Guest editorial

Philip Birch and Nick Crofts

Three international conferences on the intersection of law enforcement and public health (LEPH) – Melbourne 2012, Amsterdam 2014 and 2106 – have shown a vast range of areas and issues in which the partnership between the two sectors is critically important in devising and implementing the most effective approaches to complex social issues. This area, newly identified academically but with a long and respectable history (e.g. Bittner, Punch), is beginning to receive long overdue scrutiny with the realisation that effective approaches to these issues come only with multi-sectoral collaborations and partnerships. The conferences demonstrated that these issues are manifold – the last conference highlighted themes including mental health, violence (especially gender-based), crises and catastrophes, infectious diseases (especially HIV) and trauma (especially PTSD and road traffic), but there are many more areas that can be considered. This special issue of *JCRPP* highlights a few of the more important areas, including papers from talks given at the 2016 LEPH Conference providing an excellent illustration of the range of substantive themes: mental health, domestic/family violence, child abuse and alcohol-related harm; and of some overarching issues of leadership and collectivisation of responses. It should be emphasised, and the papers herein manifest this, that few of these issues exist in the single person or the single situation in isolation – mental ill-health, alcohol, other drugs and violence all commonly inter-relate and reinforce each other's untoward impact.

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As Julian *et al.* observe in this issue, this movement to recognise the importance and examine the operation of LEPH is gaining worldwide traction (Jardine, 2013; Wood *et al.*, 2013). They note how, "LEPH is an evidence-based multidisciplinary approach that challenges the way law enforcement and health are currently administered, shifting from intersection to integration at the level of program design upwards. This trend is particularly relevant to how we understand prevention, treatment and harm reduction interventions in many areas of policing and health".

An area in which the intersection of LEPH is especially critical and often tragic in its consequences is that of mental health crises, in which behaviours can be constructed simultaneously as being criminal in nature or manifestations of ill-health. The history of police encounters with those undergoing a mental health crisis is strewn with tragic outcomes. Two dominant approaches to these issues are joint responses by police and mental health agencies to such crises and mental health crisis intervention training for police. Thomas *et al.* in this issue (a focus for mental health training for police) focus on the latter, examining mental health training for police in the USA, Canada and Australia to facilitate improved outcomes for people experiencing mental health crises. Their finding that availability and uptake of mental health training programmes offered internationally remains piecemeal and idiosyncratic indicates a need for police agencies to better recognise and invest in such programmes. But Thomas *et al.* emphasise the need for operational experiential learning, which police strongly prefer, and extended training for specialist officers – and, critically, further examination of the effectiveness of different approaches to training. We would argue that the need for collaborative approaches in such situations also requires increased attention from the mental health sector. Current and former patients can play a very useful role in the education of both police and mental health agencies in dealing with mental health crises.

An example of the former approach, that of integrating service sectors in their responses to mental health (and other personal) crises is that piloted on the Isle of Wight and examined here by Matheson Monet *et al.* (multi-agency mentoring pilot intervention for high intensity service users of emergency public services: The Isle of Wight Integrated Recovery Programme). Integrating or embedding trained police officers with mental health services – or the other way around – has much evidence to support increased safety and effectiveness of responses, but is not without its

difficulties in terms of cultural clashes and joint or separate accountability. As the current authors have found there is strong evidence of reductions in call outs and increases in treatment compliance – and potentially in long-term outcomes and cost savings. The authors also emphasise the need for research into which strategies are most effective.

The effectiveness of multi-sectoral collaborations and responses, based on exactly this type of evaluative research, shows through in the paper by McEwan *et al.* in evaluations of a programme to bring forensic mental health expertise into the specialist family violence team. Their conclusions can stand for the whole area of LEPH, in the findings that policing practice requires independent evaluation to determine effectiveness, and that multidisciplinary collaboration within police, using expertise from agencies external to police, can improve police practice.

While violence in general and child abuse in particular have long been the province of police responses, only relatively recently have they been recognised as public health problems. Martin *et al.* review the evaluation of a new Scottish unit addressing child abuse, and finds, as we might expect, that holistic approaches promoting inter-agency collaborations provide the best hope for beneficial outcomes.

This is then followed by De Andrade *et al.* who explore alcohol-related harms and street service care in entertainment districts, demonstrating yet again the health impacts of alcohol. It is the first to examine factors associated with receiving street service care for alcohol intoxication, injury or violence in a NTE. Its value lies not only in highlighting the issues but also in informing policy; results inform policy and practice relating to the provision of street service care in the NTE for nonemergent health problems, and how this interrelates with other frontline services. In doing so it highlights the value in applied research and their potential real world impact.

In light of these and other examples, it may be worth considering whether there is a need for a science of LEPH; a meeting of researchers at the 2014 International LEPH Conference though so, and created a global network, soon to be an association, of those working and researching in the LEPH field. Julian *et al.* consider this and through a review of current initiatives in the LEPH space – including three models, from Saskatchewan, Edmonton and the UK, though not going by the name – work to embed LEPH in a broader context, as a move to bring about true “whole of government” action on complex social issues. They acknowledge what is well known, “The push from government bodies to engage in ‘whole of government’ initiatives has been strong in discourse, and yet shy in resourcing. However […]. There is a recognition by service-providers that the current interagency models of collaboration cannot address the entrenched nature of disadvantage that contributes to significant social problems […]”. Julian *et al.* advance the debate further by looking at the actual and potential contribution of LEPH-style activities in Tasmania to a collective impact agenda, and strengths and challenges for this approach.

That this field of studies requires much further investigation, analysis and understanding is all too apparent by the broad range of methodologies and issues it involves, and the lack to date of a coherent underlying and unifying philosophy. This special issue of the *JCRPP* is a contribution to the process of developing this philosophy.