Chapter 5
Conclusion and Discussion

In this study we have investigated the mental health of the police officers in the three southernmost provinces of Thailand. The study objectives were as follows:

1. To study the mental health of warrant police officers in areas of unrest in the three southernmost provinces of Thailand.

2. To compare the association of determinant factors of the warrant police officers in areas of unrest in the three southernmost provinces of Thailand (police station site, age, length of service, position, salary, adequacy of salary, education, home province, religion, spoken language, marital status, duty and length of duty) and the mental health of the police.

The sample consisted of 404 police officers selected by a stratified random sampling method. The questionnaire included 3 parts, part 1 with 29 items, part 2 with 12 items and part 3 with 15 items, and 13 determinants. Three steps of analysis were used. First, factor analysis was used to reduce the number of outcome variables. Eleven factors were thus selected, labeled low self esteem, can't cope, unhappy, worried, dislike job, haunted, escaping, avoiding, ignoring, worrying, and nightmares.

Univariate analysis was used to investigate associations between the determinants and outcomes. We used two-sample t-tests and analysis of variance for testing hypotheses in this study. Finally, backward elimination multiple regression analysis was used for fitting models.

In the following sections the results are summarized for each of the objectives.

5.1 Conclusions

The conclusions from this study can be presented as follows.

1. With respect to studying the mental health outcome scores (measured on a range of 0 to 3) of police officers in the three southernmost provinces, these police officers had highest scores on the can't cope mental health outcome factor (mean = 1.39).
95% CI 1.29 - 1.45), and they had the lowest scores on the low self esteem mental health outcome factor (mean = 0.60, 95% CI 0.53 - 0.68).

2. With respect to the relationship between the public health and psychology factors, the following results were obtained from the univariate data analysis:

(a) Spoken language was a determinant of the low self esteem factor. Police officers who spoke both Thai and Malay had higher scores on the low self esteem factor.

(b) Police station was a determinant of the can't cope factor. Police officers in Sungai-Purak police station had higher scores on this factor.

(c) Home province was a determinant of the worried factor. Police officers at Narathiwat and Nakorn-an-Thammarat had higher scores on this factor.

(d) Age, length of service, adequacy of salary, home province and duty were determinants of the dislike job factor. Police officers whose duties were patrolling on foot and those who were involved in community relations had higher scores, whereas those involved in security and in traffic control had lower scores.

(e) Age, length of service and home province were determinants of the harassed factor. Police officers with home-province had lower scores on this factor, while police officers in Phuket police station had lower scores on this factor than others.

(f) Duty was a determinant of the escaping factor. Police officers whose duties were to take fingerprints scored higher than others on this factor.

(g) Length of service was a determinant of the avoiding factor (p-value = 0.048).

(h) Age and length of service were determinants of the ignoring factor (p-values = 0.035, 0.047).

(i) Length of duty was a determinant of the nightmares factor (p = 0.019).

3. With respect to the relationship between the public health and psychology factors, the following results were obtained from the multiple regression analysis:

(a) Police station was a determinant of the can't cope factor (p-value = 0.001) as explained by the model

\[ \text{Can't cope} = 0.8 + 0.14(\text{if Salburue}) + 0.009(\text{if Maelan}) + 0.034(\text{if MaungPaatam}) \\
- 0.01(\text{if flanmagiat}) + 0.258(\text{if Yalu}) - 0.005(\text{if Ja-iwaz}) \\
- 0.147(\text{if MaungYalu}) + 0.382(\text{if Sung-padee}) + 0.295(\text{if Ja age}) \]
\[ + 0.046(\text{if Ru neg}) + 0.166(\text{if Sri lanka}) \]  

(b) Adequacy of salary, bonus, provision, and duties were determinants of the *dislike job* factor (p-values = 0.029 and 0.016, respectively), explained by the model  

\[ \text{Dislike job} = 1.318 - 0.382(\text{if enough}) - 0.133(\text{if sometimes enough}) \]
\[ - 0.006(\text{if Songkla}) - 0.145(\text{if Saen}) + 0.325(\text{if Trang}) \]
\[ + 0.111(\text{if Pattani}) - 0.153(\text{if Patani}) - 0.202(\text{if Ya na}) \]
\[ + 0.423(\text{if Narathiwat}) \]
\[ - 0.102(\text{if ca}) + 0.547(\text{if walking}) + 0.462(\text{if community}) \]
\[ - 0.382(\text{if security}) + 0.073(\text{if kiosk}) - 0.015(\text{if communication}) \]
\[ + 0.193(\text{if fingerprint}) - 0.090(\text{if public}) + 0.046(\text{if subject}) \]
\[ - 0.197(\text{if traffic}) + 0.134(\text{if Other}) \].

(4) With respect to the relationship between the public health and psychology factors, the factors *dislike job* have the strongest relationship (correlation coefficient \( r = 0.503 \)) and the factors *nightmare* have the weakest relationship \( r = 0.203 \).

5.2 Discussion

The police officers who have not enough salary had good mental health. This result agrees with Albert Bandura and Walter Michels's Theory as described in Chapter 1.

The police officers who work in the community have better mental health than others. They understood communities' problems. They helped people in the community. Also they were accepted from the community. These may partly explain the result.

In Figure 3.6 part 3, the result of Impact of Ever Solved suggested that some determinants (I thought about it when I didn't mean to, I avoided letting myself get upset when I thought about it or was reminded of it, Other things keep making me think about it, and any reminder brought back feeling about it) are important to mental health of police officers. These could be considered in further study.
5.3 Study Limitations

This study had a number of limitations.

First, it was a case study, rather than a case-control study. As a result, it was not possible to compare the mental health outcomes of the police officers with others who could have been affected by the violence, such as other government officers. This restricted the external validity of the study.

Second, by restricting the study to police officers in the three southernmost provinces of Thailand, it was not possible to fully investigate regional differences.

Third, this study investigated the dependence of mental health and impact of event factors only. There may be other variables, such as wisdom, circumstance, religion, and family situation of police officers that affect their mental health.

The fact that one of the questions was inadvertently mistranslated from the English model questionnaire into Thai, with the consequence that the same question was asked twice, could be regarded as a limitation of the study. On the other hand, when the respondents who gave inconsistent responses were omitted, the factor analysis gave a much more informative result.