

## Assessment of Psychological Health of Police Personnel in Chhattisgarh: A Cross-Sectional Study

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### ABSTRACT

Law enforcement personnel working in high-stress duties are under an immense psychological burden that affects their mental health and performance. The study has explored the rates and variations in depression, anxiety, and stress among police personnel based on their gender, rank, and posting areas (urban, rural, and Naxal-affected). The sample size was 269 police personnel. Mental health status was measured using the Depression Anxiety Stress Scales-21 (DASS-21). Research results showed that officers indicated much higher distress than non-officers, and the staff of rural and Naxal affected areas experienced higher psychological stress than those in urban districts. Differences were not statistically significant by gender. The results stressed the significance of introducing mental health interventions to the police personnel to enhance mental health in general.

**Keywords:** *Depression, Anxiety, Stress, Police personnel, Urban, Rural*

There are many responsibilities that police personnel are obliged to, such as law enforcement, emergency response, crime investigation, and public relations. Such duties are even more difficult in a state like Chhattisgarh because of the complicated terrain and the conflict that has been ongoing in some parts of the state. Police officers are charged with the duty of maintaining law and order in insurgency-affected areas, remote villages, and also in urban regions. They have to work long hours, work irregular shifts, experience sleeping disturbances, and exposure to hazardous and stressful conditions (Caruso, 2014; Violanti et al., 2017). All those can be quite detrimental to their mental health, along with the fact that the organizational support for maintenance of mental health that they receive, is not always sufficient and contributes to the increased risk of developing issues such as anxiety, depression, and stress. Despite their differences, these mental health problems often occur together. Depression commonly impacts emotional and social functioning and is marked by persistent feelings of sadness, despair, and a lack of interest in everyday activities (American Psychiatric Association, 2013). Excessive worry, muscle tension, and difficulties with concentration are indicators of anxiety that can negatively affect decision-making and efficiency at work (Hartley & Phelps, 2012). Although stress is an inherent reaction to difficult situations, long-term and inadequately handled stress can

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lead to burnout, emotional fatigue, and health issues (Lazarus & Folkman, 1984). Mental health challenges affect police officers on a personal level, but they also influence their public interactions, operational effectiveness, and overall community safety (Lieberman et al., 2002; Berg et al., 2006).

Although research on the psychological toll of policing has been conducted in India, the majority of studies have concentrated on urban settings or the general public of law enforcement. Limited studies in the past discussed how police personnel's mental health experiences are influenced by gender, rank, and posting location, especially in conflict-affected states like Chhattisgarh (Seema et.al, 2018; Violanti, M, 2016). This represents an important knowledge gap due to the array of challenges faced in different policing environments, such as insurgency affected, rural, and urban areas.

This study intends to investigate the extent and intensity of stress, anxiety, and depression among police personnel in Chhattisgarh. It also explores how these results differ by gender (male versus female), rank (officer compared to non-officer), and geographical locations (urban, rural, and Naxal-affected regions). This study seeks to recognize patterns in psychological distress to inform a customized mental health approach that caters to the distinct requirements of police personnel in Chhattisgarh.

## **MATERIALS AND METHODS**

### ***Recruitment of Participants:***

Participants were recruited after obtaining written informed consent according to the Declaration of Helsinki. This cross-sectional study involved 269 police personnel (210 males, 59 females). Participants were divided into two groups according to ranks as non-officers (N = 110), and officers (N=159). Non-officers included constables, head constables, assistant sub-inspectors (ASI), sub-inspectors (SI) and inspectors. Officers included deputy superintendents of police (DSP), additional superintendents of police (ASP), and superintendents of police (SP). The geographical distribution was Urban (N = 161), Rural (N = 52), and Naxal-affected (N = 56) areas.

