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RESEARCH

Police Patrol Officers' Ethical Competence in Encounters with Individuals Experiencing Severe Mental Ill Health: A Deductive Study

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Abstract
Police Patrol Officers (PPOs) increasingly encounter individuals experiencing severe mental ill health who may pose a risk to themselves or others. In such situations, PPOs may act either independently or in collaboration with healthcare professionals, navigating a complex interplay between legal duties, safety considerations, and ethical responsibilities. This qualitative study aiming to explore PPOs' ethical competence in such situations employed focus group interviews ($n=5$) with PPOs ($n=32$) and applied a deductive qualitative content analysis based on Lechasseur et al.'s framework of ethical competence, comprising ethical sensitivity, ethical knowledge, ethical reflection, ethical decision-making, ethical action, and ethical behaviour. The findings suggest that PPOs demonstrate several dimensions of ethical competence yet describe challenges related to emotional detachment, managing uncertainty, and balancing caregiving and law-enforcement responsibilities. Ethical competence was mainly articulated in relation to professional duty, harm reduction, and efforts to balance safety, autonomy, and support. The findings indicate a need for continued ethics education, structured opportunities for reflection, and strengthened interprofessional collaboration to support ethically grounded practice in encounters involving individuals experiencing severe mental ill health.

Keywords Compulsory psychiatric care · Ethical competence · Mental Ill health · Police patrol officer · Psychiatric care

Introduction

Police patrol officers (PPOs) are increasingly positioned at the frontline of mental health crises, responding to individuals experiencing severe mental ill health in public and private settings. Internationally, this development has been linked to deinstitutionalisation, limited availability of timely mental health services, and the frequent reliance on police as default first responders when situations involve uncertainty, perceived risk, or the need for immediate intervention (Bittner, 1967; Pifer, 2023; Tartaro et al., 2021). Although police involvement may be necessary to protect individuals

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and others from harm, it also raises important ethical and practical concerns. Encounters involving severe mental ill health often require officers to balance public safety, individual autonomy, dignity, and access to appropriate care under conditions of uncertainty and time pressure (Bittner, 1967; Willis & Toronjo, 2023). As a result, police responses to mental health crises have become a contested area in which law enforcement responsibilities intersect with care-related expectations. The scope and nature of police responsibilities in such encounters vary considerably across national contexts, depending on legislation, healthcare infrastructure, interprofessional arrangements, and societal expectations of police work (Arnaert et al., 2021; Butler et al., 2022). In Sweden, PPOs may become involved in situations concerning compulsory psychiatric care either independently or in collaboration with healthcare professionals. This makes the Swedish context a relevant case for examining how ethical competence is expressed in encounters with individuals experiencing severe mental ill health. According to the Swedish Police Act (SFS 1984:387), the police are responsible for maintaining public order and safety, preventing and investigating crime, and providing protection and assistance to the public. Thereto, in modern policing, the protection of moral rights constitutes a fundamental aim, often linked to preventing harm, upholding justice, and serving communities with integrity (Miller & Blackler, 2005). At the same time, police involvement in psychiatric crises is not unproblematic. It may be necessary in situations involving acute risk, resistance, or lack of immediate alternatives, but it may also create tension between care and control, particularly when individuals are approached through an enforcement-oriented system rather than within a healthcare context. In Sweden, compulsory psychiatric care is regulated by different laws depending on the situation and the authority involved. In 2023 alone, approximately 25,000 interventions were carried out with reference to mainly psychiatric care acts (The National Swedish Police Authority, 2024). These laws authorize the police to carry out involuntary transports to care facilities when individuals pose a risk to themselves or others, or when care is found necessary but refused by the individual. Currently, there are no national policy documents regulating how police-assisted transports for involuntary psychiatric care shall be conducted, aside from fulfilling duties assigned under special legislation, such as the Care of Substance Abusers (Special Provisions) Act (SFS 1988:870), the Compulsory Psychiatric Care Act (SFS 1991:1128), and the Care of Young Persons Act (SFS 1990:52). When an individual experience severe mental ill health (e.g., psychosis, severe depression with suicidal risk) and has an indispensable need for psychiatric care, the Compulsory Psychiatric Care Act (SFS 1991:1128) is applied regulating admission to a psychiatric clinic without the individual's consent. Interventions may be carried out solely by PPOs or in collaboration with psychiatric professionals or ambulance personnel. A physician issues a medical certificate for compulsory care after an examination. If the individual then does not join voluntarily, the police may assist with transportation, where a physician within 24 h decides whether to admit the person for inpatient compulsory psychiatric care or not. Furthermore, if there is an immediate risk or danger in delaying action, the police may carry out immediate intervention under Sect. 11 of the Police Act in connection with Sect. 47 of the Compulsory Psychiatric Care Act (SFS 1991:1128). The complexity of these interventions is further compounded by a significant increase in suicide-related assessments, which rose by 32% between 2017 and 2020, from approximately 17,000 to 22,500 individuals (The National Swedish Police Authority, 2022a). Recognizing that each statistic represents an individual underscores the pivotal, yet often contested, role of PPOs in the public mental health response. Whether PPOs are asked to help other authorities such as healthcare professionals in involuntary psychiatric interventions (known as cases of assistance) or act independently, they may encounter resistance from the individual. In these situations, PPOs must quickly decide how to enforce compliance in a way that is humane and ethically responsible, prioritising both safety and the individual's rights. Thus, this task involves navigating a complex ethical dilemma: balancing respect for individual autonomy with the imperative to ensure public safety and the well-being of the person in crisis (Miller & Blackler, 2005). There is limited knowledge about PPOs' ethical competence during this kind of fieldwork, but the dual demands of medical awareness and tactical decision-making, coupled with legal obligations to safeguard the rights of all parties, have been found to give rise to conflicts of interest and ethical challenges (Granér & Wieslander, 2022; Wallin et al., 2022; Willis & Toronjo, 2023).

