LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON JUSTICE AND COMMUNITY SAFETY

(Reference: Inquiry in the form of an evaluation of current ACT Policing arrangements)

Members:

MRS G JONES (Chair)
MS B CODY (Deputy Chair)
MR D GUPTA

TRANSCRIPT OF EVIDENCE

CANBERRA

TUESDAY, 4 AUGUST 2020

Secretary to the committee:
Mr A Snedden (Ph: 620 50199)

By authority of the Legislative Assembly for the Australian Capital Territory

WITNESSES

Privilege statement

The Assembly has authorised the recording, broadcasting and re-broadcasting of these proceedings.

All witnesses making submissions or giving evidence to committees of the Legislative Assembly for the ACT are protected by parliamentary privilege.

"Parliamentary privilege" means the special rights and immunities which belong to the Assembly, its committees and its members. These rights and immunities enable committees to operate effectively, and enable those involved in committee processes to do so without obstruction, or fear of prosecution.

Witnesses must tell the truth: giving false or misleading evidence will be treated as a serious matter, and may be considered a contempt of the Assembly.

While the committee prefers to hear all evidence in public, it may take evidence in-camera if requested. Confidential evidence will be recorded and kept securely. It is within the power of the committee at a later date to publish or present all or part of that evidence to the Assembly; but any decision to publish or present in-camera evidence will not be taken without consulting with the person who gave the evidence.

Amended 20 May 2013

The committee met at 4.02 pm.

CAMPBELL, DR EMMA, Chief Executive Officer, ACT Council of Social Service
WALLACE, MR CRAIG, Policy Manager, ACT Council of Social Service

THE CHAIR: Good afternoon and welcome to this session of the online, streamed public hearing of the Standing Committee on Justice and Community Safety inquiry into the evaluation of current ACT Policing arrangements. On behalf of the committee, and in advance of their appearance, I thank the witnesses who will appear today. We have Emma Campbell and Craig Wallace from ACTCOSS; Esther Mckay, who is an expert in post-traumatic experiences for frontline serving personnel; and Carmel O'Sullivan, who has similar expertise.

Proceedings will be recorded by Hansard for transcription purposes and are being webstreamed and broadcast live. The initial discussion today will be with representatives of ACTCOSS. Thank you so much for appearing, Dr Campbell and Mr Wallace. We look forward to hearing what you have to say.

Before we start, there are a few matters. If you take a question on notice, please give us the information back within five business days after receiving the transcript of the hearing. Emma, do you have any opening remarks for the committee?

Dr Campbell: Yes. I begin by acknowledging that I think most of us are meeting on the land of the Ngunnawal people, and I pay my respects to elders past, present and emerging. I reflect on the fact that today is National Aboriginal and Torres Strait Islander Children's Day and, while we celebrate the voices and the strength of First Nations children in Canberra, we also remind ourselves that in the ACT First Nations children are locked up in youth prisons at eight times the rate of their non-Indigenous peers.

Finally, I thank you for inviting ACTCOSS to give evidence today. We urge the committee to seek the input of more community sector organisations, including those who represent some of the more vulnerable and marginalised communities, before completing your report.

THE CHAIR: I need you to confirm that you understand and have read the implications of the privilege statement that has been emailed to you.

Dr Campbell: Yes.

THE CHAIR: We have certainly put out a call to the whole community. We have done plenty of media requests for people to input into the committee and we are still open to input before finalising our report. If there are community groups that you think should have a say that have not heard of the inquiry then feel free to ask them to get in touch. We are so keen to hear from them.

Thank you so much for your submission. It is very informative and gives us plenty to go through. The thing that I want to start homing in on first is diversity within ACT Policing. We had this conversation with the head of ACT Policing, the new commissioner, as well as the national head of the AFP when they appeared together

before us a few weeks ago. They are open to accepting the fact that they are traditionally not a particularly diverse workforce. I would be keen to see if you know how that has been changed in other workplaces that have been successful and if there are any strategies that you can suggest, because we will be making some recommendations on this topic.

Dr Campbell: I think in our submission one of the things that we suggested was to, as a starting point, look at the Federation of Ethnic Communities' Councils of Australia's *Cultural Competence in Australia* guide, which provides a resource to organisations large and small to review the diversity and cultural competence of their organisation and includes ideas around methods for improving diversity and cultural competence. One of the most important elements is recruitment and ways of recruiting.

Traditional methods of recruiting need to be challenged and revised. Engaging with Aboriginal and Torres Strait Islander community organisations as well as culturally and linguistically diverse community organisations would really help the police, I think, in coming up with new and creative ideas to reach out and recruit more diverse officers. That particular guide focuses on culturally and linguistically diverse communities.

THE CHAIR: There are other ways of being diverse.

Dr Campbell: Yes, there are other ways of being diverse, and that is why engaging with Aboriginal organisations, LGBTIQ organisations as well, is very important. These are some of the areas that we would encourage the police to explore.

THE CHAIR: Can you point to anyone you know, in organisations either in the ACT or outside the ACT, who have done this really well and created that change?

Dr Campbell: In improving—

THE CHAIR: Diversification of their employment base, essentially.

Dr Campbell: I think we could probably look for some examples and get back to you.

THE CHAIR: That would be great.

Dr Campbell: It is rather unfortunate that we do not have good examples of diversity in many of the institutions that are incredibly powerful in our community and society.

THE CHAIR: I guess what I am saying is that we are very concerned that our recommendations are as practical as possible, they are as direct and clear as possible, so that they can be implemented without too much, let's say, lip-service. If we can get any examples, that would be so great and would help us to point them in the right direction. If you can come up with any, we will be so grateful.

Dr Campbell: ACTCOSS's own Gulanga program, which is a program to improve the cultural competency of non-Aboriginal organisations in the community sector in dealing with Aboriginal and/or Torres Strait Islander people in the ACT, also has resources that we would be very interested to share with ACT Policing. I think there

probably are some examples from the community sector that we might be able to share. Craig, do you have any particular examples?

Mr Wallace: I can give you some examples of frameworks within—

THE CHAIR: Craig, I welcome you to the committee. Before you speak, I just need to get your acceptance of the privilege statement that has been emailed to you. You have seen that before?

Mr Wallace: Yes, I have, and that is understood.

THE CHAIR: Go ahead.

Mr Wallace: An example of work that has been done within ACT government and that has been driven through community sector and also federally is the disability confidence tool kit that has been done by the ACT Inclusion Council that covers inclusive practice. I know that some of that historically has actually been used in some community policing. There used to be a dedicated position of a person with a disability. I am not aware whether that still operates now, but I can find out for the committee.

There is also a well-established action plan framework that the Human Rights Commission set up. I had a brief scan before coming online to this committee and could not see a current action plan for ACT Policing, but perhaps frameworks like that also provide a guide.

THE CHAIR: To make sure that we get the information, if you can at least forward us names of or links to any of those documents so that we can then include them in our report, that would be fantastic.

Dr Campbell: Yes, but one comment on that is that one of the biggest challenges in recruitment is the concept of cultural fit, which I am sure is a requirement of many organisations. The challenge with ideas of cultural fit means you create people like you. One of the biggest challenges is that, while organisations—

THE CHAIR: To get the ball rolling on the change that is needed can be harder than once it is going.

Dr Campbell: Yes.

MR GUPTA: One of the examples we can really look to is across the border in Victoria. We can see that police are now happily involved in supporting that element, through the coronavirus ongoing issues. Such officers may need training specific to the changing roles in order to prepare themselves, not for the physical only. We need diversity on that side. It also has an emotional impact on their work and their own lives. It is very important that with the diversity we also have the acceptability of the roles too.

THE CHAIR: Of course. It has got to work both ways. That is right. I am sorry to cut you off at that point, but I want to make sure that Ms Cody gets a question too.

