

Mental Health in Elements of the Municipal Public Security Directorate of Tlaxcala

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DOI: [10.36348/sijlcj.2022.v05i09.001](https://doi.org/10.36348/sijlcj.2022.v05i09.001)

| Received: 11.07.2022 | Accepted: 26.08.2022 | Published: 04.09.2022

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Abstract

In order to know the mental state in elements of the municipal public security directorate of Tlaxcala, an observational and longitudinal study was carried out. 18 (31.5%) of 126 (68.5%) police officers who agreed to participate in the study were studied. A battery of tests made up of 18 general psychometric tests was applied to them. Derived from the diagnosis, 3 people of 31.5% were found, of which 17.46031746031% are elements (users) that would require special attention in terms of their current mental state, and 1 element that comprises 0.793650793650% is a healthy and "normal" element mentally. It is concluded in this study the importance that the police elements are valued in their mental health since the improvement of their professional praxis depends on it.

Keywords: Psychometrics, safety, mental, health, Tlaxcala.

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INTRODUCTION

The National Survey of Psychiatric Epidemiology in Mexico (ENEP), estimates that mental disorders affect almost 30 percent of the population (WHO, 2018). In the police union, due to the harsh conditions of his work, he is daily exposed to negative effects that can in some cases disturb and modify his personality, his social habits, his relationships with the environment, as well as damaging his professional work. They are stress situations, produced by the passing of the years in the service, by dramatic situations (shooting, death of a colleague, physical injury, etc.). The optimal way to channel stress would be the acceptance of your profession with its pros and cons, a good assimilation of the sad and black moments. Obviously this does not always happen that way, so the police can derive their anxieties and fears in two ways. On the one hand, creating an insulating shell around him that leads him to be a passive subject that hardens, he feels burned (in English the term used is "burnout"). People around you, as a consequence, notice your isolation and performance at work begins to decline due to lack of motivation. In general, it is the others who feel the effect of the impenetrable armor. They don't really feel that anything is happening to them, so they don't go to ask for help of any kind. On the other hand,

the subject may react with personal disorders: ailments of psychosomatic origin, depressive symptoms, psychosis, neurosis. In these situations, the police go to medical or social services and they are the main ones affected by the problem (The Police Journal, 1993).

At the beginning of their career they manifest a very deep commitment, but over time they begin to feel frustrations that come to haunt them in the development of their profession. It may happen that some police officers try to live with this stress, freeing themselves from it in part and attenuating their reactions. Little by little they end up becoming indifferent and unconcerned, physically exhausted, depressed and cynical. This cynicism refers to the emotional hardening that they develop and that is not beneficial for work or family life. They create a shield of protection against so much attack that it ends up being harmful. Although it may seem strange, the police officers who are most excited and committed to their profession are the ones who are most intensely exposed to the "burnout syndrome". Specialists in the field agree that there are physical, psychological and behavioral components in professional exhaustion (Brufao C.; 1994).

The police constitute one of the professional groups with the following unconventional behaviors:

- Higher frequency of suicides.
- Alcohol abuse behaviors, as a means of escape, represent one of the most important health problems and place police officers among the professional groups with the highest consumption.
- The found prevalences of anxiety and depression disorders are higher than in most other professional groups.
- In many populations studied, the group of police officers presents more health problems than other professional groups.
- Most studies refer to rates of divorce and serious marital problems that are higher than those of other professional groups. (Calve Pérez, 1992).

Due to the levels of violence with which police officers live on a daily basis, both the violence within the institution and the violence of society, as well as the diseases potentially linked to these stressful situations, it was considered necessary to know what happens in their work and what has happened in their personal history (Rojas-Solís, J. L. and Morán, T). The stressful atmosphere of police work will never change, this type of profession will always bring tension. It is necessary to know how to adapt and learn to face it, looking for alternative escape routes that help to release tensions accumulated during working hours. (Calve-Perez, 1992).

Although the strict controls and entrance examinations are intended to select the personnel with the required characteristics, the years of service leave residues in the subject that can project him towards stressful situations. The objective situation does not matter as much as the interpretation that the subject makes of it. When does the problem arise? When the individual interprets a situation as dangerous or when he does not know what are the most appropriate defense mechanisms to face that situation? Stress is influenced by many factors, personal conditions that are modifiable elements, and, therefore, likely to be used in its prevention (García Vázquez, P.; 1991).

