

# Suicide Risk Factors of Royal Thai Police Officers

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## Abstract

This research study employed quantitative and qualitative methods and was aimed to investigate suicide risk factors among the Royal Thai Police officers and the social, environment and psychological factors causing the suicide. The quantitative method was used to collect data from 977 police officers in the Provincial Police Region 3, 5 and the Metropolitan Police Bureau using questionnaires while in-depth interviews with 8 qualified supervisors were conducted to obtain qualitative data from the police officers who were involved in the crime prevention policy as well as 9 psychiatrists and psychologists. Statistics used for data analysis were percentage, mean, standard deviation, the t-test, the F-test and Structural Equation Modeling by AMOS program. The study indicated that the majority of the police officers were male Police Senior Sergeant Major, working in the suppression line of the Metropolitan Police Bureau, whose ages were between 41-50 years, working for 21-30 years in the government civil service, Buddhist, married with no children, and have a bachelor's degree. Factors that affected the suicide risk level of the Royal Thai Police officers were social, surroundings and psychological factors. These, consisted of disputes in the family, having congenital disease, inadequacy of income, pressure from work, Suicide history in family or had been prosecuted. These factors were significantly associated with the Thai police officer's suicide with the statistical significance at 0.05 levels. In addition, the result indicated that depression and impulsiveness were significantly related to suicide among the Thai police officers with statistical significance at 0.05 levels as well.

**Keywords:** Suicide Risk, Royal Thai Police Officers, Impetuosity, Depression

## Background and the Significance of the Problem

Suicide is a major problem that affects society, community and family. Comparing to other countries worldwide, the World Health Organization estimates that each year there are more than one million people successfully committing suicide, meaning a successful suicide in every 40 seconds. As for Thailand, the suicide rate of Thai people is 6 in 100,000 persons. Suicide is definitely one of Thailand's greatest social problems. The suicide victims mostly are in the age group of 20-29 years with a total number 18,699 people, followed by the age groups of 30-39 years and 40-49 years which are 18,545 persons. The highest suicide rate is among adults between 20-29 years of age there are 18,699 people (total number). The second highest suicide rate occurred in those in the ages between 30-39 and 40-49 years there are 18,545 people (total number). (Mongkol, Vongpiromsan, Tangseree, Huttapanom, Romsai, & Chutha, 2014: 75-80)

The suicide rate of Thai population is higher in males than females. The suicide rate in males was 2.81 persons per 100,000 individuals in 1992 and increased to 9.4 per 100,000 individuals in the year 2005. Suicide rate in Thailand as a whole is about 9-10 people per 100,000 annually which is relatively low compared to other countries. Nevertheless, considering the ages, the highest rate was found in the young age group of 22-33 years. This differs from global trends in which the high suicide rates vary with the older age. As in the US, it was found that 14 percent of all suicides, occur in people whose ages are 15-24 years old whereas the age group of 65 years or

older the number of victims is 16.9 percent and the number for people who are over 75 years is 20.6 percent. In Asian countries such as China, Hong Kong, Japan and Singapore, it was also found that suicide occurs in the elderly as well. (Sriruenthong, Kongsuk, Pangchunr, Kittirattanapaiboon, Kenbubpha, Yingyeun, Sukawaha, & Leejongpermpoon, 2011: 413-424)

In the year 2013, suicide rate of Thai people was 6.08 per 100,000 persons. There were 3,900 people committed suicide or attempted to every 2 hours on average. The male suicide rate is three times higher than female. (Mongkol et al., 2014: 83-85)

Because the population who died from suicide mostly are in young age, it affects the country very much economically. In Thailand, although the average number of deaths from suicide is not high, but if the population died at a young age, it can cause serious problem to the country's long-term productivity and will result in the serious economic impact. This economic impact will be more serious for Thailand even though other countries have higher numbers of suicide because most of them died in the old age. Moreover, suicide creates a great impact on the mental health of family members and contributes to the country's economic losses even those who attempt suicide, but do not lose their life but it is a loss due to the required admission to hospital. The attempted suicide victims may not lose their lives but are suffering from complications or disability. Apart from that it will definitely bring serious mental health problems to family members making them unable to live their lives happily and perform works efficiently. Given that it is the loss of production workers and labor cost to maintain the loss for the country economically in a society level Consequently, the country as a whole will suffer the economic loss because the suicide victims are in the working age group of 20-40 years. Suicides in this age group also highly affects the mental health and the well-being of the family since it is the age of starting a family or their children are still in school age. If the head of the family died, the remaining family members would be hopeless. (Wilachai, Hanching, Gojagang, & Keawbuadee, 2006: 53-79)

Social and economic problem is the main cause of suicide in the working population. Throughout the year 2008, Thailand had encountered several serious problems, both political and economic. The number of unemployed people increased, causing a lot of stress and depression to those unemployed and couldn't make ends meet which eventually will lead to suicide. Data from the World Health Organization specified that the number of deaths from suicide is currently approximately one million a year or 2,739 persons per day or an average of 114 persons per hour, or two minutes per person. In the year 2020, the suicide will be up to 1.5 million people. Thailand was ranked 71th in the world in terms of suicide rate. (Bureau of Mental Health Promotion and Development, 2009: 68-71)

