

Police and Health –researching and working across complex systems to support people with co-morbidities

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Sharing common ground

- Policing road traffic and attending to collisions and associated physical and psychological trauma
- Preventing and responding to domestic abuse/family violence/intimate partner violence or other violence
- Responding to and mitigating harms from human-induced crises and environmental disasters
- Preventing and responding to infectious disease outbreaks, such as COVID-19 and HIV, as examples
- Policing the use of alcohol and drugs, prevention of drug related deaths
- Monitoring and investigating fraudulent medicine production and trafficking
- Responding to people experiencing psychological trauma and mental distress

Key point: Public health approaches to policing recognise that the underlying causes of complex social issues and some crimes are outside the control of police; Criminal justice, health and social care services can not address these alone

Significant attention
on research and
redesign of policing
mental health
responses –
frequently missing are
considerations of
multi-morbidity

- HMICS Thematic review of policing mental health in Scotland (2023)
- The Scottish Mental Health Law Review, (2022)
- Consensus agreements to bring a Public health approach to policing (England and Wales)
- Police Scotland and Public Health Scotland collaboration on public health and wellbeing

Case – Deb

- Deb (63) called 999 numerous times that evening due to a domestic incident. Initially refused police entry or called police off.
- Police attended home –. Partner taken into custody. Deb highly intoxicated and threatening self-harm. Call to unscheduled care G.P service . Appointment given for assessment at hospital. Deb refused to leave home. Request for G.P home visit for assessment.
- Police remained in attendance, unable to leave to threats of self harm. Seen by Dr who advised unable to assess due to intoxication. Advised to take to Place of Safety. Police exhausted all options to secure a family member to keep Deb safe. Forced to consider police custody. Required to charge with wasting police time to ensure safety. Officers did not initially handcuff, however Deb attempted to jump from the moving police car. Hand cuffs applied. Strip searched and detained in custody overnight. In morning related no longer wished to harm self and was released
- Incident spanned two police shifts
- Deb has a history of intimate partner violence, alcohol use, depression Deb has a learning difficulty following traumatic brain injury as a child. Although never formally diagnosed, potential FASD

Gaps in the system- and human responses

- The medicalisation of mental distress has a powerful effect on the management of people within police and health systems. Complex co-morbidities can be missed.
- Diagnostic overshadowing
- Differing philosophical approaches to care can find police and health services working opposition
- Gaps in information sharing between services
- Police risk adverse culture – unable to transfer care and ‘error terror’
- Fitting people into a binary system of criminal justice or mental health – ‘missing middle’
- Lengthy wait times in police and health services - mental health is often not a time critical emergency
- Significant gaps in the care of people who are in mental distress who are intoxicated. Lack of recognition of neurodiverse conditions
- Highly resource intensive for all services
- Focus on ‘Place of safety’ rather than safe places
- Gaps in communication support for people with neurodiversity neurodisability –identification in both health and criminal justice systems

Impact on those coming to police and emergency services attention

- Gaps in systems can traumatise and retraumatise
- People displaced between systems and policies
- Reinforce stigma, shame and lack of dignity
- People can be overlooked between systems and policies
- Can reinforce cyclical requests for support and responses
- Research focusing on co-morbidities is sparse

Drivers for change

- Police reform in Scotland (2012)
- HMICS Thematic review of policing mental health in Scotland (2023) and The Scottish Mental Health Law Review, (2022)
- Mounting evidence of bettered outcomes for people, communities, organisations, and public sector funds where there has been a re-envisaging of research and practice that works along, and across policing and public health boundaries- for example police carriage of Naloxone (Scotland) .
- Public Health approach to policing - Understanding and addressing the causes of the causes
- Global Law Enforcement and Public Health association neurodiversity special interest group.
- SIPR , GLEPHA and Edinburgh Napier University- Two-day conference in Policing and Neurodiversity (February 2025)

Considerations for researching in the field.

- Think about your position in the research
- Research (thoroughly) the ethical challenges and innovative approaches to researching in the field.
- Co-production – people with comorbidities play an essential role, as co-investigators
- Audio record participant invitations, consent as an option to support understanding of consent
- Have tasks and scenarios written down and are kept as short as possible, without compromising on clarity. Include visuals within instructions
- Avoid abstract concepts such as ‘imagine you are ...’ This can be difficult for people with certain cognitive impairments to grasp, so it’s preferable to allow them to complete tasks and scenarios as themselves.
- Some people may become easily overwhelmed or find it difficult to remember large chunks of information. It is therefore important to reduce the cognitive load for participants by splitting up tasks and questions into smaller, more manageable chunks – even over a couple of interviews.
- Use rating scales as a conversation prompt. People may struggle to understand how to provide a rating that is truly indicative of their opinion. However, rating scales can be used as a conversation point instead of relying on just the number. Always asks participants why they gave that number so that they are prompted to discuss their opinions and thoughts further.
- Support workers involved in the research process to support participants

Gaps in workforce development and research

Interprofessional learning in undergraduate and probationer programmes

Postgraduate studies in policing and public health

Knowledge exchange events

Lowering the walls of academia and developing two-way system of clinical and academic dialogue and learning

Funding independent evaluations of tests of change and focused research funding to develop new practice

Developing postgraduate researchers and supervisors to work across fields

And for the future...?

Development of a new hybrid professional role to research and work across police and health boundaries.

Questions...and thank you

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Vulnerability and Policing International PhD Summer School

7-11 July 2025, York, United Kingdom

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