Studies conducted by the Australian Police Force have revealed that stress can affect the individual at four levels depending on its intensity (The Police Journal, 1993). These levels are:

- Level One: temporary stress characterized by increased blood pressure and metabolic changes.
- Level Two: Irritability, anxiety, tension, difficulty concentrating, Level One symptoms in a more intense way.
- Level Three: Headaches, stomach problems, chest pains.
- Level Four: Ulcers, alcoholism, drug addiction, heart attacks.

The four groups were thus defined as follows:

- Personal impact group (19%).
- Non-stressed group (34%).
- Physically stressed group (16%).
- Stressed group (31%).

The group that suffers the greatest negative consequences is quite numerous, and hence it constitutes a subject to analyze and study in depth, due to its importance and the benefits that all citizens can receive.

Profile of the stressed police officer:

A typology of personality has been established that brings together those traits that make a subject more vulnerable to professional exhaustion. Subjects who adequately present some traits from the following list are more likely to suffer from stress and coronary heart disease:

- 1) Low tolerance for frustration.
- 2) Insecurity.
- 3) Excessive desire for competitiveness
- 4) Machiavellianism
- 5) Exaggerated perfectionism
- 6) Need for adaptation

Although the strict controls and entrance examinations are intended to select the personnel with the required characteristics, the years of service leave residues in the subject that can project him towards stressful situations. The objective situation does not matter so much as the interpretation that the subject makes of it. When does the problem arise? When the individual interprets a situation as dangerous or when he does not know what are the most appropriate defense mechanisms to face that situation? Stress is influenced by many factors, personal conditions that are modifiable elements, and therefore, susceptible to use in its prevention (García Vázquez, P, 1991). The first thing you need to know is what type of personality, to know if the events affect a lot or not and after that to know how to identify the enemy; that is, to know which situations affect the most.

In Mexico there are few studies on the mental state in public security elements, a study carried out in the Police of Guadalajara, Mexico in 2013, talks about the conditions of a violent work environment affecting the mental health of police officers, causes high blood pressure, insomnia, heart problems, post-traumatic stress disorder, fear, anxiety and depression. (2013) However, they only analyze the most common work stress factors, but do not analyze the general mental state of the person.

Therefore, the purpose of this study was to know the state of mental health in municipal public security elements of Tlaxcala by applying a battery of 18 psychological tests and thus be able to follow up on

those who voluntarily opted to undergo the assessment and have psychological assistance.

MATERIAL AND METHODS

A longitudinal and observational prospective qualitative/quantitative study was carried out in a period from August 2019 to August 2022 in elements of the municipal security directorate of Tlaxcala. The participants were made up of 18 police officers (31.5%), 16 men and 2 women who agreed to participate in the study out of a total of 126 elements (100%). 1 armory. 2 of social proximity, 4 of reaction groups, 11 elements of the three shifts, where the method was to perform a general psychodiagnosis on each element to know their mental health spectrum.

For the choice of the type of mental clinical diagnosis, the multi-axial diagnosis was chosen and it was structured in a different way from that of the current non-axial diagnosis, because clinical axes are no longer established and it only provides a specific description, such as: the main diagnosis, need for care, treatment, psychiatric disorders, clinical, personality disorders, mental retardation, organic disorders, contextual and psychosocial factors (ICD 10 Z codes) and the Whodas 2.0 (Questionnaire for the evaluation of disability.).

The following table shows the comparison or correlations that the different types of clinical diagnoses have according to the application priority of this research:

<p>Multi-axial diagnosis type DSM-IV 1994 to 2000, DSM-IV-TR 2000-2013. With support from ICD-10 (1994 to 2013).</p> <ul style="list-style-type: none"> • Axis 1: Clinical disorder. • Axis 2: Personality disorder. • Axis 3: Medical illnesses. • Axis 4: psychosocial and environmental problems • GEAS (Global Activity Assessment Scale). • Conclusions • Forecast • Tracking 	<p>DSM-V (2013 to present) Non-axial evaluation. With support from the ICD-10 (1994 to 2021 and until 2022 and the ICD-11)</p> <ul style="list-style-type: none"> • Main diagnosis, need for care and treatment. • Psychiatric, clinical, personality disorders, mental retardation, organic disorders. • Contextual and psychosocial factors (Z codes of the ICD-10). • WHODAS 2.0 (Disability Assessment Questionnaire).
<p>The feasibility of said multi-axial diagnosis is the determination made in the EEAG, since with this it is possible to identify at what level of psychiatric alteration the patient is and in what clinical phase he is, whether in the premorbid, prodromal or episode and chronic as residual.</p>	<p>Regarding the focus of the psychiatric spectra, it is comparable to the EEAG, but the small difference is that the level of low to high degree of ultra psychiatric risk cannot be identified.</p>

