

# Occupational Characteristics, Alcohol Use and Mental Health among Police First Responders in Benue State, Nigeria

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**Abstract-** This study examined the influence of occupational characteristics and alcohol use on mental health among Police First Responders in Benue State, Nigeria. Relevant literatures were reviewed alongside two theoretical frameworks; the Stress and Coping Theory of Mental Health, and the Job Demand-Control Model, to explain the relationships among the study variables. A cross sectional survey design was adopted, and standardized instruments were used to gather information from respondents based on their specific characteristics, such as behaviors, attitudes, and outcomes at the time of investigation. Using a multistage sampling technique, a total of 365 participants were selected from a population of 4,903 police officers in the Benue State Command. The sample comprised 327 (89.6%) males and 38 (10.4%) females, aged between 18 and 60 years ( $\bar{x} = 2.61$ ,  $SD = 0.605$ ). The study utilized the Mental health inventory - 38 (MHI-38), the Job Demand-Control Questionnaire - 16 (English version), and the Alcohol Use Disorder Identification Test as instruments for data collection. Multiple linear regression analysis was used to test the study hypotheses. Findings indicated a significant positive influence of occupational characteristics on mental health among Police First Responders in Benue State, Nigeria [ $R = .793$ ,  $R^2 = .629$ ,  $F(2,362) = 306.628$ ,  $p < .000$ ]. The results also showed significant positive influence of alcohol use on mental health among Police First Responders in Benue State - Nigeria [ $R = .793$ ,  $R^2 = .629$ ,  $F(2,362) = 306.628$ ,  $p < .000$ ]. The findings further revealed significant joint influence of occupational characteristics and alcohol use on the mental health of Police First Responders in Benue State, Nigeria. Observation of the Beta weights indicated that, both Occupational Characteristics [ $\beta = .367$ ,  $P < .000$ ] and Alcohol Use [ $\beta = .1.168$ ,  $P < .000$ ], had positive independent and joint positive influence on mental health among Police First Responders in Benue State, Nigeria. These results imply that mental health interventions for police first responders in Benue State should be dual-focused, targeting both the reduction of occupational stressors and the prevention of alcohol use. Recommended strategies include improved work-shift planning, participatory decision-making in work design, establishment of social support structures, family

engagement programs, mandatory alcohol use screening and counseling, occupational therapy interventions, and routine evaluations to identify early signs of burnout. Additionally, the involvement of mental health professionals, such as clinical psychologists, is crucial for developing individualized care plans for Police First Responders in Benue State, Nigeria.

**Key Words:** Occupational Characteristics, Alcohol Use, Mental Health, Police First Responders

## I. INTRODUCTION

Mental health is a multidimensional concept that encompasses emotional, psychological, and social well-being. The World Health Organization (WHO, 2004) defined mental health as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community,” emphasizing the functional and adaptive aspects of mental well-being. The National Institutes of Health (2023) suggested that approximately 57.8 million people worldwide live with some form of mental health disorder. Globally, mental health has become an increasing concern, particularly in high-risk professions such as law enforcement. The WHO (2019) reported that about 970 million people worldwide were living with a mental disorder, equating to one in eight individuals. In the United States, one in three Police First Responders develop Post-Traumatic Stress Disorder (PTSD), compared to one in five in the general population (National Institute of Mental Health, 2021).

As emergency response officers, Police First Responders arrive first at the scene of an emergency or incident and play a critical role in assessing safety, severity, and the needs of persons in distress before the

arrival of specialized intervention teams. The National Institute for Occupational Safety and Health (NIOSH Science Blog, 2022) reported that mental health issues among Police First Responders occur at more than twice the rate found in the general population, with contributing factors including poor social support, occupational stress, and maladaptive coping strategies. Advocacy for improved mental health resources and proper recording of police suicides have been recommended to address these pressing issues (U.S. Department of Health and Human Services, 2024). Collaborators (2022) estimated that more than 13% of Police First Responders globally experience mental health problems, with depression and anxiety more common among female officers, and Attention-Deficit Hyperactivity Disorder (ADHD) and Conduct Disorder (CD) more prevalent among male officers. In Africa, approximately 13% of Police First Responders are estimated to experience a diagnosable mental health condition in their lifetime, yet the majority do not receive adequate attention. Mental health conditions among Police First Responders account for 5% of the total disease burden and 19% of all disabilities in Africa (James et al., 2018). Despite this, the continent has the lowest mental health workforce globally, with a median rate of 0.9 professionals per 100,000 people. Police First Responders in Africa are particularly vulnerable to mental health challenges due to their occupational characteristics and the use of alcohol as maladaptive coping strategies.