The suicide of Thai police officer of Royal Police collected in the fiscal year 2008-2013 was 166 police officers in total and tend to rise steadily. In the year 2008, there were 12 police officers (7.23%) succeeded in commit suicide, in 2009 there were 22 police officers or 13.25%, in 2010 there were 31 police officers or 18.67%, in 2011 there were 32 police officers, (19.28%), in 2012 there were 47 police officers (28.31%) and in the year 2013 there were a total number of 22 police officers (13.25%) committed suicide. (Office of Police Strategy and Police General Hospital, 2014: 85-90)

Considering the background of police officers who committed suicide, it was found that all were males, none of the female was found. They were mostly in the age range of 41-50 years, with a total of 74 cases (44.58%), followed by the age range of 31-40 years with 47 cases (28.31%). With regard to the ranks, the majority held the rank of Police Senior Sergeant Major with total number of 97 (58.43%), followed by 21 Police Sergeant Major (12.65%). Most of them work in

the Provincial Police Region 5 (12.05%), followed by the Provincial Police Region 3 and the Metropolitan Police Bureau which have the same number of 17 police officers or 10.24%. Their lines of work are mostly in the crime suppression with a total number of 124 police officers (74.70%) followed by general and supporting for 13 police officers (7.83%). (The Royal Thai Police, 2013: 44-47)

Reasons for suicide are sorted from the highest to the lowest, 53 cases (31.93%) for having family problems and adultery, 45 cases (27.11%) for having health problems such as cancer, liver disease, 22 cases (13.25%) for of unknown clear cause, 19 cases (11.45%) for personal problems such as being a fugitive, or fleeing from custody, and 18 cases (10.84%) for debt problems as well as 9 cases (5.42%) for work related problems.(Tongchai, Sangchot, & Bamrunghaokasem, 2014: 87-91)

The suicide of a police officer brings about a serious impact on the security and stability of the family despite the efforts of all parties involved such as the Ministry of Public Health, Mental Health Department who strongly support and encourage the treatment of patients with mental health problems in accordance with the Measures by the Mental Health Act 2008 and other measures related to the issue of suicide which led to the establishment of the National Mental Health Commission under Section 5 that designated the Prime Minister to serve as the Chairman as well as the Commissioner-General of Royal Thai Police as the committee member with the authority to establish the policy under Section 10 and Section 11. However, the suicide problem of the police officer has been existing continuously. The issue of why the police officer has an increasing rate of suicide has been in an attention of several researchers. They conducted various studies to investigate how the victims commit suicide successfully from the suicide statistics and collected data from surviving relatives and friends. But the study on risk level of the suicide of a police officer who is still alive is still insufficient. Thus, the study of suicide risk level of the police officer as well as factors affecting the suicide of a police officer should be conducted in order to effectively provide suggestions and measures to prevent the suicide of police officer.

## **Literature Review**

### **Theories of suicide**

**Theoretical Sociology:** Emile Durkheim, a French sociologist was interested various social issues such as social integration, social disorganization, and social bond. In order to study these social issues, Durkheim (1951: 97-98) used suicide rates to measure how well the European societies are integrated. Additionally, Durkheim presented his view on suicide in the book “Suicide: A Study in Sociology” that the suicide rate is different from society to society and from era to era (Pattamacharoen, 2008: 28-33). For example, Protestant group has higher suicide rate than Catholics group; a group of people who are not married has higher suicide rate than a group of married people; soldiers have higher suicide rate than civilians or Petty officers have higher suicide rate than the draftees. The rate of suicide in the country that have normal situation is higher than the time of war and revolution. The rate of suicide is high at a time when the economy is booming and busting than the time when the economy is in stable condition. Durkheim explained that each group had a different rate of suicide is partly due to the social organization of the country which may be or may be not able to prevent the group members from committing suicide. There are many reasons leading to the suicide of the individual, such as economic hardship, loss of love and illness. But these reasons cannot be explained why the rate of suicide among certain groups are likely to be higher than other groups. In addition, the degree of integration of the group is associated with suicide. However, analysis of the two relationship

that lead to suicide can happen to both group members; either those who have deep relationship or those who have superficial relationship which can be a condition that leads to suicide as well. Durkheim (1951: 100-105) studied the suicide by collecting the data related to the relationship of the person towards society. The suicide was classified into 4 categories including: 1) Egoistic Suicide-a consequence of the deterioration of social and familial bond and linked anomic suicide to disillusionment and disappointment, feeling worthless, lack of support, being abandoned, for example. Single people are more likely to commit suicide than those who are married; and people in urban area commit suicide more than people in rural area. 2) Altruistic Suicide-a suicide due to having close bond with the group. It is caused by a sense of obligation to society or the public, upheld the survival of the group rather than their own. 3) Anomic Suicide-this is caused by the inability to adapt to the rapidly-changing society. It is a condition where social and also moral norms are blur and confusing which are caused by sudden or rapid social changing, making society members confused and cannot adapt to the change. A thought of suicide can, thus, occur when there are changes within the family or the death of important person in their lives, for example. 4) Fatalistic Suicide-it is due to excessive pressure and being strictly controlled. Thus, suicide can be an escape from the shame of business bankruptcy, financial problems, jobless and lack of income. At present, suicide is increasing because of the high unemployment rate or chronic illness. This can lead to suicide attempts which occur so often in some region that it becomes a sub-culture such as in the northern region of Thailand (Tantipiwatanasakul & Wisrutrat, 1998: 17-20). Examining the statistics on police officer suicide, it was found that most suicides were caused by family problems such as family disputes, personal problems such as being a fugitive or escaping the guilt, and health problems such as cancer or liver disease. These, according to Durkheim's theory, are considered as a fatalistic suicide which is usually caused by unbearable pressure and being strictly.