(DSM-IV Handbook, 2013 and DSM V, 2022)

To assess their mental health status, a battery of 18 psychometric tests was applied (clinical screening, general clinimetry, neuroclinimetry, IQ and projective psychometry).

No	PRUEBA PSICOMÉTRICA	EVALUA:
1	Whodas 2.0 (Disability Assessment Questionnaire)	Short or long-term health condition. Emotional (or nerve) illnesses and problems related to the use of alcohol or drugs.
2	MINI International Neuropsychiatric Interview (MINI International Neuropsychiatric interview Spanish version 5.0.0 DSM-IV)	It explores the main psychiatric disorders of Axis I of DSM-IV and ICD-10.
3	Hamilton scale – Hamilton depression rating scale (HDRS)	Assess the intensity of the anxiety.
4	Hamilton Anxiety Scale	Evaluates depression (Hamiltondepression rating scale (HDRS))
5	Beck Anxiety Inventory (BAI)	Reliably discriminates between anxiety and depression
6	Inventario de Depresión de Beck (BDI-2)	Identifies and measures the severity of typical symptoms of depression in adults and adolescents from 17 years of age.
7	Mini-Cognitive Examination (MEC)	Assesses the degree of potential cognitive impairment that the person may present
8	Montreal Cognitive Assessment (MOCA).	Evaluates mild cognitive dysfunctions. This instrument examines the following abilities: attention, concentration, executive functions (including the ability to abstract), memory, language, visual-construction abilities, calculation and orientation.
9	Brief Neuropsychological Assessment in Spanish (NEUROPSI)	Assess cognitive processes in psychiatric and neurological patients and various medical problems
10	Clock test	Assess visuo-constructional skills.

No	PRUEBA PSICOMÉTRICA	EVALUA:
11	MMPI-2 (Minnesota Multiphasic Personality Inventory -2)	Evaluates certain personality patterns, as well as the most common emotional disorders today.
12	SCID-II Personality Questionnaire	This is a semi-structured interview aimed at establishing the most important diagnoses of axis II (personality disorders)
13	Shipley-2	It briefly and effectively assesses intelligence in adolescents and adults, by evaluating two types of intelligence (fluid and crystallized), which provide a quick estimate of General Intelligence.
14	Beta-4	Rapid evaluation of the non-verbal intellectual abilities of adults
15	HTP(house , tree , person)	Assesses the individual's reactions to an unstructured situation
16	Test of the person in the rain	Simple projective procedure, which produces a minimum of anxiety in the test subject
17	Karen Machover Projective Test	It especially analyzes aspects of the subject's personality in relation to their self-concept, their body image and their current emotional state.
18	Sacks incomplete sentences test (male and female)	The subject is expected to reflect their own desires, desires, fears and attitudes in the sentences they compose.
19	Assessment of ego functions	It assesses 12 ego functions and provides a comprehensive personality profile with specific information on the nature and extent of your dysfunctions.

Reliability level of the majority of standardized applied scientific instruments for the Mexican population:

VALUES OF THE RELIABILITY CRITERIA INDEX

0.95 - 0.99	Very tall, rarely found
0.90 - 0.95	High, sufficient for the evaluation of individuals
0.80 - 0.90	High, could be considered for individual evaluation
0.70 - 0.80	Good enough for group measurement, not for individuals

This gives us to understand that the instruments applied mostly have a reliability index of 0.80 to 0.95 which tells us that the applied scientific method is reliable.