Background

Given the rising prevalence, complexity and urgency PPOs face, they are often required to make assessments regarding involuntary interventions for individuals experiencing severe mental ill health, even in the absence of any criminal offence. It is essential that PPOs possess the competencies required to assess individuals in a manner that prioritises the safety and security of all parties involved while facilitating access to appropriate care. Fulfilling these responsibilities require navigating a complex interplay of ethical, legal, and practical considerations. Even though medical knowledge is often required, PPOs' medical training remains limited primarily to acute assessments in acute care and psychiatry,

which may constrain the capacity to conduct comprehensive medical evaluations (Pifer, 2023; Wallin et al., 2022). The responsibility places PPOs in ethically complex situations that demand ethical competence and assessment alongside fulfilling duties of law enforcement. From this perspective, ethical competence goes beyond legal obligations and calls for PPOs' compassion and sensitivity, though its exact meaning remains unclear. Multidisciplinary collaboration and ongoing ethics education support PPOs in making ethically sound decisions, ensuring that their actions are both legally justified and morally defensible. Research demonstrate that these encounters are shaped by PPOs' discretion, accountability, and situated judgment (Bittner, 1967) indicating that emergency apprehension of persons with mental illness often depends less on objective clinical indicators than on the absence of other alternatives and PPOs' role as an all-purpose emergency service. van Maanen (1978) further discloses how PPOs develop practical typification and informal working categories to interpret and manage uncertainty in street-level encounters, underscoring how discretionary judgements are shaped by occupational culture as well as by formal rules. More recently, Buscariolli (2025) reveals how PPOs orient to a continuum of accountability when deciding whether conduct should be treated as deliberate non-compliance or as linked to reduced interactional competence. These perspectives are relevant to the present study because PPOs' encounters with individuals experiencing severe mental ill health require real-time judgements where legal authority, safety concerns, care-related expectations, and ethical competence intersect.

With this background in mind, police education becomes an important arena for developing the ethical competence needed to navigate such complex and discretionary encounters. Throughout the police training program scholars are challenged to critically consider not only what is legally permissible, but also what is ethically justifiable in various operational context (Granér & Wieslander, 2022). Research has shown that lack of training is one factor that may leave PPOs feeling ill-equipped to handle situations involving individuals experiencing mental ill health, contributing to insecurity. This sense of insecurity may also be related to work-related strain, limited support, and the challenging conditions under which such encounters take place (Hansson et al., 2017). Scholars have argued for a more thorough integration of ethics into police curricula (De Schrijver & Maesschalck, 2015; Stout, 2011) with case-based learning highlighted as an effective pedagogical approach for developing ethical reasoning skills (Crim, 2018). Today, theory is combined with practice, allowing scholars to apply their knowledge in simulated scenarios. The training emphasizes problem-solving, decision-making, and evaluation skills including human rights, ethics, professional values, and respectful treatment (The National Swedish Police Authority, 2022b). Practical training scenarios further reinforce ethical decision-making, particularly in situations involving conflict resolution, use of force, and public interaction. The goal is to ensure that PPOs can act with both legal precision and moral clarity under pressure. To support this aim, training films, methodological guides, and scenario-based e-learning modules in collaboration with psychologists and behavioural scientists has been developed. Suicide prevention and risk assessment have also become central components, as suicidal threats are recognized as a significant risk factor for fatal violence (The National Swedish Police Authority, 2022b). Research indicates that the use of excessive force, posing risks of physical or psychological harm, increases with PPOs insecurity, while insufficient intervention may endanger both the individual and others (Willis & Toronjo, 2023). Although ethics education has been found to assist PPOs in recognizing and handling ethical challenges, research highlight the need for enhanced training and interprofessional collaboration (Hansson et al., 2017; Padyab et al., 2016). It is noteworthy that the duration of training for Swedish PPOs', comprising four semesters of full-time studies followed by six months of paid police trainee education, has remained unchanged over time, despite a significant increase in both the theoretical and practical components of the curriculum (The National Swedish Police Authority, 2022b).

Research has highlighted tensions between the ethical ideals promoted during training and the realities of police culture. Some PPOs develop a pragmatic approach wherein outcomes are used to justify methods, potentially undermining the ethical foundations of their education. This underscores the need for ongoing ethical reflection and institutional support throughout the professional career (Granér & Wieslander, 2022). In recent years, research has suggested that resilience, hardiness, and psychological capital are key capacities for PPOs to manage demanding situations. However, a review by Janssens et al. (2021) discloses ethical competence should not be understood as a static individual attribute that automatically ensures ethical interventions, but as a practice-oriented capacity that must be supported through reflective routines, interprofessional collaboration, and scenario-based training.

Given the complexity this aligns with studies indicating that troubled conscience is associated with an increased risk of emotional exhaustion and depersonalization, which may affect decisions to remain in the profession during shortages of both PPOs and healthcare workers (Backteman-Erlanson, 2013).

Furthermore, insufficient training has been determined to negatively impact on the individual experiencing severe mental ill health receiving help, either through exacerbation of the problem or a dismissal of the severity. In response to these difficulties, Crisis Intervention Team (CIT) training has

been developed to support PPOs in de-escalating tense situations, providing immediate and appropriate assistance, and ensuring the safety of all involved (King, 2011; Willis et al., 2023). Research show CIT-trained officers are less likely to use force compared to non-CIT-trained officers (Willis et al., 2023). However, in rural and sparsely populated areas, PPOs often operate with limited access to colleagues with special training, medical institutions, or other authorities (Jachens et al., 2020; Wallin et al., 2022). In contrast, PPOs in urban settings often collaborate closely with healthcare professionals to ensure a coordinated response. Interprofessional cooperation has been found crucial for building comprehensive knowledge that identifies effective strategies relevant to both law enforcement and healthcare helping individuals in crisis.

Complex ethical challenges are not unique to policing. Similar dilemmas frequently arise within the nursing profession. Nurses, like PPOs, must continuously balance the need to protect individual autonomy with the imperative to ensure patient safety and well-being. By drawing parallels between police and nursing practice, it becomes evident that ethical competence is pivotal for both professions to effectively support individuals experiencing severe mental ill health. To strengthen collaboration between PPOs and healthcare professionals in context involving individuals experiencing severe mental ill health, it is important to acknowledge both the shared and distinct aspects of ethical competence within each profession. While contemporary police education increasingly incorporates ethical training focusing on legal frameworks, professional integrity, and responsible use of authority, healthcare professionals are trained with a strong emphasis on patient-centred care, empathy, and ethics. Considering the interprofessional nature of such collaborations, implementing a framework for defining ethical competence is both relevant and necessary (Arnaert et al., 2021).