**General Strain Theory:** Robert Agnew (2001: 319-361) has developed this theory from Merton's strain theory. Agnew added two more important parts to Merton's theory: losing important or valuable things in life and facing with bad thing or harm in life (Suriyamanee, 2010: 45-47). Below are factors contributing to strain based on Agnew's theory:

1) Failure to get something valuable in life.

1.1) The dream did not come true as needed or not true in practice.

1.2) Expectations are not met. This expectation received from the experience the individual has encountered and compared with other people who are in the same condition.

1.3) Results are not as expected or on the opposite of righteousness. For instance, unfairness or injustice can create a lot of anger, pressure and frustration which can lead to crime. (Cullen & Agnew, 2006: 221)

2) Loss of valuable things in life (strain as the removal of positively valued stimuli from the individual) such as the loss of loved ones; parents, grandparents, including the loss of family, friends, relationships among family and friend, close friends that Agnew regarded as stressful life events. Examples of research involved in such matters are research of teen stress caused by the loss of loved ones. (Cote, 2002; Cullen & Agnew, 2006: 219)

3) To get something bad or something harmful to life (strain as a presentation of negative or noxious stimuli) which refers to all bad things such as bully, abuse, rape, exploitation, accident, etc.

Factors involved in 1)-3) include anger, stress, anxiety, depression, grief and sadness which Agnew called "negative effect" and are directly brought about by the three areas of pressure mentioned.

4) The links between strain and delinquency: even though the factors involved in 1)-3) abovementioned can cause the person to commit an offense, these factors will really cause the offending when they have created a bad mood (negative emotion), or affected in a bad way (negative effect) or anger. This strain can create predisposition that means signs or gestures that are repeatedly enabling the person to conduct crime more than those who do not have pressure or have less (Cote, 2002: 119). Additionally, pressure also makes the person more likely to commit crime (Criminal Events) which usually refers to the environment that facilitates or helps the individual to commit an offence more easily. For example, the police officer needs to carry firearms at all times, when the pressure or stress occurs, firearms may be easily used for an offense.

5) Problem-solving skills (Coping): if one has good problem-solving skills, one could not have committed the offense. Good problem-solving skills consists of personal traits such as emotional intelligence, creativity awareness of their own capabilities, self-esteem, and the ability to build relationships with others. In addition, factors related to social support which include obtaining correct information, receiving support or any other tools from others to build skills in having good emotion. These are main factors contributing the persons to have problem solving skills. (Thoits, 1995: 53-79)

**Self-control theory:** Michael Gottfredson & Travis Hirschi (1990: 117-122) had developed this theory since 1990 to correct the mistakes on Hirschi's Social Bond Theory that was developed in 1969 by integrating with biosocial theory, psychological theory, routine activities and rational choice theory in order to better explain the crime problem (Siegle, 2000: 289). This theory gives priority to the families in controlling the behavior of the persons directly. The power to control result from the upbringing and education to the persons (socialized child), supervision and punishment when there is a misconduct. Such power control can be seen from the ability to hold or restrict or repression (Self-restrain) and not to show their negative personality signs such as impulsivity, prefer using physical force self-centered, and temper or volatile temper. When these symptoms appear too often, it means that the person's self-control is not good or low. (Suriyamanee, 2010: 85)

Grasmick, Tittle, Bursick & Arneklev (1993: 5-29) concluded the symptoms that cannot be withheld or inhibited or have low self-control to develop a measure of self-control by summarizing in the form of self-control elements on each part below: 1. Impulsive 2. Simple Tasks 3. Risk Seeking or Risk-Taking 4. Physical Activities 5. Self-Centeredness 6. Temper or volatile temper. The categorization of symptoms or trends in the offense in Grasmick's Self Control scale makes it easier to measure the degree of self-control of an individual. Apart from that, this scale can be used to measure only one particular area or all areas combined. (See also Suriyamanee, 2010: 88)

## **Research Objectives**

1. To investigate the risk of suicide of police officers
2. To study the social environment and mental factors contributing to the police suicide.

## **Research Methodology**

The researcher had designed this research study process to be a survey research employing mixed methods. It used both quantitative and qualitative methods to investigate factors contributing to the suicidal risk among Thai police officers. The population and sample group in

this research were 1,200 officers serving in the Metropolitan Police Bureau, Provincial Police Region 3 and Provincial Police Region 5. The three police bureaus were chosen due to the fact that their police officers had high suicidal risk. The qualitative data was collected through the in-depth interviews with 5 police commanders who were involved in developing the crime suppression policy and 3 psychiatrist or psychologists. The researcher employed the purposive sampling technique in selecting the experts. The interviews were carried out in January to March 2016. The researcher conducted the interviews by himself.

As for the quantitative data, the researcher used questionnaires to collect it. The questionnaires were distributed during August to December 2015. The researcher also asked for permission to collect data from the commissioners of the three police bureaus. The researcher designated the time and venue in which the samples could obtain and return the questionnaire. In total, 1,200 questionnaires were distributed and 977 or 81.42% were responded.

In the quantitative data analysis, Percentage, Frequency, Mean, and Standard Deviation were used. In the Correlation analysis, the statistical t-test, the F-test were employed to test the hypothesis. Structural Equation Modeling: SEM using AMOS program. As for the qualitative data analysis, content analysis was employed.