NEUROETHICAL ASPECTS

All the subjects of this study participated voluntarily and a file was made with evidence of the process, respecting the bioethical principle of confidentiality, as well as respecting their mental privacy, and without conflict of interest. With the authorization of the Municipal Presidency of Tlaxcala and the Municipal Security Directorate of Tlaxcala, said file contained the following:

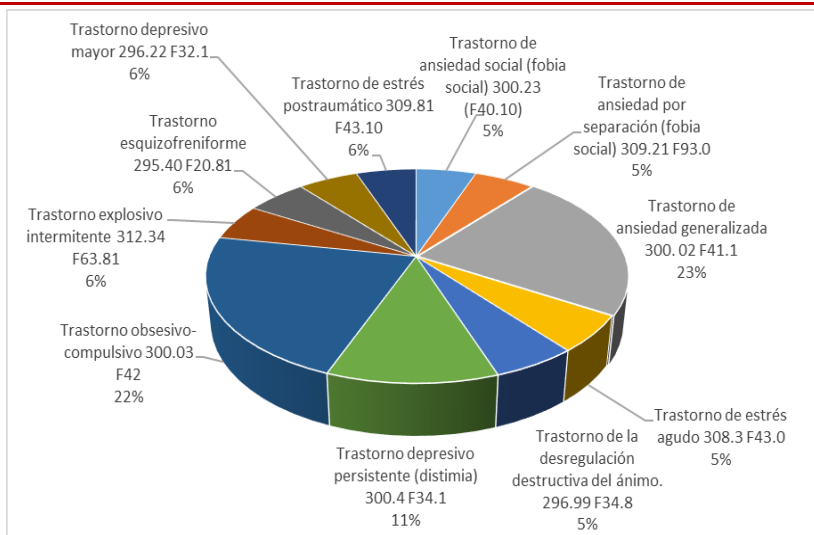
- Informed consent.
- Psychological history.
- General data and clinical psychological interview.
- Video scientific evidence to assess the emotional reactions to the questions of the clinical interview which was deleted at the end of the study.
- Psychological clinical identification sheet.
- Psychotherapeutic contract.

At the end of the general psychological evaluation process, each element was given their respective psychodiagnosis, so that they could follow their recommendations and suggestions from the area of police psychology.

RESULTS

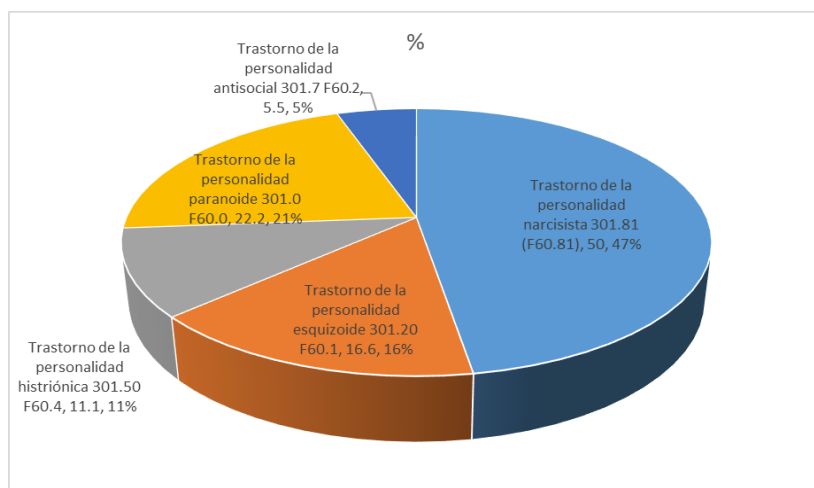
Of the 126 police officers, only 18 voluntarily agreed to participate in the study, they were 16 men and two women, aged between 21-49 years.

Derived from the diagnosis, 3 people of 31.5% were found, of which 17.46031746031% are elements (users) that would require special attention in terms of their current mental state, and 1 element that comprises 0.793650793650% is a healthy and "normal" element. Mentally. It is concluded in this study the importance that the police elements are valued in their mental health since the improvement of their professional praxis depends on it.