However, the concept of ethical competence as it pertains to PPOs warrants more comprehensive examination, particularly in situations where enforcement responsibilities intersect with care-related concerns. In this study, ethical competence is understood through the framework proposed by Lechasseur et al. (2018), which describes ethical competence as a multidimensional construct comprising six interrelated components: ethical sensitivity, the ability to recognize ethical aspects of a situation and perceive another person's vulnerability; ethical knowledge, which includes theoretical, practical, and philosophical knowledge relevant to morally difficult situations; ethical reflection, an iterative process of critically considering values, alternatives, and possible consequences; ethical decision-making, the process of choosing a reasonable and responsible course of action; ethical action, which refers to acting in ways that are responsive to the concrete situation; and ethical behaviour, denoting the broader conduct that reflects respect, responsibility, and moral judgement in practice. The framework was originally developed in caring science but has also been applied in prehospital contexts, such as ambulance care (Holmberg et al., 2023). Although PPOs operate within a distinct legal and organizational context, the framework offers a useful analytical structure for examining how ethically relevant aspects of encounters are perceived, interpreted, and acted upon in practice (Arnaert et al., 2021; Lechasseur et al., 2018). Addressing the complex challenges PPOs encounter in everyday fieldwork, the aim of this study was to examine PPOs' ethical competence when encountering individuals experiencing severe mental ill health, using Lechasseur et al.'s (2018) framework as an analytical lens.

Methods

Design

This focus group interview study used a qualitative deductive design guided by Lechasseur et al.'s (2018) theoretical framework of ethical competence. A deductive qualitative content analysis was considered appropriate because the study sought to examine PPOs' experiences in relation to predefined conceptual dimensions rather than generate a new theory. This approach allowed the use of an existing theoretical framework to guide the analysis and provide a structured understanding of the data. At the same time, the method enabled sensitivity to variations and nuances within each category, capturing how ethical sensitivity, ethical knowledge, ethical reflection, ethical decision-making, ethical action, and ethical behaviour were expressed in participants' accounts (Elo & Kyngäs, 2008; Lechasseur et al., 2018).

Setting

The Swedish Police Authority (2022c) is a centralized national agency responsible for law enforcement, public safety, and crime prevention throughout Sweden. Headed by the National Police Commissioner and operating under the Ministry of Justice, the organization is structured into national headquarters, regional police offices, and local police districts. These units manage day-to-day policing, patrol duties, and community engagement. Additionally, specialized national units address areas such as organized crime, counterterrorism, intelligence, cybercrime, and tactical operations. This hierarchical but centralized structure ensures consistent policing standards across the country while allowing for regional flexibility in addressing local needs.

The Swedish Police Authority is organized into seven regions, employing a total of 24,871 PPOs which corresponds to approximately 225 PPOs per 100,000 inhabitants (the Swedish Police Union, 2025). This study was

conducted in two of these regions (Region A and Region B). Region A has a total population of 2,035,552 inhabitants, while Region B has 1,143,997 inhabitants (Statistics Sweden, 2025). Together, they cover 3,179,549 people, representing approximately 30% of Sweden's population. Both regions include a mix of rural and urban areas.

Recruitment and Participant

Written information about the study was sent to Police Unit Managers in the two regions. Potential participating PPOs received written information about the study via e-mail from their Police Unit Manager and expressed their interest in participating directly to the manager. The manager then contacted the research group with a list of interested participants and, in collaboration with them, scheduled the time and venue for the focus group interviews. Five focus groups were conducted between May 2024 and January 2025, each comprising 5 to 9 participants. In total, 32 PPOs participated in the study, including 8 women and 24 men. Participants' ages ranged from 25 to 56 years (M = 36). All had completed police education at the university level. Their professional experience in patrolling duties varied from 1 to 28 years (M = 7).

Data Collection

To encourage participants to share rich, nuanced insights and articulate their thoughts, feelings, and experiences in their own words, focus group interviews were chosen as the method of data collection (Morgan, 1997). This approach facilitates dynamic interaction among participants, allowing for the emergence of new ideas and perspectives that may not surface in individual interviews (Morgan, 1997). All focus group interviews ($n = 5$) were digitally audio-recorded and lasted between 61 and 69 min (M = 64 min). Each participant took part in one focus group session. Four of the focus group interviews were conducted virtually using online conferencing platforms, while one was held in person. The focus group interviews were conducted by a research assistant together with co-authors, with one serving as the primary moderator and another as the co-moderator. In one group, the co-moderator role was assumed by a member affiliated with the research team but not part of the author group. At the beginning of each session, participants were informed about the aim of the study and the focus of the group discussion before giving written informed consent to participate. To initiate the discussions, an opening question was posed: "What are your experiences of providing assistance in connection with assessments under the Compulsory Psychiatric Care Act?" A low level of moderator involvement was employed to encourage spontaneous group interaction and facilitate in-depth, participant-driven dialogue (Morgan, 1997). Follow-up questions were asked in relation to the main areas of the interview, including participants' experiences of receiving the assignment, preparations prior to the assignment, assessment of the situation on site, interaction with the individual, and interaction with the psychiatric care staff. These questions were designed to capture participants' perspectives and actions at each stage, providing a comprehensive understanding of their experiences throughout the assignment.

Data Analysis

Data analysis was conducted using deductive qualitative content analysis, following the methodology outlined by Elo & Kyngäs (2008). This approach was chosen because the study aimed to examine empirical material in relation to an existing theoretical framework, rather than to develop categories inductively from the data alone. Drawing on the field of caring science, Lechasseur et al.'s (2018) conceptualisation of ethical competence offered a structured yet flexible lens through which PPOs' accounts could be interpreted. The six components of ethical competence served as a predefined main category for coding, while the analysis remained open to variation, tension, and contradictions within and across these categories. Lechasseur et al. (2018) describe ethical competence as the integration of theoretical, practical, and philosophical knowledge in support of morally sound judgement and action. This conceptualisation was considered relevant for analysing how PPOs reasoned about and acted in ethically complex encounters, see Table 1.