Furthermore, occupational characteristics such as job demand, job control, and social support constitute significant operational challenges and organizational pressures that negatively affect both officers' mental health and their effectiveness on the job. Job demands require physical, social, organizational, and/or psychological effort and are therefore associated with physiological and psychological costs (Demerouti, Bakker, De Jonge, Janssen, and Schaufeli, 2001). For Police First Responders in Nigeria, job control is often severely limited by rigid command structures, political interference, inadequate training, and lack of community support (Iwuoha and Aniche, 2021). This restricted autonomy may contribute to the development of mental health disorders such as anxiety, depression, and PTSD (Omede, 2020). Similarly, social support which refers to the emotional, informational, and instrumental assistance individuals

receive from others, including family, peers, supervisors, and community networks can buffer the negative effects of job stressors and trauma exposure (Thoits, 2011). However, issues such as organizational hierarchy, distrust among colleagues, inadequate welfare programs, and public hostility toward the police limit the availability and effectiveness of support networks (Iwuoha and Aniche, 2021). Aborisade (2021) noted that supportive relationships within police teams can promote emotional resilience and serve as coping mechanisms for stress associated with critical incidents.

This study is therefore anchored on the Stress and Coping Theory of Mental Health by Lazarus and Folkman (1984), which provides valuable insight into the mental health of Police First Responders by explaining how individuals respond to stress through cognitive appraisal and coping mechanisms. Because Police First Responders face high-stress situations daily, their ability to cope effectively determines their mental health outcomes. When maladaptive coping strategies such as alcohol use are adopted to manage occupational stress, they can lead to negative outcomes like PTSD, depression, or anxiety. Alcohol use may thus develop as a coping mechanism among Police First Responders in Benue State who experience high job demands. These theoretical models collectively explain how occupational characteristics (high demands, low control, and low support) directly contribute to psychological strain and influence alcohol use as a coping strategy.

Similarly, Padmanabhaanunni and Pretorius (2025), in an exploratory study on the mental health of Police First Responders ( $n = 429$ ) in the Western Cape Province of South Africa, found that 47.3% of first respondents were diagnosed with depression, 37.8% with generalized anxiety disorder, and 48.5% with post-traumatic stress disorder. Their findings underscored the urgent need for targeted mental health interventions tailored to the unique stressors faced by Police First Responders, as well as the importance of addressing barriers to help-seeking within this population. The study further highlighted the necessity of localized mental health screening and the implementation of trauma-informed care frameworks, which could serve as models for designing context-

specific mental health interventions for Police First Responders in Benue State.

White et al. (2025) found that mental health conditions such as depression and anxiety vary widely across studies of Public Safety Personnel (PSP), limiting reliable characterization of prevalence and risk/protective factors. The pooled global prevalence of probable depression across 78 studies was 10.3% (5.7%–19.8%), adjusted for random effects of geographical region and measurement tool selection. Meta-regression revealed that recruitment and screening factors such as the type of potentially traumatic exposure (routine/disaster) and the level of exposure of the study sample (any exposure level/all trauma-exposed) were significantly associated with prevalence outcomes. Occupational group was also significantly associated with depression prevalence. The pooled global prevalence of probable anxiety in PSP across 37 studies was 10% (6.7%–14.4%). Converging evidence suggests that researchers' choices regarding participant recruitment and screening, alongside the selection of specific measurement tools to assess symptoms, contributed significantly to observed prevalence outcomes. Recommendations for future research included contextualizing methodological choices to enhance within-study reliability and validity.