Graph 1: Axis 1: Clinical Disorder

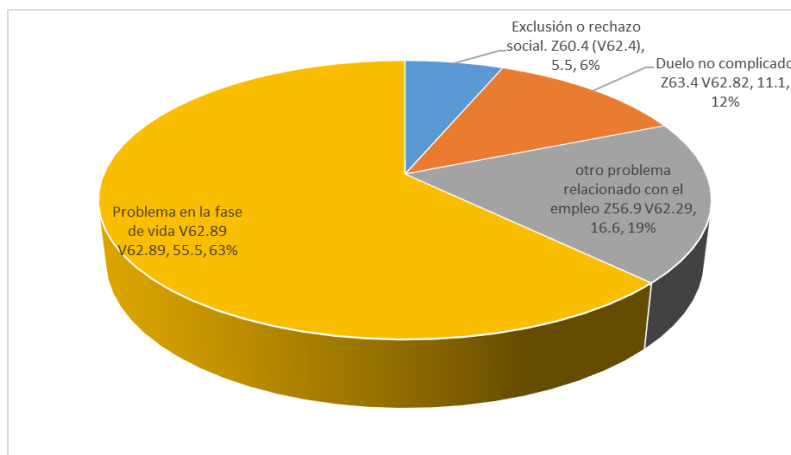
This graph shows that in Axis 1: clinical disorder, generalized anxiety disorder is the one that occurs mostly with 23% of the population studied.



Graph 2: Axis 2: Personality disorders

It is clearly observed in this graph that in Axis 2: Personality disorder, the narcissistic personality is the one that appears with the highest percentage (47%),

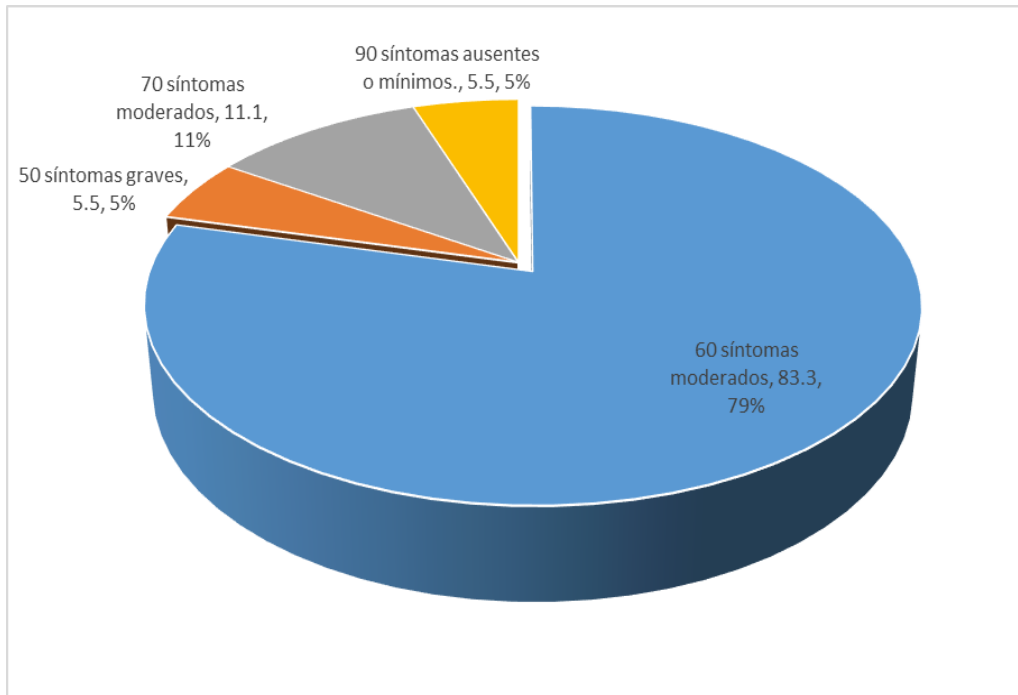
being the antisocial disorder the lowest percentage (5%).



Graph 3: Axis 4: Psychosocial and environmental problems

In this graph we observe that, within the psychosocial and environmental problems, the one that occurs most are the problems in the life phase in a