## Research Results

The findings show that the majority of the samples hold the rank of Police Senior Sergeant Major and work in in the crime suppression units of the Metropolitan Police Bureau. Most of them are 41-50 years old and the duration of their service is 21-30 years. They are married and childless. They are Buddhists. They have a bachelor's degree and are financially healthy. They have no problems with family members. They have no serious illness and no work pressure. They have never faced legal charges and have no history of family members committing suicide. They have no sudden loss of loved ones. They also have no one to support when in trouble. However, they have firearms. According to the hypothesis test 1, it was found that personal factors are related to suicidal risk of police officers. By using the F-Test in testing the hypothesis, it was found that the sample group of different personal factors have the same level of suicidal risk. However, when taking the region and province factors into consideration, it was found that both factors have different relations with suicidal risks with statistical significance at.05 level.

**Table 1** Scheffe's Post Hoc Test of the personal information and suicidal risk: Bureau

<b>Dependent Variable</b>	<b>(I) Bureau</b>	<b>(J)Bureau</b>	<b>Mean Difference (I-J)</b>	<b>p</b>
Suicidal risks	Metro Police	Police Region3	.106	.018*
		Police Region5	.100	.012*
	Police Region 3	Metro Police	-.106	.018*
		Police Region5	-.006	.987
	Police Region 5	Metro Police	-.100	.012*
		Police Region3	.006	.987

\* Statistical significance at.05 level

According to Table 1, using Scheffe's Post Hoc Test, it was found that police officers working for Metropolitan Police Bureau and Provincial Police Region 5 had different suicidal risks with statistical significance at.05 level. Metro police had higher suicidal risk than police working for Provincial Police Region 5 in Chiang Mai province.

As for the social and environment factors' relation with the suicidal risk of police officers, by using the F-Test, it was found that the sample group with different social and environment factors have the same level of suicidal risk. Specifically, sufficiency of income has different levels of suicidal risk with statistical significance at.05 level.

**Table 2** Scheffe's Post Hoc Test of the social and environment factors and suicidal risk: Financial Status

<b>Dependent Variable</b>	<b>(I) Sufficiency of income</b>	<b>(J) Sufficiency of income</b>	<b>Mean Difference (I-J)</b>	<b>p</b>
Suicidal risks	Sufficient income	Insufficient income	-.079	.174
		Having saving money	-.056	.805
		Indebted	.119	.028*
	Insufficient income	Sufficient income	.079	.25*
		Having saving money	.023	.983
		Indebted	.040	.25*
	Having saving money	Sufficient income	.056	.805
		Insufficient income	-.023	.983
		Indebted	-.063	.767
Indebted	Sufficient income	.119	.025*	
	Insufficient income	.040	.805	
	Indebted	.063	.767	

\* Statistical significance at.05 level

According to Table 2, using Post Hoc test, it was found that officers who had insufficient income and indebted had difference suicidal risks with statistical significance at.05 level. Police officers who had insufficient income have a higher suicidal risk than those who were indebted.

Apart from that, in the hypothesis 2, social and environment factors had influence on impulsiveness. In testing the influence of the social and environment factors on depression and impulsiveness, the researcher used T-Test and F-Test.

According to Table 3, it was found that the samples who had different social and environment factors had no differences in suicidal risks with statistical significance at.05 level. In details, it was that having fights with family members, having serious disease, and work stress were different with statistical significance at.05 level. Being unfit for the new job, impractical policy, overloaded working hours, facing legal charges, family history of suicide, loss of loved ones and precious asset, and having someone to help when in trouble were no differences.

**Table 3** Social and Environment factors and Depression

<b>Social and Environment Factors</b>	$\bar{x}$	<b>S.D.</b>	<b>t</b>	<b>p-value</b>
Family quarrel during the past month including today.				
No	.09	.494	-3.764	.000*
Yes	.43	.973		
Having serious diseases				
No	.11	.532	-2.662	.009*
Yes	.42	.991		
Having work stress				
No	.07	.427	-4.465	.000*
Yes	.31	.852		
The causes of work stress, if having one, are changing the line of work and do not fit in, impractical management policy, overloaded working hours and others.				
No				
Yes	.11	.523	-1.634	.103
	.17	.663		
Facing legal charges				
No	.12	.562	-1.363	.175
Yes	.23	.763		
If facing legal charges, face disciplinary action and convicted guilty by the court.				
No	.12	.562	-1.363	.175
Yes	.23	.763		
Having family history of suicide				
No	.12	.564	-2.063	.055
Yes	.72	.1.227		
Having lost loved ones or precious asset during the past month including today				
No	.13	.586	-.356	.722
Yes	.17	.621		
Having someone to help when in trouble				
No	.13	.580	-.222	.824
Yes	.14	.598		

\* Statistical significance at .05 level

As for the social and environment factors and impulsiveness, it was found that:

**Table 4** Social and Environment factors and impulsiveness

<b>Social and Environment Factors</b>	$\bar{x}$	<b>S.D.</b>	<b>t</b>	<b>p-value</b>
Family quarrel during the past month including today.				
No	2.17	.665	-6.019	.000*
Yes	2.57	.700		
Having serious illness				
No	2.19	.670	-4.397	.000*
Yes	2.57	.733		
Having work stress				
No	2.16	.650	-4.419	.000*
Yes	2.38	.736		
The causes of work stress, if having one, are changing the line of work and do not fit in, impractical management policy, overloaded working hours and others.				
No	2.19	.620	-1.373	.170
Yes	2.26	.759		
Facing legal charges				
No	2.19	.681	-4.244	.000*
Yes	2.49	.637		
If facing legal charges, face disciplinary action and convicted guilty by the court.				
No	2.19	.648	-3.933	.000*
Yes	2.47	.621		
Family history of suicide				
No	2.21	.680	-2.807	.005*
Yes	2.67	.686		
Having lost loved ones or precious asset during the past month including today				
No	2.21	.680	-2.251	.025*
Yes	2.45	.705		
Having someone to help when in trouble				
No	2.22	.703	-.097	.923
Yes	2.22	.652		