MS CODY: I have a quick follow-on. I notice Mr Wallace was talking about a couple of the networks that ACT Policing have. I just wondered if either Dr Campbell or Mr Wallace had had much to do with the Indigenous officers network, the gay and lesbian officers network, the women's network, the workforce diversity network and if they had had a chance to look at the documents that those networks have developed.

Dr Campbell: ACTCOSS has had, unfortunately—certainly since I have been here, and I have only been here for six months—limited engagement with ACT Policing. We have met with them once. I have not engaged with any of those specific networks.

THE CHAIR: That is good to know.

MS CODY: As another follow-on from Mr Gupta's statement, has ACTCOSS been happy with how ACT Policing has been responding to COVID-19 here in the ACT and their engagement with you?

Dr Campbell: I think this is one area where we would congratulate the ACT police. Certainly we reached out to ACT Policing, rather than the other way around, but when we did reach out we had good engagement from the Deputy Chief Police Officer, Response and Capability and Community Safety, Superintendent Jason Kennedy. We have been pleased with the community engagement and public health response of the ACT police, as opposed to a focus on fines and punitive measures.

We understand that COVID-19 is a very challenging health crisis. What we are concerned about is that the issuance of fines and other punitive measures would disproportionately impact the more vulnerable members of the Canberra community and we are pleased to see that that has not been the case so far in Canberra and the ACT. We have concerns that that has taken place in some other jurisdictions.

THE CHAIR: And the chilling effect that it has on people if the response is overboard as well?

Dr Campbell: I think that in these kinds of situations—and we appreciate the difficulties that the police are facing, as we have seen, at some of the border areas and in policing behaviours on matters such as the wearing of masks—issues of trust of the police are incredibly important. Ensuring that their powers are used only when appropriate is critical. I think that, so far, the ACT police have demonstrated that.

MS CODY: I understand that the ACT Policing Aboriginal liaison officers, in partnership with our local elders, deliver ACT Policing's cultural connections training, which is tailored to guide police interactions with Aboriginal and Torres Strait Islander people in the ACT. Have you had any feedback on this course? Have you been involved in anything to do with this course?

Dr Campbell: We are not a representative organisation of Aboriginal and Torres Strait Islander people in the ACT.

MS CODY: No, but you talked about Aboriginals and Torres Strait Islanders in your remarks. I thought that maybe you had been involved in this particular program. Do

you have any comments on it?

Dr Campbell: We have not been involved.

MR GUPTA: It is clear from the evidence that the job of police is intrinsic to society, as well as incredibly varied. What are your thoughts on the multicultural awareness training that all ACT police sworn members are provided with to ensure that they are equipped appropriately to engage with people from multicultural backgrounds, Dr Campbell?

Dr Campbell: I think that kind of question would be perhaps best addressed to an organisation like the Canberra Multicultural Community Forum. I would say that one of the greatest challenges is that there is a lack of diversity in ACT Policing. I think that it is very important that people from migrant and refugee backgrounds feel comfortable coming forward to the police when they need support and that there is trust between culturally and linguistically diverse communities and the ACT police. I would encourage them to look at ways that they can increase their diversity to build that trust and understanding. Craig, do you have anything else?

Mr Wallace: No, I have got nothing there.

MR GUPTA: Do you think ACT Policing is working with the multicultural community to create positive relationships?

Dr Campbell: I think that is why one of the comments we have made in our submission is about the importance of this committee proactively reaching out to a very broad range of community members in the ACT so that you can solicit this kind of information and the responses. The name of this committee is rather challenging. It does not invite broad community response. People do not understand that they can make submissions about their experiences with the police.

Submissions were solicited during the bushfire period and in January, when many people were out of the ACT. I would encourage this committee to be more proactive in seeking input from members of the community, including those who represent people of migrant and refugee backgrounds.

MR GUPTA: The ultimate aim is to basically improve the trust in the police so that they are not seen to be or perceived to be targeting any particular groups, but rather available to support them if there is a need.

Dr Campbell: One of the greatest challenges we have with ACT police is that there is very little data that is released.

MR GUPTA: We have heard that.

Dr Campbell: We do not have any data on the numbers of people of migrant background that are coming forward to report crime or on the experiences of culturally and linguistically diverse Australians and when they engage with the ACT police or when they are arrested or accused of committing offences. Without those statistics it is very, very hard for community organisations like ACTCOSS to have a

good understanding of how the police are performing with regard to more vulnerable and marginalised communities.

THE CHAIR: Dr Campbell and Mr Wallace, is there anything you want to add whilst here? We have a limited time, as you know, but I thought I would give you the opportunity.

Dr Campbell: I would add another point. In 2018 the Australian Law Reform Commission called on governments to provide Aboriginals and Torres Strait Islanders and other communities with greater confidence in the integrity of police complaints handling processes. It called on territory governments to review their police complaints handling mechanisms to ensure greater practical independence, accountability and transparency of investigations. I think one of the ways that we can ensure that there is trust in ACT Policing is to ensure that there are independent mechanisms for investigating complaints against the police so that it is not a situation of police investigating police. We urge the committee to consider making a recommendation around that.

THE CHAIR: Possibly before you came into this role, the committee of the Assembly which was investigating the possibility of an ICAC wanted to include ACT Policing in the scope of the ICAC, which would be at least one possible independent body to have a look at policing behaviours when they are extreme or severe in nature, compared to what they should be. Unfortunately, that has not had the support from the federal government to be implemented, but it is certainly something that we in the Assembly and the Assembly committees have made strong recommendations about.

Thank you so much. We will consider whether we can get that into the report as well. Obviously there is a lot to do.

Dr Campbell: I think Craig wants to add something also.

Mr Wallace: Yes, just briefly. I would just make a comment that where those cultural conversations tend to happen is within a specific defined strategy like the disability justice strategy and that groups report that there is not as much outreach as there might be. For instance, we know that there are specific groups of people with impairment, and I specifically point to, for instance, people with acquired brain injury. They face specific risks in contact with police sometimes because they are believed to be intoxicated when they are not intoxicated.

THE CHAIR: Yes, we have had this in evidence.

Mr Wallace: And it is sometimes because of behavioural factors. Actually reaching out to groups like the Brain Foundation of Australia and making those contacts and doing that proactively is something that would be welcome.

THE CHAIR: If there are any groups that you think ACT Policing should contact, please provide us with a list. Thank you so much for coming.

McKAY, MS ESTHER, President, Police Post Trauma Support Group

THE CHAIR: Welcome to the JACS hearing into policing arrangements for the ACT and how they can best be improved. We welcome to the committee Esther Mckay. Ms Mckay is an expert in post-traumatic stress disorder and how it affects people in our frontline serving operations and also those transitioning out of uniform into the next phase of their lives. Can I ask you to confirm for the record that you understand the privilege statement that has been emailed to you?

Ms Mckay: Yes, I do.

THE CHAIR: Thank you for making time to speak with us today. I am sure you are very busy. You come highly recommended. What we are hoping to achieve through this committee inquiry is an improvement in best practice, if possible, for the ACT's frontline serving police and how we can avoid and then, when necessary, treat post-traumatic stress and similar conditions and health experiences. I would love it if you would like to make any opening remarks.

Ms Mckay: I come to this committee with a large experience over many, many years, first of all as a former serving officer who did forensic services for many years. I ended up with chronic PTSD, with gradual onset, from the exposures to that trauma. I have been working with police and former police and transitioning police since. I have had a lot of experience in the mental health arena and all the issues that are related to that condition.

THE CHAIR: Just in very plain language—and I know you understand what I mean but we want people listening in to understand—how do you set up a police force situation that, at its best, avoids more post-traumatic stress-type experiences for people than are necessary and then what are the steps that you take to make sure that you are treating that in the best way possible for people to be able to continue or transition as they choose in or out of the job?

Ms Mckay: Firstly, the issue of exposure to post-traumatic stress is just the nature of the work. You cannot really set it up to avoid that, unfortunately. It is going to happen regardless because of the variety of scenes and situations that police find themselves in every day. First of all, we need to understand that it is the nature of the work. We have to accept it. Secondly, what we need to do is really invest in proactive care. It goes across the life cycle of a serving police officer, right through to retirement.

