

# Brief Report

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Tasmanian Institute of Law Enforcement Studies (TILES), University of Tasmania, Australia, CRICOS Provider Code 00586B

## **Law Enforcement and Public Health Workshop Series Report No. 5 - A Co-located, Multi-Disciplinary Initiative for Tasmania**

Isabelle Bartkowiak-Théron, Danielle Campbell, Romy Winter, Sancia West,  
Roberta Julian and Rikki Mawad

*"We amplify the benefits when we work together.  
If we can't do it here, no one will be able to do it anywhere"*

### **Background**

In November 2017, the Tasmanian Institute of Law Enforcement Studies (TILES) released an Issues Paper on 'Law Enforcement & Public Health'. The Issues Paper invited responses from the community about using Collective Impact (as a possible, among others) approach for integrated service delivery and collaboration in law enforcement and public health issues (such as mental health, drug and alcohol use or addiction, violence, disease, road trauma, emergency and disaster management).<sup>1</sup>

In addition to the preparation of a Final Report on the Issues Paper, TILES initiated a series of consultations and workshops on collective impact and collaborative models.<sup>2</sup> The Collective Impact Workshop Series sought to transform research and discussions into action. The fifth workshop in the series, on which this report focuses, was an opportunity for law enforcement and public health officials, educators and stakeholders to discuss opportunities for a co-designed, co-located multidisciplinary hub for LEPH. The workshop was held at the University of Tasmania on 7 December 2018.

The workshop was attended by 18 stakeholders and a panel of speakers including the Deputy Commissioner of Tasmania Police, Scott Tilyard and representatives of the Tasmanian Office of the Chief Psychiatrist (DHHS).

### **Progress Update**

Dr Isabelle Bartkowiak-Théron, as lead of the TILES LEPH research stream, updated attendants on progress since the last workshop, the LEPH conference, and her trip to Scotland and the UK to explore approaches to LEPH overseas. She also outlined future research and administrative steps for the research team. Dr Jen Ayton also provided an update on activities within the School of Medicine. One of the main outcomes discussed by both was the creation of new teaching synergies between health and police students. New curriculum exposes police recruits to the LEPH nexus, as part of their curriculum on vulnerability; it also encourages medical students to talk to police via a 1<sup>st</sup> year community placement program and a 2<sup>nd</sup> year program looking at working with police officers in local communities. It was agreed that whilst education is not the solution to everything, it is a fundamental first step to bringing new understandings and integration to the professions.

## **New Approaches to LEPH**

Deputy Commissioner of Police, Scott Tilyard opened the panel session, reiterating some of the points he made at Workshop 4 regarding intersections between the determinants of crime and the indicators of health. He argued that there are strong arguments for a co-location of services to tackle multi-faceted issues (the current Safe Families Coordination Unit is a good example of how justice, police and health can work together within the broader context of Safe at Home, Tasmania's whole of government family violence policy<sup>3</sup>). Co-location of services allows for therapeutic approaches to be in synch with diversion schemes and allows for multidisciplinary information/sharing. It was noted that Tasmania does not have perfect data management systems; with no common database within or outside government. All stakeholders agreed that the issues of lack of (or difficulties in) collaboration and joint data gathering are not new, but that because such issues enduring, there is a need for 'new and different' reactions. In a tight fiscal climate, the 'can't do without extra money' needs to be set aside to allow for different discussions.

Deputy Commissioner Tilyard emphasised the need for a range of resources, including leadership, and spoke of the amplification of benefits when people work together. He discussed the need to build a sense of shared responsibility and to use Tasmania's advantages as the perfect test lab for these new collaborative approaches. These advantages include: high levels of public trust for LEPH professions, high levels of trust between professions, the small size of the state, ongoing opportunities for formal and informal networking (due to closely intertwined organisational and personal networks). It was also agreed that there is a commitment from the government for joined up teams, as demonstrated in the field of emergency management.

Cat Schofield and Bec Thomas (DHHS) represented Tasmania's Chief Psychiatrist to give an overview of the 'Trieste' Model.<sup>4</sup> The model is part of the Reform Directions outlined in the Tasmanian Government's 'Rethink Mental Health Better Mental Health and Wellbeing: A long-term plan for mental health in Tasmania 2015-2025' strategy.<sup>5</sup> While Tasmania could borrow from the Trieste model and also from Queensland's 'Floresco' model<sup>6</sup>, there is the opportunity for Tasmanians to co-design a more suitable model for the state to ensure that it is appropriate and accessible. There was indeed a consensus that models like Trieste cannot be imposed from the top. Participants suggested the process that will lead to a Tasmanian version of the Trieste model should keep its main components; in that Trieste is a fully community-based service, without a dedicated psychiatric hospital. It is person-centred and includes prevention and early intervention as well as crisis services (currently, most services in Tasmania are funded for crisis intervention). The Trieste model includes a 24/7 program of triage and care is autonomous and socially inclusive.

## **Questions / Opportunities**

Some questions asked after the presentation included the following:

- How do we integrate a different approach? (i.e. Paramedic call outs to a mental health call with potentially violent clients)
- How can we afford quality and safety for what are fundamentally scarce regional services?
- How can a different approach make better economic sense overall?
- How do we understand and 'sell' the worth of prevention in our economy and community?
- What are the advantages and challenges specifically in the Tasmanian context? (e.g. connectedness, redirecting resources)
- What are the currently successful programs that could help inform an understanding of the strengths that could be transferred into future initiatives?