\* Statistically significant at .05 level

According to Table 4, it was found that the sample group who had different social and environment factors had no differences in the suicidal risk with statistical significance at .05 level. Taking each factor into consideration, it was found that having fights with family members, serious illness, work stress, legal charges, having family members committing suicide, loss of loved ones and precious asset were different with statistical significance at .05 level. Factors such as unfit for the new job, impractical policy, overloaded working hours, having someone to help when in trouble were not different.

Apart from that, the researcher also used the Structural Equation Modeling to test the hypothesis by using the structural of casual factors contributing to the suicidal risk. Before testing the structural of casual factors contributing to the suicidal risk among Thai police officers, the

researcher had conducted an analysis on the correlation between casual factors such as depression and impulsiveness as well as other social and environmental factors such as having fights with family members, having serious illness, work pressure, family history of suicide, sufficient income, legal charges and risk factors in committing suicide by using Pearson product moment correlations. The results are shown in Table 5.

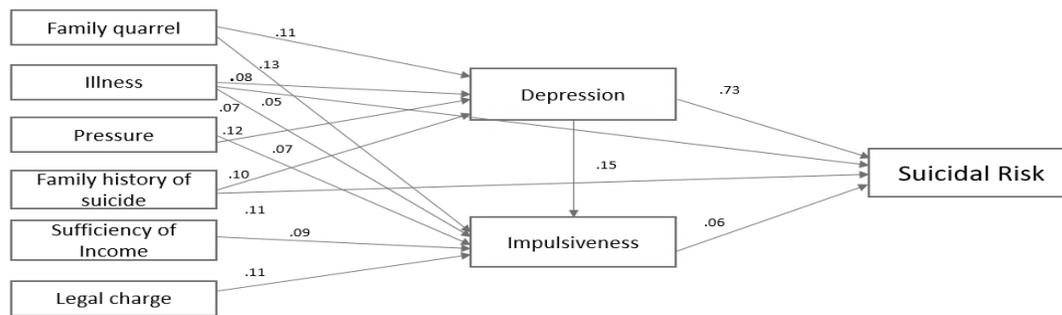
**Table 5** Pearson's correlation coefficient analysis

<b>Factors</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
1. Suicidal risks	1								
2. Depression	.761	1							
3. Impulsiveness	.229	.208	1						
4. Family quarrel	.208	.200	.233	1					
5. Serious diseases	.162	.134	.144	.193	1				
6. Work stress	.182	.191	.179	.066	.265	1			
7. Family history of suicide	.219	.138	.102	.167	.382	.175	1		
8. Sufficiency of income	.084	.081	.151	.097	.086	.046	.014	1	
9. Legal charges	.106	.060	.142	.020	.176	.045	.102	.174	1

Note the value  $<.08$  is not statistically significant at 0.05 level

According to Table 5, it was found that factors such as depression, impulsiveness, family quarrel, serious illness, work stress, family history of suicide, financial status and legal charges have positive relationship with suicidal risk, depression and impulsiveness with statistical significance at .05 level. This means serious depressed and highly impulsive people have a high level of social and environment factors (family quarrel, serious illness, work stress, family history of suicide, sufficiency of income and legal charges). As a result, they will have a high suicidal risk, serious depression and impulsiveness. Thus, there is no problem with the Multicollinearity which can be used to analyze the structural equation model.

Structural equation modeling consists of several factors. Family quarrel, serious illness, work stress, family history of suicide, sufficiency of income and legal charges all have direct and indirect influence on impulsiveness and suicidal risk. The result shows that the structural equation model in this study does not correspond with the empirical data ( $X^2=72.685$ ,  $df=10$ ,  $p\text{-value}=0.0$ ,  $GFI=.988$ ,  $AGFI=.906$ ,  $CFI=.958$ ,  $SRMR=0.80$ ,  $RMSEA=0.03$ ). It was not acceptably fit. Therefore, the structural equation model as hypothesized does not correspond with the empirical data. As a result, the researcher had made some modification indices and the theoretical framework to better explain the cause and effect of depression, impulsiveness and suicidal risk. The researcher also cut the relationship of factors which do not have a statistical significance at .05 level as shown in Diagram 1 (Standardized Coefficient).