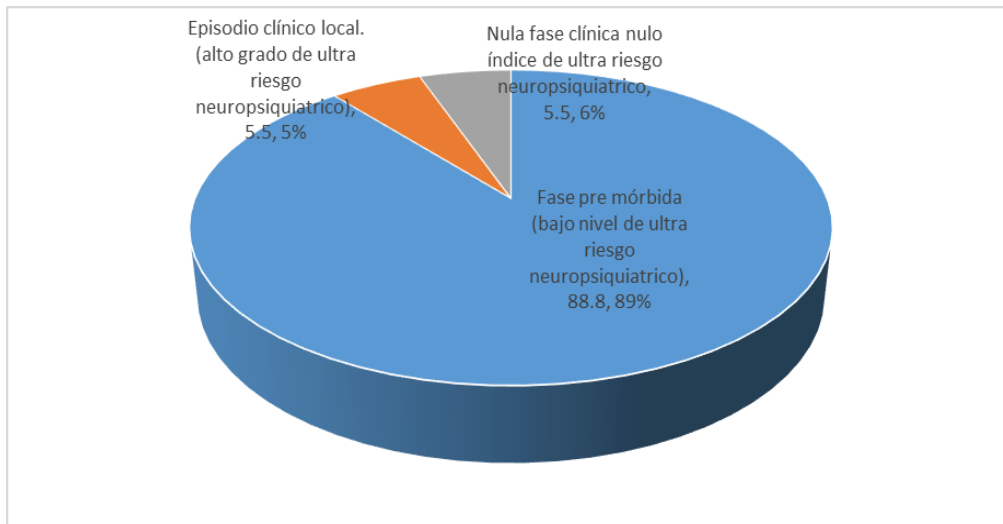
percentage of 63%; being the exclusion or rejection the lowest percentage (6%).



Graph 4: EEAG (Global Activity Assessment Scale)

N the EEAG, it is clearly observed that 79% presented 60 points in moderate symptoms (affective

flattening) and 5% with 50 points in severe symptoms, require more attention.



Graph 5: Neuropsychiatry phase (to detect or rule out ultra neuropsychiatric risk)

It should be noted that this graph gives us the spectrum of the clinical phases of mental psychopathology or present clinical episode to detect or rule out clinical ultra-risk either in its chronic or residual diffuse phase. Being the highest percentage in the low level of ultra risk (89%) and 5% of high degree of clinical ultra risk, being the focus of greatest attention.

DISCUSSION

This study is the first of its kind in the area of police psychology in Mexico, the results show that it is very important to study the mental state of police officers who are working under conditions of stress and vulnerability, subjected to long periods of work and constant evaluation of C3 for the CUP (Single Police certificate).

As the most frequent clinical disorder, which was Generalized Anxiety in 23%, it can be deduced that their reactive formation is affected by the daily stimuli of police work, because they are at constant risk, both in their physical and mental state be it due to confrontations with organized crime and the criminogenic incidence of society. The most prevalent personality disorder was the narcissistic type in 47%, we believe that it is due to biosystemic factors to the subsystem of exogenous mechanisms that determine personality alteration, also due to epigenetic factors that will alter said self-organized personality and how it will adapt to its environment. In the problems of the life phase of the person, which are disorders of the biopsychosocial state of the person according to their chronological age and demographic and socioeconomic situation, they were presented in 63%, which represents a representative percentage as a determining factor of the organic, mental imbalance of the police elements of this study. In 60 points of the global activity evaluation scale (GAES), which evaluates the level of mental psychopathology, it was presented in 79%, a considerable figure and that may be due to the fact that the police officers are in constant danger of violence (shootings, searches, homicides, lynchings, antisocial demonstrations, armed robberies). The neuropsychiatry phase (clinical phase) is made up of the highest percentage in the premorbid phase (intermediate to the clinical episode) it was 89%, which tells us that it was not in a phase prior to the specific clinical episode of generalized anxiety that leads to a chronic spectrum with comorbidities of major depression, bipolarity and dysemia, which can transform into these clinical manifestations if they are not treated in a timely and multidisciplinary manner, through clinical control. This study was carried out in times of COVID 19, so it is inferred that due to the post-traumatic stress that was being experienced worldwide, it could be that these mental epidemiology parameters were greater than the common pre-pandemic spectrum, however, we do not have previous records to make the inference. Unfortunately, no element of the police, followed up on the pertinent indications for the improvement of their mental health, so public policies must be implemented, where it is legislated that all police elements, apart from the control and trust exams (CE) have mental health evaluations periodic and comprehensive treatment, in order to preserve their neurorights to their psychological continuity, for an adequate quality of life – physical and mental.

Our intervention model provides valuable data that can only be compared with those carried out in Anglo-Saxon countries, as can be seen in the guide prepared by the legal psychology working group of state security forces of the Official Psychology College of Galicia, where they talk about the avant-garde structures of police psychology.

CONCLUSIONS

- In this study group, mental health in the municipal public security elements of Tlaxcala is deficient.
- It is necessary to Implement Public Policies to improve the models or programs of police psychology, for the awareness on the part of the police elements regarding the care of their mental health.
- It is required that a permanent neurolegal and police area be developed to provide long-term follow-up to police security elements.

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