In another study, Ejiroghene and Aruoren (2024) found that workload, role conflict and ambiguity, and job demand had a positive effect on the work engagement of Nigerian Police Officers. Their findings showed that dimensions of occupational stress explained 58% of the variability in work engagement. The study concluded that occupational stress positively affected the work engagement of Nigerian Police Officers in Delta State. It was recommended that the workload of police officers be periodically assessed to identify patterns of overload or underutilization, and that workload distribution be adjusted as needed to maintain a balanced and manageable workload. This engagement, however, often comes at the cost of mental well-being, increasing the risk of burnout, trauma, and emotional detachment in the long term. Therefore, monitoring workload, clarifying roles, and integrating psychosocial support systems are essential to balance

engagement with mental resilience among Benue Police Officers.

Okoro and Chikezie (2024), in a study examining the prevalence of alcohol and other psychoactive alcohol abuse and its association with depression among medical students of Niger Delta University, Bayelsa State, Nigeria, revealed that most respondents were aged 18–24 years (67.1%), and 52.7% were male. The prevalence of major depressive episodes (current), lifetime alcohol use, and other psychoactive alcohol use were 30.5%, 25.5%, and 21%, respectively. The prevalence of current alcohol abuse and dependence was 5.8% and 4.9%, respectively. Alcohol use ( $\chi^2 = 12.57$ ,  $p = 0.001$ ) and abuse ( $\chi^2 = 22.33$ ,  $p = 0.001$ ) were significantly associated with depression. Psychoactive alcohol use was also significantly associated with depression ( $\chi^2 = 12.91$ ,  $p = 0.001$ ). Depression increased with alcohol use (OR = 3.54; 95% CI: 1.71–7.33) and psychoactive alcohol use (OR = 4.52; 95% CI: 1.88–10.88). It was concluded that alcohol and psychoactive alcohol use were significantly associated with depression.

In a similar vein, the Alcohol Abuse and Mental Health Services Administration (SAMHSA, 2018) reported that Police First Responders frequently encounter life-threatening situations, accidents, violence, and human suffering, leading to cumulative stress. This continuous exposure increases the risk of developing mental health problems such as depression, anxiety, and PTSD. Although the prevalence of mental health problems among Police First Responders varies globally, it remains consistently higher than in the general population. Nigeria faces a severe mental health crisis among Police First Responders, exacerbated by armed conflicts, displacement, and violent crimes. The World Health Organization (2017) estimated that 450,000 Nigerians experience mental health problems, with 25% of Police First Responders facing mental health challenges at some point in their careers. As a result, Police First Responders encounter severe challenges, including limited resources, inadequate training, and socio-political factors that hinder effective emergency response (SB Treatment, 2021). In Benue State, mental health among Police First Responders has worsened due to increasing violent attacks by armed herdsmen on agrarian communities, banditry,

displacements, and natural disasters such as floods and fires. These officers frequently witness gender-based violence, torture, and death, leading to heightened PTSD symptoms. This suggests that overall PTSD prevalence rates among Police First Responders engaged in peacekeeping within conflict-ridden areas of Benue State range between 5% and 9% (Loo et al., 2016).

Despite the critical nature of this problem and its global attention, there remains a limited number of empirical studies in Africa—particularly in Nigeria—focused on the mental health of first responders. Hence, this study examined the influence of occupational characteristics and alcohol use on mental health among Police First Responders in Benue State, Nigeria.

## II. METHOD

### Design

This study adopted a cross-sectional research design, a non-experimental approach that allows researchers to collect data from a population or its representative subset at a single point in time to examine the prevalence or relationships between variables. The choice of a cross-sectional design was made because it enables researchers to capture the current conditions of respondents without tracking changes over time.