It is important to explain to them from the very beginning that exposure to trauma is going to be a part of their work and they need to understand how that is going to affect their body, because it is not just the mind that trauma affects; it actually affects all systems in the body—the nervous system, your respiratory system. It is the normal fight-flight response. The fight-flight or freeze is the way our body copes with trauma.

If people understand how to identify when they are starting to become quite exposed to the trauma and they are getting these symptoms then they can also understand how they can assist themselves to be mentally healthy. These are the main things that need to be looked at right from the outset.

THE CHAIR: If we accept that this is an element of the job and the best training someone can have is to be able to recognise if they are one of the 20 or 30 per cent of people who might be affected in the long term then that forms part of the initial training and there could be, let's say, annual refresher training for police so that they are very much aware of it. I know that, once somebody has started experiencing these physical symptoms or other symptoms, Tasmania and the Northern Territory have implemented a presumptive legislative model where the assumption is that, if someone is serving in a stressful frontline role and they develop PTSD or something moving towards it, it was probably caused by the job, not that they should have to prove that. Do you think that that is a positive change? Can you explain some of that?

Ms Mckay: I think that is extremely positive and I think it takes the emphasis off the injured worker having to explain why they are feeling the way they are when it is a natural response. Going back to what I first mentioned about needing to accept that it is the nature of the work, I think 20 to 30 per cent is an underestimate of how many frontline workers are affected, because a lot of them never report it. We see it down the track, when they go into retirement and they become very unwell because there is a lot of unresolved trauma. That is where the figures become a little bit skewed and we do not really understand the gravity of how many workers in these types of roles are actually being affected.

THE CHAIR: Can I ask one other question before we move on to Ms Cody, and that is: in your professional opinion and in your professional experience, can trauma always be resolved? I think the general community does not completely understand this area. I will give you an example. One frontline serving person from the ACT wrote recently on Facebook, "PTSD should be dealt with no differently to any other workplace injury. We have things that have happened to us that we have seen time and time again that we cannot unsee." "Insurance companies are a problem," she wrote. She also said, "People don't see us lying there hour after hour at night trying to sleep. They don't see us stressing out as we try and figure out how to pay bills when either our pay has been reduced or we don't have any pay. They won't see the embarrassment and shame of having to call. They won't see the embarrassment we have when we end up in hospital and psychiatric facilities trying to avoid staff and other patients that we may have had to deal with in our jobs, preserving our right to privacy. They won't see us having palpitations, cold sweats, dry mouth, shaking. They won't see us being called or visited by family and friends every day to make sure we haven't killed ourselves. They won't see the guilt we have that our family and friends have been pushed to that point hoping that we are safe."

It goes on. But the point I am making is that we know the community is learning the term "post-traumatic stress". I know people remember that. People come back from war, for example, and they are never quite the same; that is what they used to say. But I am not sure if we can visualise what it is like and what recovery can look like.

Ms Mckay: It goes back to management. That is a good point that you mentioned about the military. The difference with military is that they go away to a war zone and they come back completely different and the family sees it immediately. But when you are in a war zone every day in a policing environment the changes are extremely slow and can be sometimes over 10 to 15 years. It is such a gradual onset of that

accumulation of symptoms. The person that is affected actually becomes wired that way and you do not really notice that you are any different, only that things that you used to do to cope are not actually working anymore. Management is the key. It is not something that can be cured and it is something that you have to live with.

In policing environments, unfortunately, what has happened is that the management of our police or emergency workers that are unwell is often done by other police that do not have an understanding or a medical background or a somatic therapy background to understand what that person is going through. The training of managers is vitally important so that the leadership is done in a culturally sensitive way. When people do not feel that they are being heard or understood, they become victimised and then they feel like they might be being bullied or they are not getting the care that they require because the people that are trying to assist them are not actually trained in this area of mental health.

THE CHAIR: The issue has been raised with me by some frontline people. They talk about what is now, I think, called sanctuary trauma, which is what I have heard referred to before as procedural trauma, which is where the people who are meant to be helping you work through it either do not know how to do so or are required by the system to keep making you prove yourself, which means that you can actually incur secondary trauma on top of your trauma.

Ms Mckay: Absolutely.

THE CHAIR: Trying to prove your trauma is real—it is not a broken leg or a broken arm and it is a bit more complicated—which is why it has been put to me that presumptive legislation is part of the answer. What are your thoughts on that?

Ms Mckay: Absolutely. This is where the insurance companies come into line. We have done a lot of work around this in New South Wales. We have worked with the companies now. We work side by side, whereas before—and this is still the same in a lot of other states in Australia—people had to prove, as you say, that they had the injury and they were not getting the care and the empathy and the kindness that they actually deserved because the case managers might not understand really what it was all about.

Training the case managers also is something that we have done in New South Wales, working side by side with them, working together on programs and actually assisting people through with compassion and empathy rather than making it into a penal system where, if they do not do what they are supposed to do on a particular day—a particular appointment that they might not be well enough to go to or they may be feeling that they cannot leave the house that day—they get penalised and someone might say to them that they are not complying.

THE CHAIR: Whereas it is part of the condition, essentially?

Ms Mckay: Yes, it is, absolutely, and it does make it a lot worse. That is why a lot of work that is done around that side of things can improve the way that people recover, in a better and a quicker manner, because they feel supported and guided through the process.

THE CHAIR: The idea is that when someone presents with this kind of trauma you assume that what you are dealing with is factual, you work on solutions and coping mechanisms for the person, you help find a role for them where they cannot have their trigger experiences as much as possible and let them continue to earn their income wherever possible?

Ms Mckay: That is correct. A big part of it is the cultural sensitivity, being able to move them across into transition roles. These people have amazing transferable skills but they need a range of services around their mental health—their wellness, nutrition, fitness, to be ready to move into the next part of their career life—so that they have got good strategies under their belt and that they know how to help themselves when they are getting triggered; then they can actually move into another stage. I have done this. I have moved into the fairly high-stress role that I am in now. I cope very well because I have a lot of strategies like meditation and breathing and I have to be very careful with my diet and reduce and restrict alcohol.

THE CHAIR: Exercise, obviously.

Ms Mckay: Yes, all these things. It is not one thing, one ingredient. It is a whole list of things.

THE CHAIR: I think politicians sometimes live a similar lifestyle.

Ms Mckay: I agree.

MS CODY: I have a quick question. I am not sure now if it was in your opening remarks or whether it was in a question that Mrs Jones asked, but you mentioned the military and that PTSD from being in a war zone is a recognised thing. But it has taken a very long time for the military to get to that point, hasn't it? It did not just say, "Bang on; yes, war zone is PTSD." It has taken a long time for officers or general members to feel that they can talk about their PTSD.

Ms Mckay: Yes. It has taken a long time and there still is a stigma around it. We have not got it right yet. We are opening those channels of communication and it is getting better. but the stigma is still there in organisations that are very hierarchical.

MS CODY: Which ACT Policing could be considered to be?

Ms Mckay: Yes.

THE CHAIR: Highly hierarchical by its nature.

MS CODY: My substantive question is: I know that the Chief Police Officer has a strong focus on enhancing mental health and wellbeing. Do you agree with the CPO that improving the mental health of officers will ultimately lead to improved interactions with the public and with the ACT community?

Ms Mckay: I absolutely agree on that because when police are getting to point where their nervous system is overloaded they become very reactive. You see a lot of

incidents where there is a volatile situation and a police officer may have overreacted. That is because their nervous system is on high alert. I can see it straight away. If there is an incident that is on the news or whatever, I can tell straight away that that officer is really on the brink. If those mental health strategies are put in place and that care is put in place you will definitely see much calmer, more understanding police when they are going about their duties.