As the primary analyst had not attended the interviews, all the audio recordings were reviewed multiple times prior to analysis to ensure familiarity with the data. All interviews were professionally transcribed verbatim by an external agency. The first author subsequently conducted a thoroughly reading of each transcript several times, verifying their accuracy and taking detailed notes throughout the process. A structured categorization matrix was constructed based on the six core components of ethical competence as defined by Lechasseur et al. (2018). Using NVivo software, the data was meticulously reviewed and systematically coded according to these predefined categories. During the analytical phase, 344 meaning units were identified and subsequently organized into 181 codes. These codes were then grouped based on their similarities and differences and then refined for appropriateness. Each meaning unit was assessed for alignment with one or more elements of the categorization matrix. To accurately reflect participants' experiences and perspectives, the codes were further divided into subcategories, all of which corresponded with the predefined main categories. Finally, the findings were presented in a coherent and structured manner, capturing both the aims of the study and the depth of the empirical data. This systematic approach facilitated an in-depth exploration of how the theoretical constructs were evidenced

Table 1 Matrix of coding

Component	Description
Ethical sensitivity	The ability to recognize ethical problems or aspects of situations.
Ethical knowledge	A combination of theoretical, practical, and philosophical knowledge.
Ethical reflection	An iterative process involving critical reflection on ethical issues and possible courses of action.
Ethical decision-making	A process of making reasonable and responsible choices among several alternatives.
Ethical action	Actions resulting from critical reflection and analysis, tailored to specific situations and contexts.
Ethical behaviour	General conduct that reflects ethical reflection and respect for others.

(Lechasseur et al., 2018)

in the data, thereby supporting theory-driven interpretation on PPOs' ethical competence. Microsoft 365 Copilot Work, version number: bizchat.20251116.40.2 was used as a generative AI-tool for language improvement.

Findings

In this section, findings are mediated through the lens of ethical competence as described by Lechasseur et al. (2018).

For overview of the results, see Table 2.

Ethical Sensitivity

PPOs' ethical sensitivity can be understood as the ability to commit to individuals in vulnerable situations and respond with empathy. This is described as deeply connected to one's professional identity, where responsibilities carry meaning beyond simply being tasks to accomplish.

> *I think the reasons why people want to become police officers and what attracts them to the profession are very individual, but for me personally, it is important to make a difference and to feel that I can bring about change and help people.*

Empathy, as an essential dimension of ethical sensitivity, was described by many PPOs as important for building trust and rapport by acknowledging individuals' emotional state without exacerbating confusion or distress. Ethical sensitivity then serves as the bridge between procedural adherence and human compassion, guiding PPOs in interpreting and responding to complex situations in ways that uphold both the dignity and safety of all involved.

> *I am involved and can hopefully make some small difference in a person's life, in one way or another.*

Table 2 Results overview

Category	Sub-category
Ethical sensitivity	• Articulates the meaning of being a police officer • Identifies suffering, feels empathy, and wants to help • Distances oneself, does not interpret or evaluate the situation
Ethical knowledge	• Values experience-based knowledge • Emphasizes the importance of education and relationships with colleagues • Feels uncertainty and insecurity in decision-making
Ethical reflection	• Prioritizes the security mission above all • Expresses frustration with psychiatry, which possesses knowledge but does not do enough • Reflects on being used as a taxi • Feels constrained by bureaucracy
Ethical decision-making	• Works by affirming feelings • Gives of one's time • Uses verbal communication • Is prepared for the unpredictable
Ethical action	• Uses a colleague to de-escalate the situation • Carefully weighs the use of touch • Makes careful considerations before using force or coercion
Ethical behaviour	• Maintains calm and flexibility • Affirms the person (but not the delusion) • Uses the delusion to guide the person where you want them to go • Is prepared for the unpredictable • Neutralizes the uniform and the potential for violence in one's approach

In contrast, some participants described adopting a more emotionally detached stance to manage difficult situations. In such accounts, interactions risked becoming more procedural than relational. Emotional detachment was not described solely in relation to the individual in need, but also as part of handling broader responsibilities for public safety. These accounts illustrate a tension between the compassionate imperative to empathise with individuals in vulnerable situations and the necessity of fulfilling official responsibilities in unpredictable contexts.

> *I might sound a bit harsh, but I am completely unfazed. I know that this is the best I can do, even if it is very unpleasant for the person in that moment. So, I don't dwell on it much.*

The tension between the imperative to ensure safety and the moral obligation to empathize with individuals in distress exemplifies the practical application of ethical sensitivity in action. Maintaining this balance is described as particularly challenging within the constraints of bureaucracy and logistical limitations. It underscores the importance

of approaching each encounter through an empathetic and ethically reflective lens, where professional responsibilities are not divorced from human considerations but rather informed by them.

> *In my view, it is madness that someone who has just attempted to take their own life can be out again the very next day. I think it's completely absurd//…//especially when it's someone who has done this several times and keeps getting released. I don't think it's fair to the person who clearly needs help.*

Ethical Knowledge

PPOs recognise it as their duty to protect and support vulnerable individuals, while acknowledging the inherent challenges involved in adequately assisting those experiencing severe mental ill health. In practice, this duty is underpinned by both practical knowledge acquired through direct field experience, and theoretical knowledge, developed through formal education and training. One PPO express:

> *It is partly the foundation (of knowledge [author's addition]) you get in school, and partly you build up a sort of "backpack" over time as you gain work experience.*

Ethical knowledge involved complex assessments requiring PPOs to balance the necessity of protective measures against the potential need for coercive actions. Practical ethical knowledge enables PPOs to draw on lessons learned from past encounters, while theoretical frameworks provide ethical guidelines and define legal boundaries for intervention. Concerns about the potential for misjudgement were identified as a source of uncertainty among PPOs underscoring the continued importance of education, training, and support.

> *The difficult part is drawing those boundaries—is he sick enough to need care, or should I let the person stay? Do I need to use coercion or not? And then, well, in this case, if I leave, what happens then? Did I make the right assessment? I think those are the tough cases when I'm weighing the options.*

In such situations, PPOs may act cautiously and include other professionals to ensure that nothing important is overlooked.