The consensus that emerged as a result of the discussion included an understanding that:

1. Tasmania is well placed to make the most of this opportunity to collaborate;
2. collaborative change requires cultural reflection;
3. an ability to embrace the positive risks of working together and in new ways is desirable; and
4. a truly client-centred approach leaves no option but to explore new pathways to ensure better outcomes for the client and the community as a whole.

The sentiment was summed up in the comment:

*"We amplify the benefits when we work together. If we can't do it here, no one will be able to do it anywhere"*

## Conclusion and Next Steps

Since the conclusion of this workshop, TILES has continued discussing future pathways and research and service collaboration in health and social issues that overlap the spheres of law enforcement and public health. The Institute is, at the time of writing, in the process of consolidating ideas for research funding applications in 2019 and 2020 focussing on two Tasmanian communities. TILES regularly communicates with workshop participants on progress and opportunities.

**Any comments or queries can be forwarded to the team through** (e-mail) [leph.tiles@utas.edu.au](mailto:leph.tiles@utas.edu.au). The workshop report series can be found at <https://www.utas.edu.au/tiles/research/research-streams/law-enforcement-and-public-health>.

## References

Bartkowiak-Théron, I, Campbell D, Julian, R and Hughes, C, 2017 'Law Enforcement and Public Health Issues Paper', [http://www.utas.edu.au/\\_\\_data/assets/pdf\\_file/0006/1047453/LEPH-Issues-Paper-2017-Final.pdf](http://www.utas.edu.au/__data/assets/pdf_file/0006/1047453/LEPH-Issues-Paper-2017-Final.pdf).

Julian R, Bartkowiak-Theron I, Hallam J, Hughes C, 'Exploring law enforcement and public health as a collective impact initiative: lessons learned from Tasmania as a case study', *Journal of Criminological Research, Policy and Practice*, 3, (2) ISSN 2056-3841 (2017)

## Web References

<https://zeroproject.org/practice/mental-health-department-whocc-italytrieste/>

<https://www.qmhc.qld.gov.au/research-review/better-service-integration/floresco-service-model>

[https://www.dhhs.tas.gov.au/mentalhealth/rethink\\_mental\\_health\\_project](https://www.dhhs.tas.gov.au/mentalhealth/rethink_mental_health_project)

[https://www.dhhs.tas.gov.au/mentalhealth/rethink\\_mental\\_health\\_project/rethink\\_mental\\_health\\_project\\_-\\_supporting\\_documentation](https://www.dhhs.tas.gov.au/mentalhealth/rethink_mental_health_project/rethink_mental_health_project_-_supporting_documentation)

[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Former\\_Committees/mentalhealth/report/e03](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Former_Committees/mentalhealth/report/e03)

## Other Reading

A Tale of Two Cities: The Exploration of the Trieste Public Psychiatry Model in San Francisco (2015) in *Culture Medicine and Psychiatry* 39(4),

[https://www.researchgate.net/publication/277078425\\_A\\_Tale\\_of\\_Two\\_Cities\\_The\\_Exploration\\_of\\_the\\_Trieste\\_Public\\_Psychiatry\\_Model\\_in\\_San\\_Francisco](https://www.researchgate.net/publication/277078425_A_Tale_of_Two_Cities_The_Exploration_of_the_Trieste_Public_Psychiatry_Model_in_San_Francisco)

<http://www.scotland.police.uk/whats-happening/news/2018/september/mental-health-street-triage-pilot-launched-govan>

<https://www.bbc.com/news/uk-scotland-glasgow-west-45434310>

<https://www.strivetogether.org/>

<http://www.wales.nhs.uk/sitesplus/documents/862/TMHCommunityMentalHealthCareInTrieste.pdf>

## Endnotes

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<sup>1</sup> Bartkowiak-Théron, I, Campbell D, Julian, R & Hughes, C, 2017 'Law Enforcement & Public Health Issues Paper', [http://www.utas.edu.au/\\_\\_data/assets/pdf\\_file/0006/1047453/LEPH-Issues-Paper-2017-Final.pdf](http://www.utas.edu.au/__data/assets/pdf_file/0006/1047453/LEPH-Issues-Paper-2017-Final.pdf).

<sup>2</sup> See further background to the workshop series through Julian R, Bartkowiak-Theron I, Hallam J, Hughes C, 'Exploring law enforcement and public health as a collective impact initiative: lessons learned from Tasmania as a case study', *Journal of Criminological Research, Policy and Practice*, 3, (2) ISSN 2056-3841 (2017).

<sup>3</sup> See: <https://www.safeathome.tas.gov.au/>; and also <http://www.dpac.tas.gov.au/safehomesfamiliescommunities>

<sup>4</sup> See further on the Trieste Model from Italy from [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Former\\_Committees/mentalhealth/report/e03](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Former_Committees/mentalhealth/report/e03)

<sup>5</sup> See further <http://www.dhhs.tas.gov.au/rethink>

<sup>6</sup> See further <https://www.qmhc.qld.gov.au/research-review/better-service-integration/floresco-service-model>