MS CODY: And, obviously, then bringing better outcomes for the ACT community?

Ms Mckay: Absolutely.

MR GUPTA: You mentioned that you have your own way of de-stressing and you are doing all these wellbeing things. I understand that ACT Policing have access to some of the apps being developed by police for police or their families to track physical, emotional and social wellbeing and to get support. Do you think these are effective tools?

Ms Mckay: I think the apps are certainly something to look at and discuss, but I have seen in my experience that they are almost like a bit of a gimmick. People will look at it to start with and play around with it and test it out and then they forget about it and it just goes by the wayside. They are very expensive experiments to put through, I think, when you are looking at mental wellness. The problem with the apps also is that you are not dealing with another human being that actually understands what you are going through to get through this.

MR GUPTA: What you are going through?

Ms Mckay: Yes. It is very isolating and you may notice that you are not actually mentally well. But what do you do about it and is it something that that person feels that they can actually reach out to someone else about?

MR GUPTA: Certainly we do not want to find that current officers, in 10 years time, will be suffering from disorders such as PTSD. I think it will be really useful if you conduct some kind of research, where appropriate, and ensure that we train and support our police force so that they can continue to have that zeal and energy to perform that duty and their roles. That human interaction is very important.

Ms Mckay: Absolutely.

MR GUPTA: Are you looking at some of those ways to find that kind of training to be provided?

Ms Mckay: There is a lot of training that is happening at the moment. The Quest for Life Foundation, where I developed a living with trauma program years ago, have a one-day holistic health and wellbeing course that is being used and that is culturally sensitive and it allows the officers to understand—this is for former and transitioning officers; it is not used widely for serving officers at the moment—what trauma is, how it develops in the body, what strategies they can use to bring their nervous system into a calm, balanced state and how the brain gets wired. When you have been a police officer or any emergency worker for many years, your brain becomes quite wired to

the trauma because the adrenaline is pumping and then you have got the cortisol levels raised and you need to be able to bring that back into balance.

We give them communication as well so that they can understand how to respond rather than react, because, as I said before, police are very reactive. We give them some understanding about families, how their families can help their loved one. The families are often the ones that miss out. They do not really know what is going on. We give them some information and some strategies and tools as well and, as I was saying before, nutrition and that type of thing.

But the key is that these programs, if you are going to roll any of them out, need to be culturally sensitive and the facilitators need to understand police language because you will get a room full of cops that will sit there with their arms folded and think, "What's this going to be about?" You need to be able to reach them so that they understand that they can get the culture. I think that is why, in the past, many programs have been trialled by people that have got experience in mental health but they do not understand the culture, and that is where the communication breaks down.

THE CHAIR: That program you just referred to, you said it is not generally used for current serving personnel, but could it be?

Ms Mckay: Absolutely, yes.

THE CHAIR: Is that something which is completely private or can some information about what is in it be given to the committee perhaps to reflect on?

Ms Mckay: Absolutely I could organise that for you, yes.

THE CHAIR: Even just a summary document of what is in it and links to the organisation, because when we make our recommendations we want to make them straightforward and possible to be implemented.

Ms Mckay: Fantastic. I have spoken to participants at this program over the last few years and it is awesome. It changes lives.

THE CHAIR: I am sure it does. I know that, for some of us in the parliament, when we have come up against really serious mental health experiences—and it happens to lots of different professions but obviously frontline serving officers more often—to have someone who understands, to have a pathway towards becoming functional again, is really, really important.

MR GUPTA: As we are seeing now with the COVID-19 situation, a lot of police are on the front line across the border in Victoria and New South Wales. We really need to provide them with appropriate support or training to help them process this type of information as well, which is something totally different.

Ms Mckay: Yes, and it builds on the trauma that is already there. With officers that are already on the brink and their trauma is at quite a high level, faced with the added extra of COVID-19 on top of that, you will probably see the number of officers going off sick go up slightly when they get to the stage where they just cannot continue; it is

just too much.

THE CHAIR: If someone has not received appropriate training and starts to experience, let us say, traumatic response behaviours like not sleeping, what is the best first step for somebody? I imagine even some of the people listening today may not know what the best medical thing to do is and how to get that early.

Ms Mckay: I think that what would be ideal would be that the people that are trained and understand the cultural sensitivity and also trauma would be available for that person to call. We have EAPs running in most police services and they really do not work. The main reason—

THE CHAIR: Was that "EAP"?

Ms Mckay: That is the employee assistance program. They are manned by counsellors that are, generally, younger women who have done a psychology degree. There are some amazing counsellors that work on those EAPs but when they are not culturally aware or do not have the sensitivity to understand what the officer is going through they do not engage in it. They might ring once and they will not ring again. Therapists that have understanding of somatic therapy, trauma in the body, as the first line of response, and that have the cultural awareness, would be the best persons to deal with these officers that are starting to see some symptoms.

THE CHAIR: Do you think that maybe, either nationally or even at a local level, there should be a stream of people who have an interest, who have been on the frontline, who then, like you have, do further training, and that there are pathways developed for people to do that? If we do not make it happen then presumably it is kind of by accident that those people fully understand the culture?

Ms Mckay: Yes, I would advocate for that 100 per cent. I work with a psychotherapist who is a former police officer; he was run over on a freeway in Germany years ago and nearly lost his life. He has an experience of PTSD, lived experience of being physically injured as well, and he has retrained to become a somatic therapist with a specialty in police cultural aspects and trauma. He is absolutely amazing and he does all the critical incident after hours work that I have been doing as a volunteer for many, many years, and I have got a trained professional that I can call on. We have also got a chaplain who was a former officer who works with me and others at the police cultural and support group and, again, has a lived experience of trauma and policing. Police that contact him, and family members as well, absolutely connect with these types of carers.

THE CHAIR: We certainly know the benefit of having someone who is not necessarily just paid to care but who intrinsically does, either by their life experience or by their volunteer capacity care, and how important that is to people to feel respected and able to open up.

There is also a little issue that is sometimes raised with me about people fearing that what they say to someone goes to other people or goes to many people. How can institutions like a police force protect members' privacy and do their jobs as far as mandatory reporting things and so on are concerned if someone is suicidal or what

have you? How do you get that balance right?

Ms Mckay: This is a really important issue. Trust is really at the fore when people will actually make that call or divulge that they are struggling. If they do not have that trust they will not come forward, so developing trust in large organisations is a body of work that really needs to be looked at. The reason I have so much engagement in serving and former and transitioning police and have done so for 15 years is that they trust me—I am a trusted adviser; I understand culturally as well—but they also know that I can refer them to other mental health practitioners that can give them the right care. I think a really important ingredient in getting it right is looking at the trust factor.

THE CHAIR: If you were someone in the ACT's police force who was given the job of creating a system which had such trusted people in it, where would you start if you were not a medical professional? The reality we have is that someone who is a policy person has to write the systems. Where do they start?

Ms Mckay: I think, as you mentioned before, they have to start with those that have a lived experience, that have retrained in the area. There are not many of them but they are there. As I mentioned, I have a psychotherapist that I work with. Finding him was like winning the lottery. He made contact through the Police Post Trauma Support Group and I have been working with him for years, just on a voluntary basis until I got to the point where I really needed someone to assist with engaging. I think that is the key—finding people that have that lived experience and the cultural understanding and you develop the trust very quickly. If you bring in practitioners who may be extremely experienced—and, again, the EAP may have very experienced psychologists—but they do not have the understanding, there will be no trust and it will go nowhere.

THE CHAIR: This is why in military and uniformed services chaplains have always been considered this important link, because their care factor is high and their life experience of the job is there, at least to an extent. They build that kind of trust and then recommend people. They do not deal with everybody. I guess getting those systems right is so important. We will certainly put some stuff in our recommendations about that.