> *Better one involuntary psychiatric decision too many when it comes to clear suicidal intent. I can't make that assessment - I don't have the proper knowledge for it.*

PPOs express the significance of both verbal and physical interventions as pivotal for the outcomes, whether leading to calm resolutions or escalating into coercive measures. Effective verbal intervention often relies on practical skills honed over time, while theoretical knowledge involves principles of communication and ethical considerations. Onsite collaboration with psychiatric professionals is expressed as pivotal for comfort.

> *I'm really glad that it was a psychiatric nurse who sat and talked with her when she had a kitchen knife to her throat.*

However, PPOs also describe a lack of adequate support from psychiatric services, which undermines the ability to apply ethical knowledge in practice. This insufficient collaboration can leave PPOs feeling isolated when facing ethically complex situations, particularly when required to make critical decisions about long-term well-being and safety. The absence of timely or effective psychiatric input complicates the process of balancing protective responsibilities with respect for individual autonomy, often leading to increased uncertainty and frustration. PPOs express concern and frustration regarding the suffering experienced by individuals experiencing severe mental ill health within the welfare system.

> *I must take you with me now because your life is in danger…and I've done that a few times with this girl, and then you wonder, well, now we've admitted her again, again, again, and then she ends up dead. That's something I feel a lot of frustration about, specifically with… I think our mission is incredibly important, it's delicate. But it doesn't always feel like… that we get all the way, because these people need help, and that they don't get that help.*

Ethical Reflection

PPOs express the necessity of reflecting on ethical aspects and dilemmas, ensuring that immediate interventions are balanced with a respect for long-term needs and human dignity. Such transparency promotes accountability, enables critical review, and supports continuous ethical reflexivity in practice. PPOs strive to respond with humanity and empathy by trying to understand the person's vulnerable situation, while also reflecting on the uncertainty involved in whether such understanding is authentic or performed.

You must bring out the human being within yourself and try to put yourself in that person's situation. Personally, I don't have the problems they have. I have a life. I have friends, acquaintances, children, parents, no substance abuse, no broken upbringing. I don't know whether you are acting, or whether you enter and pretend to understand in some way.

PPOs´ effort to enter the other person's situation illustrates how ethical reflection is not only a cognitive process, but also a relational and emotionally demanding practice. At the same time, PPOs described that such reflective efforts take place under conditions of considerable uncertainty, where safety concerns and unpredictable risks must constantly be considered. In these situations, PPOs highlight the importance of maintaining safety and security for everyone involved, particularly in high-risk situations, as a key principle of preventing harm.

In practice this require PPOs to prioritise both public well-being and individual welfare, ensuring that their actions do not exacerbate harm or distress. The uncertainty about what will happen forms the basis for ethical reflection.

I think these are probably the toughest cases to respond to, especially because you never know what you're going to encounter.

PPOs express frustration over limitations within psychiatric care, highlighting the ethical tension they face. They emphasize the need to protect vulnerable individuals without resorting to unnecessary coercion, constantly striving to minimise harm and uphold the individual's rights. A clear distinction between the domains of law enforcement and psychiatry is reflected upon underscoring the challenges of interprofessional collaboration in ethically complex situations.

Damn, this person really, really…. needs help, and we've tried everything we can, but we don't get a decision and then there's not much more we can do. Sometimes you leave the situation with a knot in your stomach because you feel like, "Damn, we really wanted to get them in," and if they don't want to go voluntarily, then there's nothing more we can do. We've done what we can.

Ethical Decision-Making

A key aspect of professional responsibility for PPOs lies in the ability to thoroughly justify any use of coercion. Decisions in potentially dangerous situations require careful consideration, where safety measures are weighed against moral obligations. In practice, this often involves considering using verbal communication as a primary tool to de-escalate situations and create a sense of security. The intention to help is described as essential, even in situations where physical coercion becomes necessary. PPOs reflect on the challenge of balancing control and care, noting that physical actions may be regarded as a form of care when carried out to protect and assist. This involves recognizing the individual's needs and make decisions with respect for their well-being.

I try to reason with myself; when I need to physically restrain someone and they become even more panicked, finding it extremely distressing that we must use force against them. I comfort myself with the thought that this is the best thing I can do for that person, because it means they will get to psychiatry and receive help.

Furthermore, PPOs express a professional responsibility to motivate and document the circumstances leading to the use of coercive measures. By articulating the reasoning behind their decisions, PPOs uphold ethical standards and reinforced trust in their professional role. Ultimately, the justification for coercion must always be grounded in a genuine commitment to protect and ensure security.

If this is a person with a background of mental ill health…he has previously attacked the police. Already at that point, you start making an assessment and mentally preparing for it, and then you think…I want to create control, and I want things to go well for everyone here…and then you start discussing "how the hell, how should we think? …. So, you make tactical assessments along the way.

Ethical Action

In situations characterized by complexity and unpredictability PPOs are required to employ awareness of their own actions and their effects on others while maintaining flexibility and adaptability to various scenarios. In practice, ethical action involves implementing decisions that are both ethically reflected upon and customized to the specific needs of each situation. As such, ethical action is closely linked to other dimensions of ethical competence. PPOs described their actions as requiring ethical sensitivity, theoretical and practical knowledge, and the ability to reflect ethically in the moment.

I talk a lot with them, so that they are fully occupied listening and don't have time to entertain any bad thoughts…small talks so they don't have time to think about the knife in the kitchen or the balcony door. I see that as a win, at least based on my experience.

And:

> *I think it's important to acknowledge what you've heard and to confirm how they feel that it's okay for them to feel that way.*

PPOs express having to quickly assess whether coercion is necessary to protect the safety of the individual, themselves, or others. The guiding ethical principle is to intervene in ways that minimise harm, uphold the dignity of those involved and maintain trust wherever possible. However, this does not necessarily imply that the individual experiencing severe mental ill health comes first.

> *First…it is simply to grab hold of the person. A firm grip on their arms, "this is how it is; you're coming with us." And sometimes it's enough to just take them by the arms and lead them out to the car. From there, anything can happen. They might put up a lot of resistance. You might have to use handcuffs. You never really know where it's going to go once you grab hold of someone. Anything can happen.*

At the same time, several PPOs described considering alternative strategies before resorting to physical intervention or the use of force. These strategies included adapting their approach to the individual's needs, validating emotions, and employing de-escalation techniques such as dialogue and patience. In these accounts, coercive measures were described as measures to be used when other approaches were insufficient or when immediate safety was judged to be at risk. Even then, force was presented as something that should be proportionate to the perceived threat and applied with great care. By engaging in conversation or actively listening to the individual's thoughts, PPOs described trying to mitigate dangerous impulses and foster an environment of dialogue and trust.