### Population

According to the Police Nominal Roll General (2024), the Benue State Police Command comprises 4,903 officers. The rank strength distribution is as follows: CP (1), DCP (3), ACP (12), CSP (19), SP (47), DSP (88), ASP (546), Inspector (2,929), Sergeant (307), Corporal (489), and Constable (462). In summary, Senior Police Officers (SPOs) total 716, Inspectors 2,929, and Rank and File officers 1,258. Officers of the Police Mobile Force (PMF 13 Makurdi and PMF 18 Odugbo) under the administrative control of the Inspector-General of Police, as well as those under Zone 4 who were used in the pilot study, were excluded.

### Sampling Technique

The multistage sampling technique was employed to select participants across Benue State. Cluster sampling was used to determine the proportionate

number of respondents from three Police Area Commands, while purposive sampling was used to administer questionnaires to participants in their respective divisions. Personal data such as gender, age, marital status, religion, education, rank, and location were collected. A total of 120 questionnaires were distributed in the Katsina-Ala and Otukpo Area Commands, while 125 were administered in the Makurdi Area Command.

### Participants

Participants consisted of 365 Police First Responders from the Benue State Police Command. Of these, 327 (89.6%) were males and 38 (10.4%) females, aged between 18 and 60 years ( $\bar{X} = 2.62$ ,  $SD = 0.605$ ). Age distribution showed that 23 (6.3%) were 18–30 years, 98 (26.8%) were 31–40 years, and 244 (66.8%) were 41–60 years. In terms of marital status, 22 (6.0%) were single, 334 (91.5%) were married, and 6 (1.6%) were cohabiting. Regarding religion, 338 (92.6%) were Christians, while 27 (7.4%) were Muslims. Educationally, 161 (44.1%) had secondary education and 204 (55.9%) had tertiary education. By rank, 64 (17.5%) were Corporals, 83 (22.7%) Sergeants, 197 (54.0%) Inspectors, and 21 (5.8%) Assistant Superintendents of Police (ASP). Geographically, 173 (47.4%) lived in urban areas, while 191 (52.3%) lived in semi-urban or rural areas.

## III. INSTRUMENTS

The questionnaire used for this study was divided into sections. Section A assessed participants' demographic variables such as sex, age, marital status, religion, educational attainment, rank, and location.

### *A. The Mental Health Questionnaire*

The Mental Health Questionnaire-38 (MHQ-38) is a 38-item self-report instrument designed to assess general psychological distress and mental well-being in adult populations. It was originally developed in the Netherlands and is sometimes referred to in the international literature as the “Dutch Mental Health Questionnaire” or simply MHQ-38. The scale was developed by Boer et al. (2000). The measure current mental health status across multiple symptom domains and positive well-being. It is particularly useful in general practice, occupational health, and population surveys because of its brevity and good psychometric

properties. The tool has 4 main subscales scored on a 5-point Likert scale (0 = “not at all” to 4 = “extremely”). The single scale assesses overall level of mental health problems while the subscales measure:

- i. Somatization (9 items: 1, 5, 9, 13, 17, 21, 25, 29, 33) – Physical symptoms with a psychological origin (e.g., headaches, fatigue, dizziness).
- ii. Anxiety and Tension (10 items: 2, 6, 10, 14, 18, 22, 26, 30, 34, 37) – Symptoms of anxiety, nervousness, restlessness, panic-like feelings.
- iii. Depression / Loss of Interest (10 items: 3, 7, 11, 15, 19, 23, 27, 31, 35, 38) – Depressed mood, anhedonia, feelings of worthlessness, suicidal ideation.
- iv. Social Dysfunction / Aggression (9 items: 4, 8, 12, 16, 20, 24, 28, 32, 36) – Problems in social functioning, irritability, aggression, interpersonal difficulties.

The scale has a Cronbach's  $\alpha$  typically 0.92–0.96 for the total scale Subscales: 0.80–0.90 (very good), and a test-retest reliability coefficient of  $r = 0.78–0.87$  over 2–4 weeks (good to excellent) and

Scoring: for self-administration, sum the numbers (0–4) for the relevant items, higher scores always indicate worse mental health. The total score (0–152) is the most reliable single indicator of overall psychological distress.