### ***Assessment of Psychological Distress***

The Depression Anxiety Stress Scales (DASS-21), a standardized instrument, was used to assess psychological health. DASS-21 is a 21-item self-report inventory used to measure the presence and severity of negative emotional symptoms of depression, anxiety, and stress among people aged  $\geq 12$  years and older. DASS-21 uses a 4-point Likert scale for each item, with scores ranging from 0 ("did not apply to me at all") to 3 ("applied to me very much"). It contains seven items within each subscale for depression, anxiety, and stress. It measures depression, anxiety, and stress with adequate internal consistency and differentiation. The questionnaires were administered by a trained psychologist, and the identity of participants was undisclosed. Participants rated the severity to which they experienced each symptom over the previous 7 days, on a 4-point scale, ranging from 0 to 3. The total DASS-21 score was calculated as the sum of the scores of all 21 items in the questionnaire.

### ***Statistical analysis:***

Data analysis was done by using Microsoft Excel 2007 and R version 4.5.1. Correlation and regression analyses were done between scores for respective comorbidities for all participants (Mukaka, 2012). Multiple linear regression analysis was done to describe the statistical relationship among different comorbidities (Schneider, Hommel, & Blettner, 2010). Outliers were removed using Tukey's fences method. An independent-samples t-test

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was conducted for pairwise comparison of DASS scores between different constituent study groups. The effect of geographic differences in posting areas was assessed using one-way ANOVA followed by Tukey's HSD post hoc test.

### RESULTS & DISCUSSION

#### Demographic Data:

	Urban	Rural	Naxal-Affected	Total
Male	115	43	52	210
Female	46	9	4	59
<b>Total</b>	<b>161</b>	<b>52</b>	<b>56</b>	<b>269</b>

The sample is predominantly male, which is reflective of the general gender distribution in police forces across India. The majority of the participants are stationed in urban area followed by naxal affected zone and rural area. The majority of female police personnel are deployed in urban areas with a percentage of 77.9%. In high-risk areas, only handful of females are posted. A relatively higher percentage of male personnel are posted in naxal affected areas, which may contribute to exposure of heightened stress and anxiety.

	Non officers (Constable, Head constables, ASI, SI, Inspector)	Officers (DSP, ASP, SP)
Male	86 (41%)	124 (59%)
Female	24 (40.7%)	35 (59.3%)
<b>Total</b>	<b>110 (40.9%)</b>	<b>159 (59.1%)</b>

The sample consists of 269 police personnel who are classified as Non officers (Constable, Head constables, ASI, SI, Inspector) and officers (DSP, ASP, SP). Non officers comprise 40.9 % of the total sample and officers make up the remaining 59.1%. Among males 41% fall in the category of non officers while majority are in the category of officers. A similar pattern has been observed in females, similar pattern has been observed. Although there is balanced representation of both gender across ranks but overall sample skews slightly towards higher ranking officers. The non officers tend to be always on toes and may face more operational stressors, while officers may experience bureaucratic or administrative pressures.

#### Prevalence of Depression, Anxiety, and Stress in Police Personnel:

Category	Depression	Anxiety	Stress
Normal	117	133	212
Mild	42	20	19
Moderate	62	58	21
Severe	25	21	11
Extremely Severe	23	37	6

The data shows psychological distress levels in the police personnel of the Chhattisgarh state. The levels of depression, anxiety, and stress show that a considerable number of participants fall in the normal range, and a significant proportion report mild to extremely severe levels of depression, anxiety, and stress. It indicates the potential mental health

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concerns in participants. A significant percentage of the sample showed elevated levels of anxiety ( $n = 136$ ; 50.6%) and depression ( $n = 152$ ; 56.5%), while a comparatively smaller number reported high levels of stress ( $n = 57$ ; 21.2%). More than 50% of the participants display symptoms of depression, and the majority of them fall in the category of mild depression. These results indicate significant mental health concerns and are substantiated by studies conducted in India on high-stress occupational groups such as law enforcement personnel (Singh et al., 2019; Grover, 2023). Of the total participants, 38.4% depicted moderate to extremely severe anxiety, and 46.8% had significant anxiety levels. Anxiety may be more common or severe in this population, as evidenced by the fact that the percentage of individuals experiencing extremely severe anxiety (14.8%) is higher than the percentage of participants reporting extremely severe depression and stress. This result is in concordance with earlier studies conducted on frontline employees, which demonstrate that stress and uncertainty at work frequently result in heightened anxiety levels (Jacob et.al, 2020). With only 15.2% of participants exhibiting stress-related symptoms, stress levels appear to be far lower than those of anxiety and depression. Even mild to moderate stress deserves consideration, particularly in high-pressure occupations, even though fewer participants fall into the severe or extremely severe stress categories. Reduced stress prevalence might be a sign of coping strategies or underreporting because of social stigma (Sandeep et.al, 2010). In terms of frequency and severity, anxiety is ranked higher than depression. While depression seems to be more uniformly distributed across mild to moderate levels, a high prevalence of moderate and extremely severe anxiety may reflect acute psychological strain. More qualitative research may be necessary to see whether participants distinguish between stress and anxiety or whether cultural factors affect reporting patterns in light of the noticeably decreased stress levels.