Can I ask about the secondary trauma before we let you go—this idea that the institution itself, by the way it is set up, can traumatise people further? I know you have mentioned getting the systems right and so on, but I am really interested in what you would like to see change in our uniformed services like the police in order to really put that to bed. I think you said before that it is about a system which accepts your trauma. How does someone who perhaps is not a medical expert but is writing the policy for this type of change grasp that, or who do they have to go to grasp that properly?

Ms Mckay: I would love to work with people that are writing policy—I am absolutely open to that—and finding the right people that understand the broad gamut, the whole levels, all the different levels of this situation, would definitely be the way to go. As I mentioned, first and foremost, training needs to start at the beginning of the life cycle. You hear people say, "Recruits are not interested." They need to be

interested.

THE CHAIR: It is a life skill, is it not?

Ms Mckay: Yes.

THE CHAIR: Not just for work?

Ms Mckay: It is a life skill. It affects your relationships and all sorts of other areas of your life. It is an absolute must that it start at recruitment. I think the peer-to-peer support is so important. As you mentioned, it is getting people that are experienced to be there as peer supporters so that when officers are not well or are considering that they might have a problem they have got someone, a trusted adviser, they can go to. I think the peer support model works really well. However, you have got to train the peer supporters and monitor them with supervision. You cannot just have them out in the field without adequate training and continuous supervision by a trained psychologist or—

THE CHAIR: They then basically debrief with a psychologist on the types of things that are coming to them and how they are referring them on and whether that is the best practice, so that that person becomes a better and better peer supporter?

Ms Mckay: Yes.

THE CHAIR: So you probably would not be having your new recruit as a peer supporter. It would be someone who has lived in it and through it for a little while and is perhaps someone who has a bit of a pastoral bent. Is that the type of person you are looking for?

Ms Mckay: I agree. If you look at some of the services that they use in the United States, they often have former police in stations as peer supporters for the younger ones coming through.

THE CHAIR: Yes.

Ms Mckay: They work as volunteers, so it is not expensive to run, so long as they get adequate training and they are monitored. They need to be chosen because they have all the right attributes, and they need to be assessed during the training to make sure that they are suitable, because obviously not everybody is suitable.

THE CHAIR: Yes.

Ms Mckay: If you get that right, you have a band of former officers that are prepared to do it, they do a good job and it does not cost anything.

THE CHAIR: It could also really form part of somebody's recovery. If they are not able to go out on the job anymore, is it a position that is honoured and that is respected and that is actually going to help the next generation to do better?

Ms Mckay: Absolutely, and they bond really well. I mean, peer-to-peer support with

the right people can be something that is long-lasting. They might want to just make a phone call because they are feeling down, they have a question about the insurance side of things, or they do not know how to approach moving back into their role or transitioning to a different role—all these things that they are just not sure about. It gives them someone to talk to, where they feel safe.

THE CHAIR: What are your thoughts about 24-hour support? Certainly it has been said to me that when someone is suffering from the onset of PTSD and they suddenly experience physical, emotional and social problems and distress that they have not experienced before, sometimes they need help in the middle of the night. How do we create a system that has that built into it—that 24-hour capacity to pick up the phone? Have you got any thoughts on that?

Ms Mckay: I think it does not happen as much as we probably think. I take calls all hours of the day and night—I have been working as a volunteer for 16 years—and I do not get that many in the middle of the night. I have probably had about five in the period of time I have been doing it. Most of the time it is on weekends or in the evenings. The out of hours calls seem to be in that type of frame.

THE CHAIR: So it happens when people have a moment to unpack where they are at.

Ms Mckay: Yes, exactly. You do need to provide a crisis intervention service, and if people are aware that there is a number that they can call you can have clinicians on a rotating roster so that they have their phones on during the night. I generally have my phone on anyway, and the calls come through.

THE CHAIR: As a mother, so do I.

Ms Mckay: Absolutely; I get that. Look, it is not that hard to do.

THE CHAIR: Recognising that it is a need, and out of faithfulness to these people who have put their bodies, their minds and their psychological health on the front line for us, we must be there for them at the time that they need it.

Ms Mckay: I agree. I think it is critical. It is all very well to say, "Call Lifeline," but they do not. They feel that Lifeline is—

THE CHAIR: For people who are in need—

Ms Mckay: Yes.

THE CHAIR: and not tough, frontline personnel.

MS CODY: Do you find that frontline workers would use such a number? I know you have just mentioned Lifeline, but would they use a number if they knew that there were clinicians there?

Ms Mckay: I think they would if they had the trust. I know that I am getting calls—I have been for years—because people trust me. So the key is getting a trusted service, and that is going to take time to build up. It has taken me many years to get the trust

that I have. People will call me when they are thinking about suicide. They will make the call.

THE CHAIR: But first you have to build the trust.

Ms Mckay: Yes.

THE CHAIR: Then you can put the phone number out there.

Ms Mckay: Yes, absolutely; because if they call the number and they do not get the trust, that information will be like the bush telegraph and it will just go far and wide.

THE CHAIR: Yes.

Ms Mckay: Yes.

MS CODY: And you would have to have trust in the people that you were staffing the number with?

Ms Mckay: Yes.

THE CHAIR: Absolutely. I guess that means you have to enmesh your preparation training along with your service so that there are some of the same people coming across—a pool of people but they do not change all the time.

Ms Mckay: Yes, and that is where you get the peer support or the mentor programs. You can train maybe 50 or so former officers who have skills. Some of them will be happy to do that 24-hour line; some of them will not. But the ones who have those particular skills would do that and then they are just monitored by the somatic therapist, the psychotherapist or the psychologist who has that training. If they have a bad call, which you do get, then they would have a session with the therapist.

THE CHAIR: Yes, so that they can unpack and we do not lose the peer supporters because they are not coping.

Ms Mckay: Yes.

MR GUPTA: Other ways to engage with community groups are also beneficial because sometimes there have been cases where there is a language barrier and what is said and what is perceived are totally different. That will also mitigate those issues a bit. People think that they have been harassed when it is just a language barrier.

THE CHAIR: Yes.

Ms Mckay: Yes, language is most important. When police leave the job they have to soften their language. It does a full circle. If they are going to go into corporate life they cannot use police speak or submit a resume with police language in it because nobody understands what they are talking about.

THE CHAIR: They also do not like the directness of it, as you were saying. It is like

how I am with my kids at home versus how I am with my employees.

Ms Mckay: Yes. Police become very—

MS CODY: [*Interruption in sound recording*—] other people's children.

Ms Mckay: Yes. Police become very ingrained in that culture and language.

THE CHAIR: Yes, that modus operandi.

Ms Mckay: Yes.

THE CHAIR: I cannot thank you enough, Ms Mckay, for coming and sharing your knowledge with us. No doubt we will be in touch with you again. I think you were going to get some details for us on that course you helped to develop.

Ms Mckay: Yes; no problem.

THE CHAIR: I think I can speak for the whole committee. We really have been seeking out this kind of information throughout this process, and it has been really hard to find. I cannot imagine how it is for people who do not have a committee or secretariat of people to help them find the specialists.

Ms Mckay: Very difficult.

THE CHAIR: They just have to try to look after themselves. So I thank you so much. I hope we can share this information broadly. It is now on the record, hopefully for all eternity, from the Assembly, through *Hansard*.

Ms Mckay: Wonderful.

THE CHAIR: You will receive a copy of the *Hansard* and if there is anything inaccurate in it then you have a chance to come back to us with that. I thank you so much. We will just go to a brief break while we wait for our next guest to come in. Again, I thank you for the very valuable time that you have spent with us. I hope many serving personnel will reap the rewards of that time.

Short suspension.

O'SULLIVAN, MS CARMEL, Senior Clinical Psychologist, Canberra Psychology Clinic

THE CHAIR: On behalf of the committee, I would now like to welcome Carmel O'Sullivan to discuss matters with the committee. Carmel is a highly experienced person in the space of mental health and post-traumatic stress. We will let her introduce herself more. I remind you, Ms O'Sullivan, of the protections and obligations entitled by parliamentary privilege as set out in the statement sent to you by email. Can you confirm for the record that you understand the privilege implications of appearing?