*B. The Job Demand-Control Questionnaire (JDCQ) (Robert Karasek, 1979)*

The Job Demand-Control Questionnaire (JDCQ) was developed by Robert Karasek in 1979, based on his Job Demand-Control (JDC) Model, which examines how occupational characteristics (workload and time pressure) and job control (decision latitude and autonomy) influence stress and well-being in the workplace. It consists of 16 items distributed across three dimensions: Job demand (5 items), Job control (decision latitude, 6 items), and Social Support (Measures support from colleagues and supervisors, 6 items).

**Psychometric Properties of the JDCQ**

The JDCQ has been validated in various languages and among different occupational groups, including white-collar employees in Switzerland and the United States. Its comprehensive assessment of occupational

characteristics, control, and support makes it a potentially suitable tool for evaluating work-related stress in high-stress professions such as Police First Responders.

JDCQ is scored by summing responses for each dimension (occupational characteristics, Job Control, and Social Support). Higher scores on occupational characteristics indicate higher stress, while higher scores on job control and social support indicate better working conditions.

**Reliability:** The scale is highly reliable with internal consistency (Cronbach's alpha):

- i. Job demand (Items 1-5): Typically ranges from  $\alpha = 0.70$  to  $\alpha = 0.85$
- ii. Job Control (Decision Latitude) (Items 6-10): Typically ranges from  $\alpha = 0.75$  to  $\alpha = 0.85$
- iii. Social Support (Items 11-15): Typically ranges from  $\alpha = 0.80$  to  $\alpha = 0.90$
- iv. These values indicate good to excellent internal consistency.

**About the Test-Retest Reliability**, studies have shown moderate to high stability over time, with correlations between  $\alpha = 0.60$  and  $\alpha = 0.80$  over weeks or months.

**Validity:** The scale has Construct, Convergent, Predictive and Cross-Cultural Validity for all the dimensions measured across the general population. Typically, the questionnaire items are rated on a Likert scale (e.g., 1 = Strongly Disagree to 4 = Strongly Agree).

*C. The Alcohol Use Disorders Identification Test (AUDIT – 10)*

The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item screening tool developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviors, and alcohol-related problems. The AUDIT has been validated across genders and in a wide range of racial/ethnic groups and is well suited for use in primary care settings. It has internal consistency (Cronbach's  $\alpha$ ) 0.80 – 0.94 across diverse populations (WHO, 1993), and a Test-Retest Reliability of 0.86 – 0.95 (Saunders et al., 1993; Reinert and Allen, 2007).

**Scoring:** After the test is administered, the scores are summed for all the 10 questions. A score of 0–7,

indicates low risk, 8–15 indicates Hazardous drinking, 16–19 indicates harmful drinking and 20–40 indicates possible alcohol dependence

#### IV. PROCEDURE

After obtaining informed consent and ethical approval, the researcher administered 380 questionnaires to Police First Responders across Divisions under three Area Command Offices (Katsina-Ala, Makurdi, and Otukpo) in Benue State. In Zone A, 125 copies of the questionnaire were distributed and 120 retrieved; Zone B administered 130 copies of the questionnaire and retrieved 127, while Zone C administered 125 and retrieved 118. Participants were given detailed instructions on how to complete the instruments, beginning with their demographic information in Section A, occupational characteristics in Section B, alcohol use in Section C, and mental health in Section D. Of the 380 copies distributed, 365 were duly completed and returned for statistical analysis, while 15 copies were unaccounted for. Some respondents who collected the questionnaires but had not returned them were either deployed for emergency operations or unavailable at their duty posts at the time of retrieval. Participation in the study was voluntary. Respondents who consented after receiving comprehensive information about the purpose, procedures, and benefits of the study were provided with the questionnaires. They were assured of the confidentiality of their responses, with no identifying information linked to their data. All data obtained from participants were securely stored and accessible only to authorized researchers.

#### Data Analysis

To minimize human error, data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 26. Descriptive statistics such as mean, standard deviation, frequencies, and simple percentages were employed to describe participants' demographic characteristics. Multiple linear regression analysis was used to test the hypothesis that occupational characteristics and alcohol use jointly influence mental health among Police First Responders in Benue State, Nigeria.