> *I act more like I'm putting on a show, if you know what I mean. Outwardly, I appear very calm and composed and give off a sense of trust to calm the situation. But in real sense, I might be holding my weapon, though they can't see it. It's about being much more careful//…..//You sort of play a role on the outside, so things don't escalate and so you can prevent that initial use of force.*

Ethical action often requires swift and complex decision-making to ensure both safety and support. Although these accounts overlap with ethical decision-making, they are presented here as ethical action because they concern how decisions were enacted in practice through communication, role-switching, restraint, and attempts to de-escalate the situation. They also border on ethical behaviour, since repeated ways of acting calmly, flexibly, and respectfully may become part of a broader professional conduct; however, in this section the emphasis is on situated actions taken in response to immediate circumstances.

PPOs describe a strong sense of collegiality and collaboration, wherein they support one another and share experiences to enhance professional practice. Establishing a relationship with the individual can be a decisive factor in de-escalating a situation.

Delegating responsibilities or switching roles to colleagues who may be better suited to connect with individuals exemplifies the practical and adaptable nature of ethical practice. PPOs underscore the challenge of balancing ethically action, situational responsiveness, and respect for others. Sometimes, modifying strategies, such as involving a colleague, may be essential to achieve a safe and ethically appropriate outcome.

> *I also find that we are quite alert to … we might say, "hey, let's try switching and see if I can connect better with the person instead." And sometimes, just making that switch is enough.*

Ethical Behaviour

PPOs' ethical actions closely underpin their ethical behaviour even under challenging circumstances that demand a high degree of self-awareness and the capacity to reflect in the moment. Sometime, this may involve employing strategies beyond standard educational frameworks, which can raise ethical and professional considerations.

> *Never play along with a delusion." That was something they chanted in school. "Never play along with a delusion." And I have to say, the absolute best and smoothest intervention I have ever had was with a person who was deeply delusional during a psychosis and destroying his apartment. We arrived, opened the door, and he was—well, he looked completely unreachable, screaming, "help, help, help. There are snipers inside," and then I said, "Great, jump in this car and let's go." And he did, and then he was grateful the whole way to the hospital.*

A recurring theme in PPOs' narratives is the ethical considerations demonstrated through respectful conduct during daily activities. This involves interacting with individuals in ways that minimizes the perceived authority associated with the uniform, avoiding the use of force whenever possible, and acting with clarity and calmness. PPOs also express

importance of recognizing the person behind the situation often viewed as a victim within the system where help may seem inaccessible.

> *It is important how we approach them when we arrive. I think that if we are calm and composed when we enter, then there is nothing strange about us wearing uniforms. Of course, there are those situations where things don't go as calmly, and then it is what it is. But, yes, I would say that nine times out of ten things proceed very calmly.*

In practice, ethical behaviour emerged as a key, as PPOs adjust themselves to prevent escalation, demonstrating both flexibility and vigilance. By remaining adaptable and continuously reflecting on their methods, PPOs aimed to minimize harm and use empathy and patience to avoid coercive measures, while remaining aware that situations quickly can change.

> *It is not very common, but they can become a danger to others, and above all they may frighten others and be perceived as threatening, and … But they also become more … I also tend to think that they themselves become more exposed.*

Validating the individual's feelings, while refraining from engaging with delusional content, was described as an effective strategy for de-escalating situations and supporting individuals with compassion and respect. In doing so, PPOs not only fulfil their protective duties but also uphold the highest ethical standards of their profession, ensuring that each intervention is guided by a commitment prevail safety and minimizing harm.

> *We must create safety first and foremost. That is priority one, regardless of someone's condition. We must have a safe environment to work in, both for that person, for ourselves, and for third parties.*

Ethical behaviour requires the ability to remain attentive and establish appropriate responses to challenging situations This level of alertness and emotional responsiveness can be both mentally and physically demanding as PPOs must continuously balance the safety of all involved with a compassionate, non-coercive approach.

> *It is extremely energy-consuming to try to be so attentive all the time, to be responsive, and to know when to step forward and when to step back, and all those kinds of things.*

Discussion

This article provides insights into PPOs' ethical competence when encountering individuals experiencing severe mental ill health. The findings suggest that PPOs' ethical competence includes ethical sensitivity and ethical reflection grounded in a genuine wish to help, while also being closely linked to ensuring safety for all involved. At the same time, the material points to variation in how participants described their engagement with individuals in crisis. Some accounts conveyed empathy, patience, and efforts to establish trust, whereas others reflected emotional distancing and a stronger orientation toward resolving the situation efficiently. Rather than indicating a uniform pattern, these findings illustrate the tensions embedded in PPOs' dual role as both protectors and supporters within the community. Within this duality, a caring dimension of police work becomes visible, however shaped by legal mandates, situational risks, and organizational conditions (Granér & Wieslander, 2022; Miller & Blackler, 2005; Tartaro et al., 2021).

Previous research problematizes ethical competence stemming from the immense pressures PPOs face when operating in unpredictable and high-stakes environments, particularly when interacting with individuals experiencing severe mental ill health (Crim, 2018; Pifer, 2023). In the present study, PPOs emphasize the importance of clear communication, patience, and non-violent strategies in high-risk situations implying ethical reflection in their decision-making process on how to proceed in the moment. Physical restraint is generally considered a last resort, though participants acknowledge the threshold for its use can vary depending on contextual factors and individual differences. While PPOs may interpret coercive measures as care-oriented when they enable access to psychiatric care, such actions may simultaneously intensify distress and fear in the individual. Thus, ethical competence should be understood not as a guarantee of ethically unproblematic interventions, but as a situated capacity to critically navigate the unavoidable tensions between care, control, safety, and dignity. This relates to studies indicating that acting with urgency may sometimes take precedence over establishing a trusting relationship with the individual. Emotional distancing may then hinder the effectiveness of interventions, as a lack of empathetic engagement can escalate tensions rather than defuse them (Tartaro et al., 2021).