**Figure 1** Results of the structural equation model of the Thai Police's suicidal risk

After adjusting the structural equation model, it was found that the new model is more suitable and better corresponding with the empirical data ( $X^2=6.295$ ,  $df=7$ ,  $p\text{-value}=.506$ ,  $GFI=.999$ ,  $AGFI=.991$ ,  $CFI=1.000$ ,  $SRMR=0.012$ ,  $RMSEA=0.00$ ). It can be concluded that the structural equation model of the Thai Police's suicidal risk is acceptably fit for the empirical data. The result of the correlation of causal factor and depression, impulsiveness and suicidal risk is presented as a new alternative. The social and environment factors can be used to explain the variance of impulsiveness for 11 percent, depression for 9 percent and suicidal risk for 60 percent. When considering the social and environment factors influencing the depression, impulsiveness and suicidal risk as shown in Diagram 1, it was found that family quarrel has indirect influence on the suicidal risk through depression ( $B=.11$ ) and impulsiveness ( $B=.13$ ) with statistical significance at .05 level. Serious illness has both direct and indirect influence on suicidal risk ( $B=.05$ ) with statistical significance at .05 level; the indirect influence is through depression ( $B=.08$ ) and impulsiveness ( $B=.07$ ). Work pressure has indirect influence on suicidal risk through depression ( $B=.12$ ) and impulsiveness ( $B=.07$ ) with statistical significance at .05 level. Family history of suicide has both direct and indirect influence on suicidal risk ( $B=.11$ ) and indirect influence via depression ( $B=.10$ ) with statistical significance at .05 level. Sufficient income has indirect influence on suicidal risk through impulsiveness ( $B=.09$ ) with statistical significance at .05 level. Legal charges Legal charges has both indirect and direct influence on suicidal risk ( $B=.73$ ) with statistical significance at .05 level, the indirect influence is exerted through impulsiveness ( $B=.15$ ). Impulsiveness has direct influence on suicidal risk ( $B=.06$ ) with statistical significance at .05 level.

## Discussion

According to the study, it was found that the personal information factors which have the relation or influence on Thai police's suicidal risk are Bureau and Province. The results show that police officers who worked for Metropolitan Police Bureau in Bangkok and Provincial Police Region 5 in Chiangmai have higher risk in committing suicide than those who worked for Provincial Police Region 3 or other provinces. This can be explained that the Metropolitan police is responsible for the area of Bangkok which is Thailand's capital city. Thus, they are charged with various missions such as crime prevention and suppression, detectives, investigation, traffic, crowd control which mainly deals with political protests, and security. All of these tasks are demanding and require much attention and efforts from the officers responsible for.

Consequently, they have less time to rest and relax. As for the case of Provincial Police Region 5 in Chiangmai, it is one of the busiest jurisdictions in the country. They are charged with various missions. Police officers in Region 5 said that they were overloaded. They are facing several problems such as unfit job, being blamed by commanders. They are so stressed out which can eventually lead to suicide. According to the Royal Thai Police's (2013: 50-52) study concerning suicides among Thai police officers during 2008-2013, it was found that most suicidal victims were officers who worked for Provincial Police Region 5 in Chiangmai and Metropolitan Police Bureau in Bangkok. Most of them were male having the age of 41-50 years. Most suicidal victims held the rank of Police Senior Sergeant Major working in crime prevention and suppression units.

It was also found in the findings that social and environment factors associated with suicidal behavior were having fights with family members, serious illness, work stress, family members committing suicide, financial status and legal charges. The Structural Equation Modelling analysis was completed by using the AMOS program.

In details, it was found that "having fights with family members" factor has the root in financial problem, indebtedness, family misunderstanding. This factor can lead to suicidal behavior. Fighting with family members can cause many serious consequences to one's mental health such as the feeling of being neglected, disappointed or anxiety. Consequently, they will have stress from being unable to cope with the problems which might result in suicidal behavior. Similarly, Durkheim (1951: 201-230) conducted a study about suicide and found that anomic suicide is caused by the sudden-changing social conditions such family members passing making its members unable to cope with such changes. Consequently, they have an impulse to do some unexpected things.

As for the "serious illness" factor, it was found that most police officers who had serious illness would be much discouraged, hopeless. Therefore, they have the highest risk of committing suicide. Having cancer, diabetes, heart disease, high blood pressure or AIDS can result in hopelessness, discouragement or tiresome. People who had these terminal illness might choose to kill themselves to escape the pain they were suffering. It was found that they would be very impulsive and unable to control their emotion. Correspondingly, the Royal Thai Police (2013: 53-55) conducted a research concerning Thai police officers' suicidal behaviors during 2008-2013. It was found that having serious diseases such as cancer or liver disease could be the cause of suicide.

The "work stress" factor can definitely be the cause leading to suicide. Police officers suffering from work stress will have worsening mental health. They will perform very badly at work. They will also have problems in getting along with their colleagues or commanders. Thus, this will result in stress, anxiety and eventually suicidal risk. When under pressure, they cannot perform fully. Work stress can result from unfit job, impractical policy, overloaded working hours, careless and unhelpful commanders, incorporative colleagues or unfair promotion. They will be so stressful that they choose to end their miserable lives. This also corresponds with the research conducted by the Royal Thai Police which found that work stress that police officers suffered resulted from overloaded work, unfit job, being blamed by bosses, for example.

As for having family members committing suicide, it was found that officers who experienced family member committing suicide both directly and indirectly would have a high risk in committing suicide. Certainly, the suicide of family members be it father, mother or daughter will make them very sad. The memory of the suicidal incident of loved one will cause them to be depressed. Consequently, their behaviors will change in the worse manner. Some might lose their

appetite and not eat at all. Other might keep to themselves not socializing or be unconscious to what is happening around them. They might be very quiet and lose the eagerness in doing everything. Their working performance will be affected. They will be bored to live. They will think that they are worthless. In the end, they will choose to kill themselves. They have a very high risk in committing suicide.