#### V. RESULTS

Table 1: Summary of Multiple Linear Regression Analysis Showing the Significant Joint Positive Influence of Occupational Characteristics and Alcohol Use on Mental Health among Police First Responders in Benue State, Nigeria

VARIA	R	R <sup>2</sup>	F	df	B	T	Si
BLES							g.
Constan	.7	.6	306.	2,3		34.	.0
t	.93	.29	628	62		713	.00
Occupat					.36	15.	.0
ional					7	737	.00
Charact							
eristics							
Alcohol					1.1	15.	.0
Use					68	191	.00

The results in Table 1 indicated that there was significant joint positive influence of Occupation characteristics on mental health among Police First Responders in Benue State, Nigeria  $R=.793$ ,  $R^2=.629$ ,  $F(2,362) = 306.628$ ,  $P < .000$ . This compelling result clearly demonstrates how occupational characteristics shape the mental health outcomes of Police First Responders in Benue State, Nigeria.

The results also indicated a significant positive influence of alcohol use on mental health among Police First Responders in Benue State, Nigeria  $R=.793$ ,  $R^2=.629$ ,  $F(2,362) = 306.628$ ,  $P < .000$ . The strong correlation observed in the analyzed data ( $R = .629$ ,  $R^2 = .629$ ,  $P < .000$ ), suggests that alcohol use substantially undermines the mental health of Police First Responders, playing a major role in determining their mental health outcomes. The implication for this finding is that higher levels of alcohol use are associated with poorer mental health outcomes. Specifically, alcohol use explains 62.9% of the variance in mental health among Police First Responders in Benue State. This means that nearly six out of every ten variations in mental health status can be attributed to alcohol use within the study population, emerging as a much stronger predictor of poor mental health among Police First Responders in Benue State, Nigeria.

The results presented in Table 1 further indicated a significant joint positive influence of occupational characteristics and alcohol use on mental health among Police First Responders in Benue State – Nigeria,  $R=.793$ ,  $R^2=.629$ ,  $F(2,362)=306.628$ ,  $p<.000$ . Observation of the beta weights showed that both occupational characteristics  $\beta=.367$ ,  $P < .000$ . and alcohol use  $\beta = 1.168$ ,  $P < .000$  exerted significant independent and joint positive influences on mental health among Police First Responders in Benue State, Nigeria. The reported multiple correlation coefficient ( $R = .793$ ) indicates a very strong combined relationship between the predictors (occupational characteristics and alcohol use) and mental health. Furthermore, the coefficient of determination ( $R^2 = .629$ ) reveals that approximately 62.9% of the variance in mental health among Police First Responders can be jointly explained by these two variables. This finding presents a powerful, data-driven insight that both the nature of police work and the coping mechanisms employed particularly alcohol use, significantly and independently burden officers' mental health. Together, these factors account for over 60% of the observed variability in mental health, making them priority targets for intervention.

## VI. DISCUSSION

The hypothesis that occupational characteristics and alcohol use jointly influence mental health among Police First Responders in Benue State, Nigeria, was confirmed. The results demonstrated that occupational characteristics critically undermine mental health among police personnel in the state. This finding aligns with that of Ugwuoke et al. (2024), who observed that police officers in Nigeria experience long working hours, poor logistics, emotional burnout, and frustration all of which substantially affect their mental health and service delivery. Similarly, in Oyo State, Yesufu, Owoaje, and Omokhodion (2023) identified organizational stressors such as multiple tasks, special duties, confusing feedback, and bureaucratic bottlenecks as significant predictors of psychological distress (ORs ranging from 2.36 to 3.05). Likewise, Akingbade et al. (2021) found that work stress, frustration, and depression significantly reduce the psychological well-being of police officers in Ibadan. In another study, Akinlabi (2021) delineated key sources of occupational stress, including

inadequate personnel, role ambiguity, insufficient counseling, long working hours, and poor remuneration all of which heighten stress and contribute to mental health burdens among police officers. The current finding also suggests that alcohol use significantly influences mental health among Police First Responders, often serving as a maladaptive coping response to occupational stress, which in turn exacerbates psychological distress.