### Gender-Based Differences:

Independent samples t-tests were conducted to compare depression, anxiety, and stress scores between male and female officers.

Measure	Male (M ± SD)	Female (M ± SD)	p-value
Depression	11.71 ± 8.89	10.81 ± 9.32	.514
Anxiety	8.43 ± 7.63	6.81 ± 6.80	.125
Stress	9.46 ± 7.25	7.09 ± 5.81	<b>.013</b>

Data shows that male participants had significantly higher stress levels than females ( $p = .013$ ). At the same time, other comparisons were not statistically significant. As male and female officers reported similar levels of depressive symptoms, no significant difference between males and females was found in depression scores ( $p = .514$ ). This result is consistent with research showing that when occupational pressures are similar, depression rates among male and female professionals are similar (Nolen-Hoeksema, 2001).

Males reported higher anxiety levels ( $M = 8.43$ ) than their female counterparts ( $M = 6.81$ ), although this difference was not statistically significant ( $p = .125$ ). But further research with a larger sample may be done. Previous studies on gender and anxiety in similar professions have produced conflicting findings; some found that women are more likely to experience anxiety because they are more expressive emotionally, while others stressed the impact of professional responsibilities and workload (Bekker & van Mens-Verhulst, 2007).

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With a significant gender difference in stress ( $p = .013$ ), male participants reported higher levels of stress than females. There may be many possible reasons, viz, increased participation in field or high-risk tasks. In Indian society, men are under more social pressure to suppress their emotions. Exposure of emotional disclosure is not welcomed, which might aggravate internal tension (Mahalik et al., 2003). The result is in line with occupational research in male-dominated fields, where males underreport emotional symptoms yet report higher levels of work-related stress (Violanti et al., 2016).

Male police personnel must receive priority interventions for stress management, with an emphasis on psychoeducation on emotional expressiveness, programs that promote resilience and mindfulness and support for mental health that is gender sensitive. The significance of anxiety and depression is not diminished by their non-significant distinctions. Both genders should receive treatment for these persistent mental health issues.

### Rank-Based Differences:

Mental health scores were compared between **non-officers** (constables, ASIs, SIs and inspectors) and **officers** (DSP, ASP, and SP).

Measure	Non-officers (M ± SD)	Officers (M ± SD)	p-value
Depression	10.14 ± 9.64	13.00 ± 9.06	.016
Anxiety	5.35 ± 5.98	8.89 ± 6.77	< .001
Stress	7.35 ± 7.30	9.59 ± 5.96	.010

The three markers, depression, anxiety, and stress, were substantially higher among officers, with anxiety showing the largest difference. Officers' depression scores were considerably higher ( $M = 13.00$ ) than non-officers ( $M = 10.14$ ), with a p-value of .016. This implies that having a higher rank does not protect against emotional suffering; on the contrary, it can even be linked to a greater psychological load because officers are more involved in higher cognitive abilities. Administrative duties, political pressures, and decision-making, problem-solving tasks can put senior officials under stress, which might aggravate depressive symptoms (Mathew, 2020).