Despite a strong commitment to achieving positive outcomes, PPOs in this study frequently expressed feelings of insufficiency in relation to their efforts and the broader system, particularly in relation to what they perceived as limited support from psychiatric services in some situations. Several participants described their role as largely logistical, at times identifying more as transporters than as facilitators

of care. This perceived limitation raises ethical concerns regarding unmet needs and the inability to provide sustainable solutions. PPOs' frustration with the system can thus be understood as stemming from a disconnect between their intended role as protectors and supporters and the realities of daily practice. At the same time, these findings should not be interpreted as a simple opposition between police and psychiatry; rather, they point to the structural and interprofessional challenges that may arise when responsibility is shared across services with different mandates, competencies, and constraints (Arnaert et al., 2021; Butler et al., 2022).

Findings indicate PPOs anticipate potential risks and respond in ways that prioritize safety whilst intertwining their empathy into ethical behavior and ethical action. In this study, ethical behaviour can be understood as foundation for ethical actions even in high-stakes or unpredictable situations wherein PPOs must remain emotionally responsive and attentive, often making split-second decisions. Although these dimensions overlapped in participants' accounts, they were analytically distinguished according to their primary emphasis: ethical decision-making concerned how PPOs weighed alternatives and justified possible courses of action; ethical action concerned how such decisions were enacted in specific situations; and ethical behaviour referred to broader patterns of professional conduct across encounters. Thus, the six dimensions of Lechasseur et al.´s (2018) framework should be understood as interrelated analytical distinctions rather than as clearly separated processes in practice. These discussions are closely related to ethical decision-making, as PPOs must constantly navigate complex situations that require balancing competing priorities in terms of protecting safety, minimizing harm, and upholding individual's rights. Ethical decision-making in this context involves ongoing reflection, sensitivity, and responsiveness to both immediate risks and the broader implications of each action. The findings further suggest that PPOs must weigh the urgency of intervention against the potential for building trust and avoiding escalation. This calls for a nuanced understanding of both ethical principles and the realities of their operational environment. Although PPOs engage in ethical reflection, there remains a need for a robust ethical framework to guide decision-making (Lechasseur et al., 2018). By promoting and supporting reflective practices, the ethical competence of PPOs can be enhanced. Such an approach guarantees that interventions remain rooted in compassion, respect and a commitment to harm reduction all key elements in ethical decision-making when working with vulnerable populations in high-stakes situations.

PPOs in this study describe having to make quick decisions in stressful and complex situations assessing individuals without adequate education and/or training. Therefore, this study raises the need for further research as findings indicate a divergence in practice, with some PPOs opting to use coercive measures earlier in the decision-making process. This divergence underscores the imperative for comprehensive education and training among PPOs. Education equipes PPOs the knowledge, skills, and ethical frameworks necessary to recognize and appropriately respond to complex situations involving individuals with severe mental ill health. Training that incorporates realistic high-anxiety scenarios can support the development of effective strategies and improve performance under pressure, thereby reducing the risk of violent outcomes. This aligns with research indicating that PPOs are more likely to use firearms under conditions of heightened anxiety (Nieuwenhuys et al., 2011). The capacity to evaluate values, motives, and actions to make well-considered decisions reflects a commitment to acting in the least intrusive and most supportive way possible, a core aspect of ethical policing (Granér & Wieslander, 2022). Another crucial aspect highlighted is the need for a thorough understanding of the regulatory frameworks within which psychiatric services operate. This includes recognising fundamental values such as patient autonomy, patient involvement in care, and the emphasis on voluntary treatment. Additionally, it is important to appreciate the limitations faced by psychiatric services when caring for individuals who are acutely suicidal while intoxicated, but not when sober. Psychiatry often has limited success in treating alcoholism itself and is generally unable to address suicidal ideation that only manifests when a patient is under the influence of alcohol (Keyes et al., 2022). This underscores the importance of mutual understanding and realistic expectations in interprofessional collaboration, ensuring that each partner's professional boundaries and constraints are respected while striving for the best outcomes for vulnerable individuals.

However, it is important to emphasize that education alone is unlikely to solve the entire problem. The translation of ethical competence into ethically grounded interventions is shaped not only by individual knowledge and training, but also by organizational, cultural, legal, and resource-related conditions. Thus, sustainable improvement requires a broader approach involving both police and psychiatric services. In conclusion, and a broader approach is needed to create sustainable improvements within both police and psychiatric services. To begin with this study, recommend targeted training to develop enhanced ethical sensitivity, acquire effective de-escalation strategies, and gain a deeper understanding of the importance of non-coercive interventions. Such training not only helps minimize the risk of unnecessary use of force but also fosters more compassionate, individual-centred approaches that prioritize safety

and respect for all involved. Furthermore, ongoing education fosters reflective practice, enabling PPOs to continually adapt and enhance their effectiveness in high-pressure situations as they gain professional experience. Investing in comprehensive educational initiatives equips PPOs to manage urgent circumstances with empathy, thereby promoting safer and more ethically responsible outcomes. Integrating a compassionate approach into operational procedures strengthens the ethical foundations of policing by supporting both public safety and individual wellbeing. This alignment reflects the broader objectives of police ethics as outlined in the accompanying context.

There are similarities between the ethical dilemmas faced by PPOs and those encountered in healthcare settings wherein ethical dilemmas has been addressed in the project 'Ethically good care for older persons with acute health problems (ECA) integrating practical reflection of lived experiences with ethical theory (Bremer et al., 2019). The ECA-project resonates with Ekebergh' s lifeworld approach wherein reflection is considered as a bridge between theory and practice (Ekebergh, 2007). Aligned with the theoretical framework of this study, ethical competence from a lifeworld perspective encompasses not only cognitive but also relational and experiential dimensions, requiring a holistic approach. Structured ethical reflection has been shown to effectively enhance ethical awareness and support ethical decision-making in nursing education (Jakobsen & Sunde Mæhre, 2023). Fostering interdisciplinary collaboration and integrating caring science principles might be a way forward in police education and practice. By establishing regular dialogue and joint training sessions between PPOs and mental health professionals, ethical competence and responsiveness when encountering individuals experiencing severe mental ill health may enhance in both groups. Such initiatives might make way for more holistic, compassionate support for vulnerable individuals.