On the other hand, Tsiga Ahmed et al. (2022) reported that about 14.9% of police officers in Kano are current illicit drug users, many of whom use alcohols to stay awake, boost confidence, or cope with stress underscoring alcohol use as a critical occupational coping mechanism. Similarly, Olasunkanmi (2015) found that stressed police officers often resort to alcohol, tobacco, and religiosity rather than professional psychological help, with defensive coping such as alcohol use accounting for up to 70% of the variance in alcohol-use behavior under stress. Yesufu et al. (2023) also documented high psychological distress among police officers and advocated for intervention strategies, noting the risk that alcohol misuse poses as a consequence of unmanaged occupational stress. The results of this study further reveal that the mental health of Police First Responders in Benue State is adversely affected by both occupational pressures and alcohol use patterns. Since these two factors jointly explain more than 60% of the variance in mental health, meaningful improvement in police well-being must address both occupational stressors and alcohol-use behaviors. These findings are consistent with Bobade and Obosi (2024), who reported that while occupational characteristics alone predicted poor mental health, the combined effect of occupational stress and alcohol use was even more detrimental, leading to higher rates of burnout, emotional exhaustion, and suicidal ideation among Police First Responders. Similarly, Gilman (2020) found that chronic traumatic stress exposure and alcohol use among first responders often result in sub-threshold PTSD, sleep disturbances, and long-term psychological impairment.

Furthermore, the findings align with Purba et al. (2021), who identified high job demand, poor interpersonal relationships, and lack of organizational support as major contributors to psychological distress

among Nigerian police officers. Arble et al. (2018) also developed a first responder coping model, identifying avoidant coping strategies such as alcohol use as strongly associated with worsened anxiety outcomes among police officers. The results also corroborate the findings of Akinpelu (2021), who reported that work shift, perceived citizen hostility, poor working conditions, and difficult job assignments were significantly associated with increased stress levels among officers in Zones II and XI (Lagos, Ogun, Ondo, Osun, and Oyo States). Similarly, Lasisi (2021) emphasized that situational and contextual factors such as inadequate training, delayed promotion, poor barracks conditions, and alcohol use jointly predicted occupational stress among Police Officers in South-West Nigeria.

## VII. CONCLUSION

Based on the findings, the researcher concluded that occupational characteristics and alcohol use jointly influence mental health among Police First Responders in Benue State, Nigeria. While occupational characteristics alone predict poor mental health, the combined effect of alcohol use is even more detrimental, leading to higher rates of burnout, emotional exhaustion, and suicidal ideation among Police First Responders.

### Recommendations

In light of the findings and conclusions, the study makes the following recommendations:

Rotational work shifts among Police First Responders should be implemented to reduce prolonged exposure to stress, trauma, and fatigue associated with excessive job demands.

After responding to traumatic incidents, Police First Responders should undergo mandatory psychological decompression periods before redeployment. This should include access to trauma-informed care and professional counseling services.

Police First Responders should be actively involved in designing their work schedules, operational protocols, and mental health programs. Allowing such participation will enhance their sense of autonomy and job satisfaction.

There should be capacity building and regular training to enhance the decision-making skills and resilience of Police First Responders, empowering them to better manage occupational stress and crisis situations.

### Contribution to Knowledge

This study provides crucial empirical evidence on the mental health challenges faced by Police First Responders in Benue State, Nigeria, a context where such research is notably limited. It establishes a clear link between high job demands (including long hours, trauma exposure, and shift work) and negative mental health outcomes, underscoring the need for organizational reforms within the Nigeria Police Force.

Furthermore, the findings support the implementation of rotational work shifts, psychological decompression periods, and trauma-informed care interventions to mitigate the impact of repeated traumatic exposure. By highlighting the combined influence of occupational characteristics and alcohol use on mental health, this study contributes significantly to the growing body of literature advocating for holistic and context-specific mental health interventions among Police First Responders in Nigeria.

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