Ms O'Sullivan: I have not read that, Giulia.

THE CHAIR: Okay.

Ms Sullivan: Am I understanding that parliamentary privilege applies?

THE CHAIR: Yes. So you are on the record, and with anything you say, you can be frank.

Ms O'Sullivan: Yes, okay.

THE CHAIR: There are some protections.

Ms O'Sullivan: Okay, good.

THE CHAIR: Would you like to start with an opening statement about your work?

Ms O'Sullivan: Okay.

THE CHAIR: You have come highly recommended to us. Ms Cody has known you from other areas, but please tell us a bit about your work.

Ms O'Sullivan: Even though I am an ex-primary teacher, I escaped the classroom in 1992 and retrained as a clinical psychologist. My understanding was that I would work with children, but my first job was with the Vietnam Veterans' Counselling Service. There began my real education, and since then I have been connected to both the veteran community—with post trauma as their main issue—and people in the construction industry, who also have plenty of events that require some support from a psychologist. Since then, my practice has morphed into many first responders—ambulance, firies and police, emergency service workers.

THE CHAIR: Yes.

Ms O'Sullivan: For some reason, I do not see children so much as I see traumatised individuals. I began in private practice in 1999. That makes me 21 years in private practice. Before that I was with the Vietnam Veterans' Counselling Service.

THE CHAIR: Fantastic. Thanks for letting us know a little bit about that. We have

received your diagram here of the trauma experience.

Ms O'Sullivan: Right.

THE CHAIR: Do you mind taking us through that?

Ms O'Sullivan: I would be very delighted.

THE CHAIR: I will just show those watching the schema that you have here. We will be able to put that into our report.

Ms O'Sullivan: Thanks, Giulia. I developed that model more for the clients who have such chronic PTSD that they are not likely to recover.

THE CHAIR: Okay.

Ms O'Sullivan: These are people whose post trauma has remained entrenched post one year. We say that about 80 per cent of people can go through a trauma and will recover. But if they are still having flashbacks and re-experiencing for over a year it is unlikely that they will recover completely by then.

THE CHAIR: Yes.

Ms O'Sullivan: So my particular focus has been with those people who have had their trauma for more than a year. I am still seeing some people from the 2003 fires in Canberra. At the time, in this practice we saw a few people, and those with chronic post trauma have remained needing occasional help.

If you look at that diagram you see that the first item is trauma. We have not defined what trauma is, but in psychological terms a trauma is any event in which it did not matter what you did or what you tried to do; you could not prevent the disaster that was about to happen.

THE CHAIR: Right.

Ms O'Sullivan: For the veterans in a war zone that is their own near death or a death of their mate right next to them. For someone in a fire zone it is the horror of seeing the fire engulfing them or their team. People who are in policing see some pretty horrific stuff, and every bad bastard wants to kill them.

THE CHAIR: Yes.

Ms O'Sullivan: That goes without saying.

THE CHAIR: And sometimes they can be cumulative. That is right, isn't it?

Ms O'Sullivan: Yes, and over years. The first traumatic event they might well recover from, but that is a priming effect.

THE CHAIR: Yes.

Ms O'Sullivan: So the second one and the third one mean that they are unlikely to recover, and chronic post trauma can become their day-to-day existence. This is what my model and that diagram is all about. What happens is that there is a switch in the brain. Then, whenever you have an uncertainty your brain is going to assume it is a threat. Therefore, your threat response kicks in way earlier than people without a trauma brain and stays with you longer than people without a trauma brain. The neuroscientists have measured that those kick in, as a result, in 50 milliseconds.

THE CHAIR: Right. You do not have a lot of time to think it through.

Ms O'Sullivan: So you can have stimuli and you do not think about it. Sorry, I have my co-therapist here.

THE CHAIR: That is okay, Bec has hers with her, too.

Ms O'Sullivan: So it is 50 milliseconds, and that means you are on auto. The good thing about having a capacity to respond so readily in 50 milliseconds is that in a crisis you are actually brilliant.

THE CHAIR: Yes.

Ms O'Sullivan: You are on auto. You have worked it all out. You do not have to think. Your verbal processing is out of range and you are effective. I found that during the fires some of the people who had a trauma brain dealt with the fires beautifully. The trouble is that—and you will see that in the bottom right-hand corner of my diagram—they fall over afterwards. A couple of old veterans with 30 years of post trauma were absolutely brilliant during the fires, but you could not get any sense out of them for the next three months.

THE CHAIR: Yes.

Ms O'Sullivan: The point is that that is why a lot of those self-help organisations do not like the word "disorder" in PTSD. They cross it out because it is actually beneficial in a dangerous world to have a brain that is exactly hardwired like this. Does that make sense?

THE CHAIR: Yes, it does.

Ms O'Sullivan: The trouble, of course, is that you can be activated 100 times a week and you—

THE CHAIR: It is both exhausting and makes you a bit unpredictable.

Ms O'Sullivan: Yes.

THE CHAIR: I remember when my husband was serving overseas we did a course for partners of military personnel. They said, "He might come back and when you try to take the remote control off him he reacts like you've set a bomb off."

Ms O'Sullivan: Yes.

THE CHAIR: They get that high wired—

Ms O'Sullivan: Exactly. So you have lived that, Giulia, and know.

THE CHAIR: I know others who have. My husband had some experiences when he came home to Australia, of distress, but it affects different people in different ways. That is right.

Ms O'Sullivan: It has really been quite surprising to me, since, that the model has not hit anything that might be a textbook or a sort of treatment manual, but whenever I show that to family members or to a post-trauma brain sufferer, they all say, "Wow, nobody's ever told me this."

THE CHAIR: So this would be really good training for people before they even experience this type of thing, so that they can see—

Ms O'Sullivan: Yes; so that they get it.

THE CHAIR: what the predictable response is to this really difficult situation.

Ms O'Sullivan: Absolutely. Yes; that is exactly right. The other side is that they are exhausted because they get activated many times a day, which then means that the poor people with this sort of brain tend to want to hide away because it is not a pleasant thing to be activated every other minute.

THE CHAIR: Yes.

Ms O'Sullivan: So what we are saying is that people on the beat, like ACT police, who have a trauma brain, can be absolutely brilliant in the field but they may not be functioning too well at other times or with family issues and so on.

THE CHAIR: Someone I worked with had PTSD, and she would have back pain and physical strain in the days after a stressful event.

Ms O'Sullivan: Yes, exactly.

THE CHAIR: She would need a little bit of leave. It was not that she could not do her job, but she just needed time to allow that to work through her mind and her body, basically.

Ms O'Sullivan: Yes, and that is true. This is not a mental health issue; this is very physical, first. You can imagine getting awash with adrenaline several times a day. It is not really lovely. This was why my focus was always on how we live with this and how we are well. This second handout that I sent to Andrew earlier is my recent thing, post the fires down on the South Coast. One of my very severe post trauma clients has been down there pulling up fences and helping the farmers and recognising that their trauma is real, and all of a sudden he is doing well.

THE CHAIR: Yes, because he has a purpose. That is right.

Ms O'Sullivan: Yes, that was it.

THE CHAIR: Especially people who are active, and the type of person who volunteers to become a frontline uniformed person, can have a lot of sense of loss if they are not able to do the job they signed up to do. But, as you say, it is almost like similar motivation but different actual work.

Ms O'Sullivan: Yes.

THE CHAIR: It can be the solution for someone who cannot go back into that precise environment.

Ms O'Sullivan: I do say, though, that I am a bit cranky about the people who get chucked out as soon as they have a diagnosis. Policing is well known for this. In the ACT I do not know so many, but I know of a couple. Since I can be frank here, I am thinking of the story of Scott Walls, who was drummed out of ACT Policing after he had been treated so badly. That is an ongoing story.