Conclusion

PPOs' ethical competence is shaped by the need to balance safety, empathy, and non-coercive approaches when engaging with individuals experiencing severe mental ill health, though this balance is often challenged by the pressures and unpredictability of these encounters. The study reveals significant variation in PPOs' ethical sensitivity and decision-making, particularly regarding the use of coercive measures, underscoring the importance of comprehensive education and scenario-based training to promote ethical, effective, and least intrusive interventions.

The study highlights systemic limitations including insufficient support from psychiatric services, contribute to PPOs´ feelings of professional frustration and inadequacy. This underscores the need for improved interprofessional collaboration between law PPOs and psychiatric healthcare professionals. Reflective practice and ongoing ethical training we believe are essential for enhancing ethical sensitivity, and supporting compassionate, individual-centred responses in high-pressure situations.

The study offers valuable insights into ethical competence in policing highlighting the necessity for a more comprehensive, interdisciplinary approach to effectively address the unique challenges PPOs face. Ultimately, the findings point to a clear need for targeted interventions aimed at bridging the gap between PPOs and healthcare professionals when interacting with individuals experiencing severe mental ill health.

Methodological Considerations and Limitations

Focus group interviews are an effective approach as multiple participants can be interviewed simultaneously, saving time compared to one-on-one interviews. Moderators can remain flexible and adapt follow-up questions based on the flow of conversation, allowing for exploration of unexpected topics. Using predefined categories in qualitative content analysis can limit the study, as researchers may overlook important information that falls outside the original framework. This can hinder the ability to capture unexpected insights during coding process. Predetermined categories may reduce the adaptability of the analysis, leading researchers to focus primarily on data that aligns with established categories, thereby reinforcing existing assumptions and potentially neglecting data that challenges or expands the framework. Strict adherence to predefined categories may constrain the representation of participants' perspectives, as their experiences are interpreted through the lens of the researcher's selected framework rather than emerging organically from the data. Addressing these limitations requires maintaining openness to new categories, regularly reviewing the coding scheme, and ensuring that the analysis remains sensitive to the complexity and richness of the qualitative data.

This study is limited by applying ethical competence from a caring science perspective may not be fully applicable to PPOs, as their professional responsibilities are governed by distinct legal frameworks and operational mandates, that differ significantly from those in healthcare. Although both professions engage with vulnerable populations, the context and nature of their ethical decision-making can diverge substantially. PPOs operate under legal obligations and institutional directives that necessitate a different ethical orientation than that of healthcare professionals. Nevertheless, we argue that fostering interdisciplinary/interprofessional collaboration, along with mutual

understanding, can enable both fields to benefit from each other's ethical strengths. Integrating perspectives from caring science and law enforcement may contribute to the development of more holistic approaches that balance ethical sensitivity, legal compliance, and compassionate care for individuals in crisis (Arnaert et al., 2021; Lechasseur et al., 2018). On the other hand, the deductive use of Lechasseur et al.'s framework may have made aspects of police work such as discretion, occupational culture, practical typification, and accountability less visible in the analysis.

Furthermore, the aspects of ethical competence explored in this study may not be definitive from a caring science perspective, particularly as the influence of professional experience remains insufficiently examined (Lechasseur et al., 2018).

This research turned out not requiring ethical approval in accordance with the requirements of the Swedish Ethical Review Act (2003:460) but received advisory guidance from the Swedish Ethical Review Authority (No 2023-07149-01). However, recruiting participants within a hierarchical organization such as the Police Authority is challenging. The procedure of using Police Unit Managers could be questioned, as there is a risk that participants may feel pressured to take part due to the chain of command within the police. All interviews were preceded by participants providing written informed consent in accordance with the Helsinki Declaration (Helsinki, 2018), which should help safeguard the voluntary nature of participation.

Conducting focus group interviews in a group with a clearly defined hierarchy may result in some participants remaining silent in favour of their colleagues. The use of a co-moderator was therefore intended to identify participants with lower levels of interaction and to direct questions to them to gain access to their experiences. Overall, the focus group interviews were generally characterized by an open discussion climate in which all participants had the opportunity to contribute. Nevertheless, the use of focus group interviews may introduce group dynamics that could either inhibit or amplify certain viewpoints, potentially leading to social desirability bias, dominance by more vocal participants, or a false sense of consensus (Alvesson, 2018; Morgan, 1997). Additionally, as the sample is likely limited to a rural context, the findings may not be generalisable to all PPOs or other settings. Furthermore, the qualitative nature of the research means that the results are interpretative and may be influenced by the perspectives of both the participants and the researchers, which could affect objectivity. Although multiple interpretations of the data are always possible, the categories and interpretations in this study were carefully reviewed and discussed among all authors. The findings presented reflect what we consider to be the most plausible and well-supported understanding of the material. To enhance the study's credibility and allow readers to assess its trustworthiness and relevance to similar contexts, a rich selection of participant quotations has been included.

At last, this limited study does not claim having captured the longitudinal impact of experience on ethical competence suggesting the need for further research to explore how ethical competence evolves over time.

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Author contributions The focus group interviews were moderated by the second (M.H), fourth (H.A), and last author (E.A), with one serving as the primary moderator and another as the co-moderator. In one group, the co-moderator role was assumed by a member affiliated with the research team but not part of the author group. The first (H.C) the last author (E.A) performed analysis and drafted the manuscript including tables. All authors reviewed and revised the manuscript.

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Data Availability Due to the sensitive nature of the interview data, they are not publicly available but can be obtained from the corresponding author upon reasonable request.

Declarations

Ethical approval This study turned out not requiring ethical approval in accordance with the requirements of the Swedish Ethical Review Act (2003:460) but received advisory guidance from the Swedish Ethical Review Authority (dnr: (No 2023-07149-01). Author ethical principles were followed, in line with the Swedish Law on Ethical Review of Research Involving Humans. Participation was voluntary, verbal and written consent was obtained before the interviews, and information explaining that withdrawal from the study at any time without stating a reason was possible. There were no dropouts at any time The study presents original data and is not under consideration for publication elsewhere. Each author has contributed to the authorship and approved the final version submitted here.

Competing interests The authors declare no competing interests.

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