of the men and women who serve and protect our communities is every bit as important as their physical health and safety. However, ensuring sound mental health for police officers is no easy task. There is no single best approach or one size fits all kind of strategy.

Cognizant of the foregoing, the general aim of this action plan is to concretize a holistic mental health program for the PNP in the new normal using multiple components to improve the delivery of and access to mental health and wellness services for law enforcement officers especially because the pandemic, as shown in the findings of this study, made the already difficult and dangerous job of police frontliners more stressful and adversely affected their mental health.

Outcome/s or Change/s

This study provides empirical evidence on the magnitude of the manifestations of increased health risks as adverse effects of operational work stress and weak mental health among EPD police frontliners during the pandemic. Regular assessment of the perceived health risk and work stress as well as mental health indicators of the police officers during this pandemic and its aftermath is recommended along with the following interventions proactive measures and resiliency building to reduce risk for mental health problems and early intervention through innovative strategies to increase mental health seeking behaviors of police officers. Such strategies are characterized by assurance of confidentiality, accessibility, ease of use and customized content for police officers.

Strategies and actions

Strategies to be applied are intended to be complementary to the existing PNP Mental Health program "Bantay Kaisipan". Proactive measures and resiliency building are highlighted and early intervention through innovative strategies to improve mental health seeking behaviors by ensuring confidentiality, accessibility, ease of use and applicability for police officers. These strategies entail top-down and agency-wide priority and support to overcome stigma and build confidence and trust in the privacy and sensitivity of the services which can be made available to officers, staff members, and their families.

Strategy for proactive prevention of mental health problems and resiliency building, promotion of holistic self-care is proposed with the following details.

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Mental health check-in retreat

The WHO model of optimal mental health care has self-care reflected at the very base of the pyramid, upon which all other care is based. Self-care refers to care without individual professional input. This emphasizes mental health worker-patient partnerships and collaboration to promote an active role of people in their own mental health care. Self-care is most effective when it is supported by formal health services. The holistic approach implies that mental health self-care is not separated from a broader continuum of care and services that are closely tied to and impacted by fitness, nutrition, medical care, sleep, healthy relationships, financial stability, substance abuse, self-care, peer support, early warning systems, how disciplinary procedures are handled, and character and moral development. This would be done through a Mental Health Check-In Retreat. This provides an opportunity for police officers to take time off from work to reflect on their holistic wellbeing with the guidance of mental health professionals.

Research-based mental health first aid course

This is a nine-hour Mental Health First Aid training that has been documented by research to produce positive changes in knowledge, attitudes and behavior. This finding shows that the effects of the course are generalizable beyond its originators and when run under typical conditions of nine-hour Mental Health First Aid course, in three weekly sessions of three hours each. Training will be administered in groups of up to 25 participants, with a minimum of 10 participants per course. There is a lesson plan for

Strategies for early identification and intervention for identified mental health problems, the following are proposed.

Use of a mental health app for early identification and monitoring of and interventions for "at risk" population as part of a Mental Health Surveillance System managed by a Mental Health [6,7].

Unit under PNP health service

Part of the qualitative research findings from this research revealed the challenge to remove the police officer stereotype of being strong and the need to have opportunities for police officers

each session and a participants' manual. The course teaches how to help people in the crisis situations of being suicidal, having a panic attack, being exposed to a traumatic event, or in an acute psychotic state. The symptoms, risk factors and evidenced-based treatments (medical, psychological, alternative and self-help) for the mental disorders of anxiety, depressive and substance use and psychotic disorders are also taught. The figure below shows the five steps of providing mental health first aid taught in the course, adopted from Jorm, Kitchener, O'Kearney, and Dear (2004) [5].
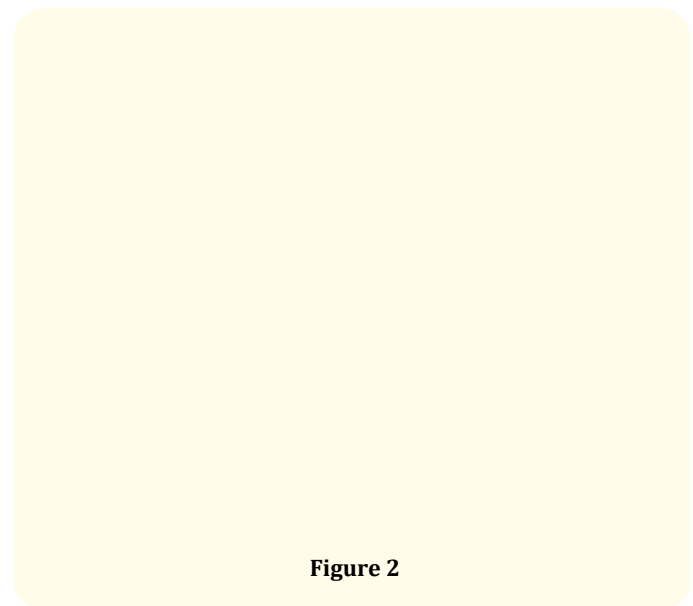

Figure 2

to open up and express their inner thoughts/feelings without being stigmatized. Thus, police officers need to be assured that their confidentiality will be maintained when accessing mental health services. Mental health resources must also be accessible and user friendly. Thus, a mobile application that could be accessed at any time and from any location, is an attractive option to serve this purpose. This app will contain mental health screening tools, resources for families, and an online booking system for mental health services as central components.

The action plan summary table

Outcome/s	Strategies and Actions	Timeline	Responsibility	Resource Requirements	Monitoring Procedure
Proactive prevention of mental health problems and resiliency building	Promotion of holistic selfcare Mental Health Check-In Retreat Research-based Mental Health First Aid Course	Annual (2 days)	Health Service Station Health Unit Regional Medical and Dental Unit	Financial support Technical support (mental health retreat facilitators, mental health first aid course trainors) Logistical support (venue, transportation, meals)	Pre and post activity mental health wellbeing check
Improved mental health seeking behavior for early identification of and intervention to reduce crimes/ offenses involving police officers with mental health-related conditions	Use of a mental health app for early identification and monitoring of and interventions for "at risk" population as part of a Mental Health Surveillance System managed by a Mental Health Unit under PNP Health Service Creation of an Mental Health and Wellness Online App o Integration of Mental Health Information from the app to the PNP Health Information Management System o Launching of app for Mental Health Assessment and Interventions (appropriate referral mechanism, treatment, follow-up/rehabilitation, etc.)	6 months (creation and linking of app to HI MS) 3 months (launching)	DICTM DPRM HS	Financial support Logistical support (for needed technological facilities e.g. computers, internet requirements) Technical support (programmer, mental health professionals, database professionals)	Monitoring and evaluation as to app utilization (e.g. number of police officers who availed mental health assessment features, number of police officers who received appropriate interventions, number of police officers rendered unfit due to mental health condition) Monitoring and evaluation of technical aspects of the app

Table 5: The Mental Health Program for the PNP in the New Normal (Action Plan Format).

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