

Cohort Profile: Mental COP

– Mental Health Cohort Of Police officers in Korea

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- The Mental health Cohort Of Police (COP) study introduced a **prospective analysis of police officers' mental health**, accounting for occupational and potential influencing factors. The strength of the Mental COP is that **the study began at baseline immediately before police officers** were exposed to the occupational environment.

INTRODUCTION

Although the importance of managing police officers' occupational exposure has been acknowledged, the specific risk factors that influence mental health and the interaction between these risk factors remain unexplored (Padilla, 2023). To determine the association between occupational and environmental exposures and the mental health status of police officers, a prospective cohort study that tracks changes in police officers' mental health from the time of employment is essential. The Mental COP stands as the largest and most comprehensive prospective cohort study of police officers focusing on changes in mental health status, including during the period of new police officers.

The aim of this cohort was to:

- (1) the basis for interventions to prevent mental health problems and suicide,
- (2) personal mediators of mental health promotion,
- (3) biological markers of occupational stress, and
- (4) assess the risk of diseases related to job stress and night work.

COHORT DESCRIPTION

Study population

- Inclusion criteria: New police officers selected for police recruitment and about to graduate after completing 8 months of training at the Central Police Academy (CPA).
- Baseline: 7599 (Cohort 1, n=1975; Cohort 2, n=2898; Cohort 3, n=2726)
- Follow-up: Every 2-3 years using a web-based methods.
- Subcohort for allostatic load biomarkers: 78 participants completed biomarker testing
- Written informed consent was obtained from all participants.