Officers had an average anxiety score of 8.89, while non-officers had an average score of 5.35. This difference was the most noticeable and highly significant ( $p < .001$ ). This implies that hierarchical position may have a significant impact on occupational anxiety, perhaps as a result of pressures to be accountable, exposure to political or administrative conflicts, accountability for crisis management, and employee well-being (Violanti et al., 2018). Further, officers' stress levels also were noticeably greater than non-officers ( $p = .010$ ). Despite the fact that both groups encounter work-related stress, officers may encounter ongoing organizational pressures like: insufficient independence despite status, high standards for both superiors and subordinates, longer duty hours, and an high workload.

This result shows how vulnerable senior officers are to mental health problems, defying the notion that higher rank equates to more psychological resilience or less distress. These results emphasize the necessity of specific mental health interventions designed for law enforcement personnel. Programs for well-being that emphasize leadership, peer support

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networks, and stress management instruction. Organizational adjustments to lessen the load of bureaucracy and define responsibilities in order to lessen symptoms of depression and anxiety.

### Location-Based Differences:

One-way ANOVA was conducted to explore the effect of the location of posting: Urban, Rural, and Naxal-affected.

Measure	Urban (M ± SD)	Rural (M ± SD)	Naxal (M ± SD)	p-value
Depression	10.38 ± 8.26	13.96 ± 10.28	12.55 ± 9.62	<b>.036</b>
Anxiety	6.83 ± 6.33	10.23 ± 9.10	11.67 ± 10.71	<b>&lt; .001</b>
Stress	7.86 ± 6.56	10.86 ± 8.20	10.29 ± 6.73	<b>.012</b>

Depression, anxiety and stress scores were significantly different among police personnel posted in urban, rural and Naxal-affected areas. Further, Tukey HSD Post-hoc Tests were used for pairwise comparisons between groups. • Urban vs. Rural: Significant for all three variables ( $p < .05$ ) • Urban vs. Naxal: Significant for anxiety • Rural vs. Naxal: Not significant. All three variables' p-values are shown below .05, showing statistically significant variations in stress, anxiety, and depression levels among the three posting locations. Depression: Notably, officers in rural areas report higher levels of depression than officers in urban areas. • Naxal vs. Urban: not significant • Naxal vs. Rural: not significant Rural postings have a far greater rate of depression than urban ones, yet there is no discernible difference between the two in Naxal districts. Compared to officers posted in rural areas and Naxal, officers posted in urban areas report far lower levels of anxiety. Nonetheless, there is no statistically significant difference in anxiety levels between Naxal and rural posts. Stress: Officers posted in urban areas have far less stress than rural ones, although stress in places afflicted by Naxal is not substantially different from either. Officers posted in rural and Naxal-affected areas display greater levels of mental health issues, especially anxiety; officers posted in urban areas are associated with the lowest levels of stress, anxiety, and depression. The results indicate that rural postings may be just as stressful, if not more so, in some locations, despite the perception that Naxal-affected areas are more difficult. The reason might be a lack of organizational support, social isolation, or resource limitations.

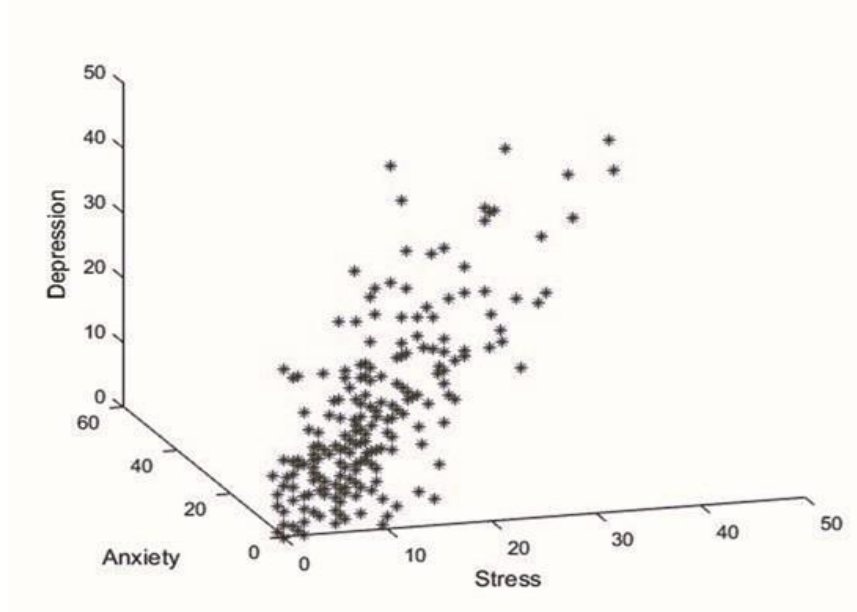
Overall, a high proportion of participants reported symptoms of anxiety and depression. Notably, officers reported more distress than field-level staff, contrary to the assumption that higher rank equates to better coping mechanisms. The gender had no significant influence on the psychological outcomes, but men were slightly more stressed. It could be determined by the increased exposure to the field of men or unwillingness to seek assistance. The most remarkable observation is associated with the impact of geographic location. The scores of depressions and anxiety were always higher in personnel that was stationed in rural and Naxal-affected areas. It coincides with the existing literature showing that unfavorable working conditions and environmental uncertainty increase the psychological load (Ma C et.al, 2024). These results show that systemic change in mental health service delivery to law enforcement is needed, particularly in conflict areas.