THE CHAIR: I have certainly had brought to me that there might be some cultural stuff to repair.

Ms O'Sullivan: Yes, exactly.

THE CHAIR: It is about the "once a broken biscuit, always a broken biscuit" type of thinking.

Ms O'Sullivan: Yes.

THE CHAIR: I am not sure that people go into it on purpose, but it becomes a part of the culture. How to resolve that is something we are quite interested in for a good policing model for the ACT.

Ms O'Sullivan: Yes. The first thing that would come to mind is to not throw the legal things at them and deny their claims.

THE CHAIR: Yes.

Ms O'Sullivan: There are some jurisdictions—Canada is one, Tasmania is another—where they have presumptive approval of a claim for PTSD when it comes to someone who is a first responder.

THE CHAIR: Yes.

Ms O'Sullivan: They do not argue with the claim.

THE CHAIR: Yes. I talked about that a bit with the last person. I am sorry, Bec, I am taking up time. If we can get presumptive legislation, that is certainly something we can recommend out of this committee.

Ms O'Sullivan: Yes.

THE CHAIR: I know that Tassie and, I think, the NT have gone down this path.

Ms O'Sullivan: Maybe that is more recent; I have not heard about that. In those jurisdictions you do not have to go to court or the AAT to prove your claim. If you have been a police officer for 15 years it is highly unlikely that you are making it up.

THE CHAIR: Or that it has come from feeding the dog out the back.

Ms O'Sullivan: The point is that the people who have to fight their claims, as far as I am concerned, are basically being called liars.

THE CHAIR: Yes.

Ms O'Sullivan: Then they have to fight with lawyers at 50 paces, and that seems to me unreasonable.

THE CHAIR: Mr Gary Humphries, who is on the ACAT, did appear for us in a slightly different capacity because he is the former police minister from many years ago.

Ms O'Sullivan: Yes.

THE CHAIR: He mentioned that it is well known that ACT Policing have trouble in this area and that a lot of their personnel end up in the ACAT with their claims.

Ms O'Sullivan: Yes.

THE CHAIR: And, yes, it seemed a funny place to get started on a journey.

Ms O'Sullivan: Yes, silly. But the thing is that that is true. There is a culture that goes wider than just the troops on the ground. Here is my understanding. I might be wrong, Giulia, but, from the cases, I have found that if the HR department or the people who are supposed to be looking after them deny the claim or do not support it, it will always be denied by Comcare.

THE CHAIR: Right.

Ms O'Sullivan: And then they have a big battle on their hands. But even people who have a Comcare claim approved are not accepted back into the ranks.

THE CHAIR: Right.

Ms O'Sullivan: Somehow: "For God's sake, mate, you're letting the team down." That sort of thing comes out, and it is not fair.

THE CHAIR: It undermines recovery because the whole modus operandi of those people is that they want to help.

Ms O'Sullivan: Exactly. This is brilliant. The really big cases that I am thinking of—it may not be ACT Policing—are the first responders who have an injury and then the ACT, as an employer, wants to chuck them out. They can do something perfectly well, and they are brilliant in a crisis. I appeared in the ACAT with one of the ambulance officers—an ICP—and I actually said that. I said, "This person is absolutely brilliant. In a crisis she will be a wonder." But the ACT government solicitor or whoever, was briefed by her service that they did not want her. So she does not have a job. She was being a useful, valuable member of a team and yet she is now sitting on the couch.

THE CHAIR: Yes, and that does not help it.

Ms O'Sullivan: It is not fair.

THE CHAIR: Ms Cody, do you have a question for Carmel?

MS CODY: Yes, just a very brief one. Hello, Carmel, how are you?

Ms O'Sullivan: Hi, Bec.

MS CODY: I know that ACT Policing has dedicated psychologists and a welfare officer network.

Ms O'Sullivan: Yes.

MS CODY: How important are these dedicated resources?

Ms O'Sullivan: I would like to say that, in my opinion, the ACT Policing people who utilised the safe place and their team have not found them to be particularly effective, mainly because the culture still exists within that arrangement as well. Nobody is saying, "Look, we'll find you a job." I think ACT Policing has run into the same people as the AFP, and they are not given the chance to say, "I could do this job for you and I will be fine." If a crisis happens they will be brilliant. They might need a week off afterwards, so let them do that. All the years of training and all of the resources that have been put into these people should not be wasted by having them sit on the couch.

One of my people—he is in the AFP, not ACT Policing—is desperate to go back to work, and no-one will let him. I think that the dedicated people may be tarred with the same cultural brush as the ones who want to get rid of them. I have not met them face to face, but I have never heard anything much in their favour—that is what I am saying—and I hear a lot.

THE CHAIR: I bet you do.

MS CODY: Thanks.

THE CHAIR: You have probably got that trust that our last person was talking about—that there is a built-up trust with certain people.

Ms O'Sullivan: Yes.

THE CHAIR: Mr Gupta, do you have a question for Ms O'Sullivan?

MR GUPTA: Yes, a very brief one, carrying on from Ms Cody's question. Ms O'Sullivan, I understand that during the holiday period and public holidays and all, there are some support agencies like Lifeline Australia that work with the hotline, the AFP personnel.

Ms O'Sullivan: Yes.

MR GUPTA: Is that working? Is that effective? What is the feedback?

Ms O'Sullivan: The issue with Lifeline is that they are beautiful people and they are all volunteers, but they are not trained clinicians. "Trained clinicians" is an interesting concept too, because when I did my master's degree 20-something years ago—I am not telling you how many!—we did one day, in two years of clinical training, on post trauma. It was inadequate. So even people with a clinical master's degree, or who are specialising in clinical, do not necessarily have any understanding of post trauma. That is why I said that it was when I joined the Department of Veterans' Affairs and VVCS there began my education in trauma. It was pretty damn light on before that.

THE CHAIR: Could I clarify then, Ms O'Sullivan, that for personnel who need after hours support the person at the other end of the phone needs not only to be clinically trained but to be clinically trained in PTSD and how to handle it?

Ms O'Sullivan: Either that or they recognise the signs and they can have a holding pattern and get them into effective treatment.

THE CHAIR: Yes. So it would have to be very specialised training to make sure that it is the right one.

Ms O'Sullivan: Yes. I am very respectful of Lifeline and the other 24-hour people. We cannot be a 24-hour service. I am saying that they are beautiful people and if they can simply sit and listen that is very often a hugely worthwhile thing to do. I am not going to smash them as not effective. But they do need to have, at their back, a capacity to send people off to see someone. For instance, I might get a call when somebody says, "Look, you're the right person to see so-and-so," but my books are closed or I have to know somebody and squeeze them in. Building up an effective workforce is the hard thing, and I do not envy you that job.

THE CHAIR: Sorry, Mr Gupta, I will come back to you. We have also mentioned, in one of the earlier conversations, the idea of training some frontline personnel who have experienced the job and perhaps some of the difficulties that are involved—

Ms O'Sullivan: Absolutely.

THE CHAIR: across into the psychological training area, and to have a pipeline of people who have done both.

Ms O'Sullivan: Yes.

THE CHAIR: Whether it is police, ambulance, fire or military, having had that frontline uniformed experience is probably vital for the workforce.

Ms O'Sullivan: Exactly.

THE CHAIR: So do you think there is a real place for an increased workforce?

Ms O'Sullivan: Absolutely. I have seen the work of those lovely people, particularly picking up the pieces. They have runs on the board. I have given group programs myself and I have never had the sort of feedback that they get—positively.

THE CHAIR: Yes.

Ms O'Sullivan: Because they actually know what it is like to be on the ground, they are so valuable. Education and awareness and then having the right clinical backing is going to be vital. But sometimes having knowledge of what it is like from the people who are on the ground—the people with lived experience—is so valuable. Yes, I have seen how well it works.

MR GUPTA: Yes, that is what I was just wondering. Those Lifeline people or people from similar support agencies are out there. So what is the way forward to train them? If somebody is calling and they are not able to assist them, that is adding salt to the wound.