In terms of financial status factor, it was found that most officers could not make ends meet. When they cannot pay the bills, or have enough money to take good care of their loved ones, they will be stressed out eventually. It can lead, both directly and indirectly, to suicide risk. This is because policemen are underpaid. Thus, they always have problems paying bills. Some might be struggling to pay for their children's tuition fee. Other might be struggling to pay for their monthly car installment. They have to take out loan from the bank or from the loan shark which charge much higher interest but they have no choice. Finally, when they cannot find money to pay back for their loan, they will be very stressed out. They can be impulsive which can lead to suicide. Uniformly, Durkheim (1951: 105-122) has similar result: fatalistic suicide is caused by too much pressure. Thus, the suicidal victims such as bankrupted businessmen will choose to kill themselves to escape from embarrassment and the fact that they cannot financially take care of their family.

Concerning facing legal charge factor, it was found that officers who faced legal charges or was convicted guilty in the court of law or facing disciplinary action would have high risk in committing suicide. This can be explained as they will be very ashamed of the what, they have done. They will be very embarrassed. Whether it is a criminal case or civil case, they will be very stressed out. Whether it is a misconduct charges or adultery, they will be very stressed out. Being convicted guilty, they will be embarrassed. They will not want to see anyone anymore. Finally, they will find no way out of the problem and choose to kill themselves. Similarly, the Royal Thai Police (2013: 57-59) conducted research concerning the suicidal behaviors among Thai police officers during 2008-2013. It was found that personal problems such as facing legal charges or disciplinary action can lead to committing suicide.

As about depression factor, it was found that officers who had this symptom due to several causes. It can be the society, economy, indebtedness, lovers, friends, bosses, subordinators or working condition. The depressed officers are likely to have higher risks in committing suicide. The symptoms of depression are being quiet or inactive. They cannot perform their work. They will feel very bored with everything in life. They feel worthless and want to die eventually. Death seems to be the only way out for them. The suicidal victims seem to lose the ability to control their emotion. They will be impulsive and leading to suicide.

As for the factor of impulsiveness, it was found that the personality, mental health condition, being not ready for all the pressure would lead to suicidal risk. Hot-tempered personality will have high impulsiveness. They will be very angry and impulsive. They lack future plans. They prefer to have happiness at that moment rather than thinking about the negative consequences. They rather focus on short term than long term. They like use physical or violent solution. They will react immediately when provoked without thinking of the consequence. Their action will be driven by anger. They have a low ability in controlling themselves. Thus, they will have a high suicidal risk.

According to the results of this study, factors associated with suicidal risk among police officers is family members committing suicide, fights with family members, serious illness, work stress, financial status and legal charges. This can explain that police officers regularly find stress in their work. They usually have problems of long hours or work, unfit job, being unable to get

along with colleges or facing legal charges. Also, family problems can further intensify the problems they have. Eventually, they will be stressed out because they have no one to talk to or help them out. The anxiety is consequently getting higher and higher until it reaches the boiling point which leads to suicidal behaviors. At present, unemployment and chronic serious diseases can be the contributing factors of more frequent suicidal behaviors. As for the police officers, the causes of committing suicide among them are fighting with family members, adultery, legal charges, indebtedness and health problems such as cancer, liver disease, diabetes, high blood pressure. These can lead to fatalistic suicide. According to Durkheim (1951: 161-168), different suicidal rates in different groups of people is the same thing as social organization. That is, the group or organization has the ability to stop or prevent its member from committing suicide. However, not all groups have such ability. Egoistic suicide, according to Durkheim, is committed by people who are not strongly supported by membership in a cohesive social group. For example, single people have higher rate of committing suicide than married ones. People who live in the city where there is excessive individualism tend to have higher risk of committing suicide than people in the country. According to Durkheim, anomic suicide is linked with disillusionment and disappointment. However, fatalistic suicide in Durkheim's definition occurs when the victims cannot see the way out of the problem such as the overwhelming indebtedness or losing job.

According to this study, factors associated with suicidal risk among police officers are social and environment factors which can be further classified as direct and indirect factors. Direct factor is family member committing suicide whereas indirect factors via depression and impulsiveness include fighting with family members, serious illness, work stress, financial status and legal charges. In other words, officers who experience family members committing suicide, fighting with family members, serious illness, work stress, unable to make ends meet, indebtedness and legal charges can be the stress stimuli. When it happens for some time, they will develop to depression. They will be bored, inactive or insomniac. They will have difficulty concentrating, remembering details and making decisions. They will have fatigue and decreased energy. They will have feeling of guilt, worthlessness and/or helplessness. It can be said that depression can be the risky factor leading to suicidal behaviors among police officers.

Impulsiveness is also associated with suicidal behaviors among police officers. Impulsive people have difficulty in waiting. They will interrupt other people before they finish their questions. They are easily angry. They do not have plans for the future nor put effort for it. They cannot control themselves. They will do things without thinking about the consequence. They will have impulse control disorders. They will lack confidence in themselves. They will have the feeling of worthlessness, guilt or helplessness. As a result, officers who have these kinds of symptoms will think about suicide when facing crisis in life in which they find no way out of or improve it. Their lives will be losing balance. The situation is beyond their control. Problems such as losing loved ones or being indebted can cause stress. Some people may already develop depression and psychosis. Some people may have serious illness. They will not be able to find the way out of or improve this bad situation. Thus, they will choose to kill themselves to end all the suffering. Suicidal victims tend to think everything in binary or black and white. They have limited ability in solving the problems. More difficult is the alternative solution. Moreover, the people tend to have negative attitude towards policemen. When put together, these can lead to suicide. Depression and impulsiveness can be the reinforcement making the situation become worse. Eventually, when they will lose the ability to control themselves, they will want to commit

suicide. They will want to cut in front of the running car. They will want to shoot themselves. Consequently, they will start planning about it and kill themselves eventually.