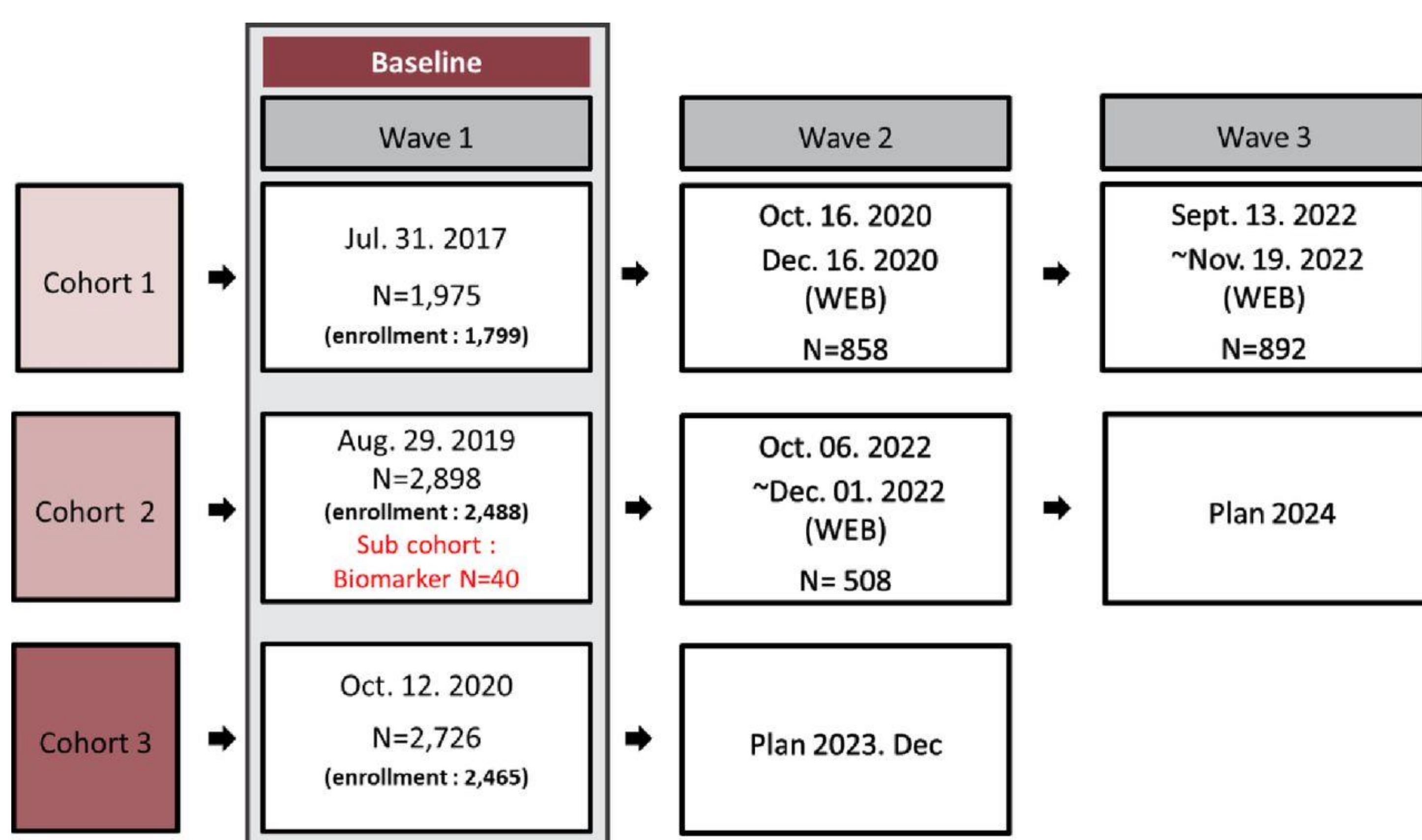


Figure 1. Flow of participants

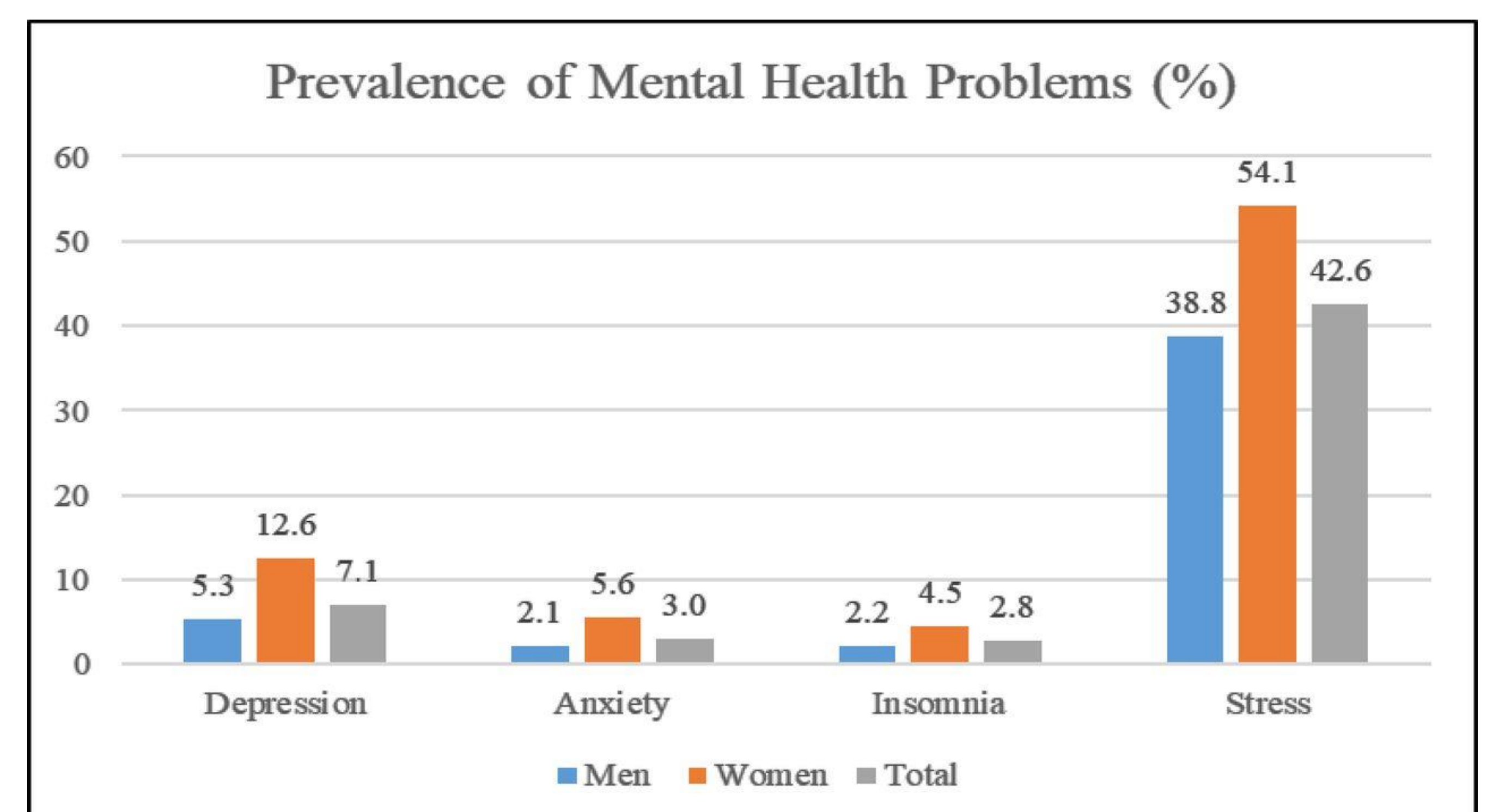
Data collections

- Mental health: sleep disorders, anxiety, depression, perceived stress, suicidality, resilience, emotional labour and job-related stress.
- Personal factors: sex, birth date, monthly household income, marital status, smoking, drinking and family illness history.
- Allostatic load biomarker: physical measurements, blood tests, 12-hour urine tests and Heart Rate Variability (HRV) measurements.
- Wave 2-3: occupational factors, PTSD, emotional labour, workplace violence and job stress.

FINDINGS TO DATE (follow-up not yet complete).

Prevalence of baseline mental health problems

- A pattern of worsening mental health compared with baseline was confirmed.



1) Depression : PHQ-9, Mild depression
2) Anxiety : GAD-7, Mild Anxiety
3) Insomnia : ISI-K, Moderate insomnia
4) Stress : PSS, Moderate stress

Figure 2. Prevalence of mental health problems

Prevalence difference in mental health across cohorts

- Cohort 1 (surveyed after engaging in fieldwork) show higher odds of depression (adjusted OR 2.57, CI 1.98 to 3.33) in comparison to cohort 2 (surveyed before fieldwork).
- Occupational stress, including fieldwork, is a presumed risk factor for mental health problems.

Risk factors for mental health problems

- Sex, year of the cohort, the lower monthly household income, and high-risk drinking.

ADDITIONAL KEY INFORMATION

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