**Correlation Analysis of Depression, Anxiety and Stress:**

	<b>Depression</b>	<b>Anxiety</b>	<b>Stress</b>
Depression	1	0.84	0.82
Anxiety	0.84	1	0.86
Stress	0.82	0.86	1

Results of the Pearson correlation indicated that there is a significant large positive relationship between Depression and Anxiety, ( $r(267) = .843, p < .001$ ). There is a significant large positive relationship between Depression and Stress, ( $r(267) = .82, p < .001$ ). There is a significant large positive relationship between Stress and Anxiety, ( $r(267) = .86, p < .001$ ). The result shows that as the anxiety level increases the level of depression also increases. The three variables are closely interrelated with each other in the sample population of police personnel as shown in Figure 1. The strong connection among three psychological construct suggests comorbidity. The positive correlation in the above results does not show causation rather it only shows that three variables are only moving together.

**Figure 1. Three dimensional scatter plot among stress, anxiety and depression.**



**Regression Analysis:**

Multiple linear regression analysis was done to predict the severity of depression as a function of anxiety and stress (Mishra et al. 2025). The equation derived shows that depression score increases by a factor of 0.54 and 0.43 for anxiety and stress respectively as follows:

$$Depression = 2.8 + 0.54 Anxiety + 0.43 Stress$$

Results of the multiple linear regression indicated that there was a very strong collective significant effect between the Anxiety, Stress, and Depression, ( $F(2, 266) = 390.02, p < .001, R^2 = 0.75, R^2_{adj} = 0.74$ ). The individual predictors were examined further and indicated that Anxiety ( $t = 8.727, p < .001$ ) and Stress ( $t = 6.052, p < .001$ ) were significant predictors in the model. The model demonstrates that among police personnel, depression is significantly influenced by stress and anxiety. It also substantiates the theory that stress and

anxiety are risk factors of depression. The findings suggest that to mitigate the effect of depression an early screening intervention should be suggested to address stress and anxiety.

### CONCLUSION

The results of this study suggest that there is a great concern with the mental health of police personnel in Chhattisgarh, particularly in the rural and Naxal-affected areas. The presence of depression and anxiety levels that are particularly high among the officers shows that there are institutional stressors that need to be tackled. Screening, early intervention, and occupational mental health programs are needed, particularly for anxiety and depression. Resilience training, counselling services, and stress management workshops would be useful at the organizational level (World Health Organization, 2017). Targeted mental health interventions for officers in rural and Naxal areas. Counseling services, periodic mental health screening and stress management training are needed for boost mental health of police personnel. Deployment policies may be revised to prevent long-term assignments in high-stress areas without psychological support. Mental health programs, scheduled psychological check-ups, and counseling services at the workplace should be made compulsory all police personnel. The policy frameworks need to extend beyond physical readiness to psychological resilience and support, especially in high-risk and resource-poor environments.

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### **Conflict of Interest**

All authors report no conflict of interest. The authors alone are responsible for the content and writing of this article.

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