## **Suggestions from the research**

### **Suggestions on Policy**

1) The Royal Thai Police should have systematic and practical preventive measures and solutions for the Thai police officers' suicide. For example, there should be psychological screening test for every officer to find out who the risky group are. After that, preventive action and solution should be applied to them. The project should be carried out regularly and continuously. The Police General Hospital should be tasked with running the project in collaboration with the Mental Health Department, Ministry of Public Health. Apart from that, the demand of the number of the staff responsible for mental health should be met.

2) The Royal Thai Police should set up a unit to provide consultancy and advice for every police officer who might need help. They may suffer from the serious disease which can lead to suicide to escape from the pain. Or they may be jealous or angry or stressful resulting from accumulative stress, losing money or respect. They want to end their lives as the last option. There can also be other factors such as economic problem, love problem. The members will feel detached from the society. The main purpose of this unit is to provide consultancy and advice in times of need. The Police General Hospital should be responsible for setting up this kind of unit.

### **Practical suggestions**

1) According to the study, one factor leading to suicide is the inability to make ends meet and indebtedness. Therefore, the Royal Thai Police should provide better welfare to help them getting by. As we all know, policemen are underpaid and they hardly get by each month. That is why they need to take out a loan from a variety of sources. However, when they cannot pay back the loan, the stress will occur. Thus, The Royal Thai Police should increase the salary for them to make ends meet. Apart from that, the debt of the police officers should be taken care as well.

2) As for the work stress which may result from unfit for the new job, impractical policy, overloaded working hours, unfair promotion, The Royal Thai Police should have a transparent and fair promotion and transfer. The policy should be more practical and systematic. That is, it should be the policy that police officers can really carry out. The promotion and transfer should be on the basis of "put the right man on the right job". Apart from that, the working hours should be more appropriate. The officers should have a balance between working and resting.

## **References**

- Agnew, R. 2001. "Building on the Foundation of General Strain Theory: Specifying the Types Strain Most likely to Lead to Crime and Delinquency." **Journal of Research in Crime and Delinquency** 38 (4): 319-361.
- Bureau of Mental Health Promotion and Development. 2009. "Myths about Suicide. Department of Mental Health, Ministry of Public Health." **Journal Psychiatric Association Thailand** 54 (3): 68-71.
- Cote, Z. 2002. **Criminological Theories Bridging the Past to the Future**. London: SAGE.
- Cullen, F. & Agnew, R. 2006. **Criminological Theory: Past to Present Essential Readings**. Los Angeles: Roxbury Press.
- Durkheim, E. 1951. **Suicide. A Study in Sociology**. Illinois: The Free Press.

- Gottfredson, M. & Hirschi, T. 1990. **A General Theory of Crime**. Stanford: Stanford University Press.
- Grasmick, H., Tittle, C., Bursick, R., & Arneklev, B. 1993. "Testing the Core Implications of Gottfredson and Hirschi's General Theory of Crime." **Journal of research in Crime and Delinquency** 30: 5-29.
- Mongkol, A., Vongpiromsan, Y., Tangseree, T., Huttapanom, W., Romsai, P., & Chutha, W. 2014. "Suicide Number Report in Thailand 1997-2014 in Age Groups." **Journal of the Association of Psychiatrists of Thailand** 2014 59 (8): 75-85.
- Office of Police Strategy and Police General Hospital. 2014. **Report on the Cause of Police Suicide, Research Study Report**. Bangkok: The Royal Thai Police.
- Pattamacharoen, P. 2008. "Suicide: Social and Cultural Phenomenon." **Journal of Humanities and Social Sciences** 5 (2): 28-33.
- Siegle, J. 2000. **Criminology**. California: Wadsworth Thomason Learning.
- Sriruenthong, W., Kongsuk, T., Pangchuntr, W., Kittirattanapaiboon, P., Kenbubpha, K., Yingyeun, R., Sukawaha, S., & Leejongpermpoon, J. 2011. "Suicidal Risks of Thai People: A National Survey." **Journal of the Association of Psychiatrists of Thailand** 56 (4): 413-424.
- Suriyamanee, C. 2010. **Contemporary Theories of Criminology and Research**. Nontaburi: Yin Yang Printing Book.
- Tantipiwatanasakul, P. & Wisrutrat, S. 1998. **Suicide: Casue and Prevention**. Bangkok: Plus Press Printing Book.
- The Royal Thai Police. 2013. **A Survey Study on Police Suicide during 2008-2013**. Bangkok: Police Printing Book.
- Thoits, P. 1995. "Stress, Coping, and Social Support Processes: Where Are WE? What Next?." **Journal of Health and Social Behavior** 36 (4): 53-79.
- Tongchai, W., Sangchot, W., & Bamrungchaokasem, K. 2014. "A Qualitative Study on Police Suicide during 2012-2013." **Journal of clinical psychology** 46 (1): 32-39.
- Wilachai, P., Hanching, A., Gojagang, R., & Keawbuadee, A. 2006. **Contributing Factors to Suicide Attempts among Working Population**. (A paper presented in the 2<sup>nd</sup> Conference on Suicide Prevention: Depression Therapy and Suicide Prevention, Dusit Island Resort Hotel, Chiang Rai).