Ms O'Sullivan: That is true; absolutely. I have heard of people who have put in calls and are not getting the help they need. I think that this would be the thing: these people who do education and awareness also need to be utilised to build up a group that will cover the ground. But when there are only six people in the organisation and they are trying to cover all the calls, it is a little bit hard.

THE CHAIR: Yes.

Ms O'Sullivan: They will need to be funded properly and then build an effective team who can respond appropriately to the calls from our first responders. Then they would need to know where to send their people, because it is a really beneficial thing to listen and to hear and to be aware of what is the normal response. Maybe that is going to be the thing that will change that culture of denigrating somebody who has a workplace injury and a compensable claim. I would just like to see them employed.

MR GUPTA: Yes, definitely.

Ms O'Sullivan: Chucking them out of the system is not that helpful for their mental health or for their families.

THE CHAIR: It is the wrong message, I guess, to give to the community—that you have given your all, you have got something that is a bit broken and we are done with you.

Ms O'Sullivan: Yes, I know. What does that say? Not only do you have to fight for recognition in terms of a compensable injury but if you go part time people in the system tell you that you are letting the team down.

THE CHAIR: Yes, whereas part-time work is something that is recognised as being a coping strategy for many people in this field, I imagine.

Ms O'Sullivan: Exactly, yes.

THE CHAIR: Do you find with ACT police, or in your experience, that it is rare to get that part-time work?

Ms O'Sullivan: Yes.

THE CHAIR: Are there some services that do it and some that do not?

Ms O'Sullivan: I can tell you that probably 30 per cent of my case load are those with a compensable injury. The only people who have been re-employed are those who have known someone.

THE CHAIR: Right, so they have that conversation.

Ms O'Sullivan: The actual rehab providers are pretty well a waste of money, and it is big money that they charge the agencies. Any who are good and understanding and have compassion do not last long. I do not know exactly what their training is or what their agencies tell them, but it is amazing how I get communications and telephone calls near the end of the month because they obviously have not billed enough. It is just appalling.

THE CHAIR: Can I just ask one constructive question, Ms O'Sullivan, before we have to go, I am afraid?

Ms O'Sullivan: Yes.

THE CHAIR: If you were the policy person writing the new system to fix all this, and you were not an expert in PTSD or psychological care, where would you start to write a system that is actually healthy for people and that will get the best out of our uniformed personnel and care for them appropriately when they are not able to continue? Where would you start? Is there an academic source or do people need to come to you to get some advice about how to build that system?

Ms O'Sullivan: I think the system should include, like we said, the lived experience, education and awareness as a main impact for everybody who comes in and those who have been in for a while—basically having a little session to talk about the post trauma: what it is like to have that, and how you can be well.

THE CHAIR: Okay, so those who have experience coming back to train others in how to recognise it and how to manage it?

Ms O'Sullivan: Yes, absolutely. And that model has been shown to be effective.

THE CHAIR: Yes, because there is a respect from the personnel.

Ms O'Sullivan: Absolutely. If psychologists or academics get up there, they are not really going to cut it, so I do not try.

THE CHAIR: Our last presenter said it should be someone who has the cultural understanding.

Ms O'Sullivan: Yes, exactly. We had a big report about the culture within ACTAS, the ambulance service, and they shifted the chairs on the deck, but we are still having people drummed out of there. They are not being listened to; they are being called liars. They are having to fight for treatment and fight for their compensation. So lived experience is one. The second one is to be a little bit more compassionate at the level of HR.

THE CHAIR: Yes.

Ms O'Sullivan: I do not know where they get the idea that we have to get rid of everybody who has post trauma.

THE CHAIR: We have all got something wrong with us; I can tell you that much.

Ms O'Sullivan: Yes. What I am saying is that we should value their years and years of experience, and listen to them. They will tell you, mostly. Here is the point that I find with people who have been years and years in policing: they love the job. They live the job. They love what they do. They want to help the community, and they get told, "We don't want you," or "You're a liar. There's nothing wrong with you. Get back here." There is something amiss there.

THE CHAIR: Yes, there is.

Ms O'Sullivan: The actual process of being compensated or recognised as having an injury needs to be a little bit more compassionate. The worst thing you can do is to chuck these people out and say, "We don't want you." By all means, there are some people who are so bent out of shape that they cannot do much. We understand that. Let us retire them and do not call them liars.

THE CHAIR: But many can continue.

Ms O'Sullivan: Many of them can do part-time work. They may be able to do different things. They may be able to train up the newbies.

THE CHAIR: I know that one person told me that in the police they can work in the watch house but they cannot work with sex offenders, for example.

Ms O'Sullivan: Exactly.

THE CHAIR: Their trauma is triggered by the effect on children and innocence and so on. The fact is that the person thinks that what they are doing means they could not

handle that anymore.

Ms O'Sullivan: No.

THE CHAIR: They could happily work in the watch house, for example.

Ms O'Sullivan: Yes. So listen to those people who know what the job is, who know what they could manage and who could handle an emergency beautifully—there is my model—and let them have some time out to recover.

THE CHAIR: Yes. That is right. So the part-time work is probably very important.

Ms O'Sullivan: Yes.

THE CHAIR: Because it gives that scope for—

Ms O'Sullivan: Here is my rule of thumb, Giulia, which I developed when I was working with veterans. Do not forget, Vietnam was in the 1960s. Basically, I was seeing people in their 90s, so it is 30 years down the track. We found that they could still work but that the rule of thumb is that for every 10 years they have worked or had their post trauma they lop off one day of work.

THE CHAIR: Okay.

Ms O'Sullivan: So, for somebody who has worked with PTSD for a decade, they could work maybe 0.8.

THE CHAIR: Yes.

Ms O'Sullivan: Someone who has been in the force for 20 years struggling with post trauma can work a three-day week.

THE CHAIR: Yes, right.

Ms O'Sullivan: But that is just a rough rule of thumb. Everyone is different. It is just that sometimes people understand that their main purpose in life is to be in a career and in a job. There is nothing better that you can give somebody than a sense of worth, a sense of purpose and a feeling that they are valued, which is what is on my other five-factor plan.

THE CHAIR: Yes. I cannot thank you enough for appearing before us, Ms O'Sullivan, because none of us has your years of experience.

Ms O'Sullivan: Yes.

THE CHAIR: Some of us have our own life experiences, but we do not see hundreds of cases a year. Your suggestions have been really practical and very similar to the previous expert's.

Ms O'Sullivan: Excellent.

THE CHAIR: So that gives us plenty of information to work on. We may come back for clarifications or something. You will be sent a copy of the transcript of today.

Ms O'Sullivan: Excellent.

THE CHAIR: You can let us know if you think anything has been mistyped or misunderstood.

Ms O'Sullivan: Okay, all right.

THE CHAIR: I am sorry that our scheduled time has come to our close. We will conclude here, but I thank you from the heart. The committee thanks you for all you are doing for our frontline personnel, both during and after their work for our city. We really value them. Each and every person on this committee really values them, and I know you do too.

Ms O'Sullivan: Yes. I do.

THE CHAIR: I really hope that a respectful report we can produce will get some improvements in this space.

Ms O'Sullivan: Beautiful. It may get something happening.

THE CHAIR: It is a start.

Ms O'Sullivan: Presumptive legislation would be a good start.

THE CHAIR: Yes.

Ms O'Sullivan: I thank you for the opportunity of actually addressing this committee.

THE CHAIR: That is my pleasure, and the committee's pleasure. Thank you so much. Our scheduled time is coming to a close. We will conclude now. I just have to put on the record our thanks to you for attending and participating. This is the final hearing of this committee.

Ms O'Sullivan: This is it. I think that is why Andrew was so keen.

THE CHAIR: Thank you so much. We will have a report soon. We hope that you will appreciate it. Thanks very much.

The committee adjourned at 5.41 pm.