

COMMUNITY DEVELOPMENT AND JUSTICE STANDING COMMITTEE

SUBMISSION

BY

KEVIN MORAN

"How the WA Police evaluates its performance in regard to management of personnel"

Specific to Reference 4 -

How Medical acquired issues, such as post-traumatic stress disorder, are managed.



Community Development and Justice Standing Committee
CALL FOR SUBMISSIONS

Inquiry into Methods of Evaluating WA Police Performance

The Community Development and Justice Standing Committee is currently inquiring into the methods used by WA Police to evaluate performance.

The final focus of the inquiry will be:
How WA Police evaluates its performance in regard to management of personnel, with the following terms of reference:

1. How recruitment practices are managed, in particular in relation to developing ethnic and cultural diversity within the force.
2. How training is managed, both for recruits and on an ongoing basis.
3. How police misconduct is managed internally.
4. How employment-acquired medical issues, such as post-traumatic stress disorder, are managed.

The Committee invites written submissions on matters relating to the above terms of reference. All submissions become the property of the Committee and will become public documents unless the Committee resolves otherwise.

Submissions should be lodged no later than **Friday, 6 November 2015** and addressed to:

The Principal Research Officer
Community Development and Justice Standing Committee
Legislative Assembly Committee Office
Level 1 / 11 Harvest Terrace
West Perth WA 6005

Submissions can also be forwarded electronically to lacdjsc@parliament.wa.gov.au

Further information regarding the presentation of submissions may be obtained by contacting Dr Sarah Palmer, Principal Research Officer, on 9222 7486.

The Weekend West
October 3-4 2015

Introduction

Your committee's inquiry to examine the internal workings and membership of the WA Police Force in a critical way to *"How the WA Police evaluates its performance in regard to management of personnel"* is much needed, although it will tend towards the relationship of the Police and those they protect and serve.

The term Constable relates to all officers. Their ranks identifies their position in the Force.

Report on Part IIb of The Police Act 1892 Pursuant to The Review Conducted Under s33 Z of The Act

I would first like to refer to the Report on Part IIb of The Police Act 1892 Pursuant to The Review Conducted Under s33 Z of The Act - signed off on The 24 February 2006 and the Royal Commissioner Kennedy's remarks on *page 13 Section C - Provision of initiatives which should be incorporated into Part II B.*

"There should be protection in Part II B against the use of s8 to remove members who are injured in the course of duty.

There is no mechanism for compensation for these members."

The totality of the report uses material supplied by Royal Commissioner Kennedy. No mention of Section 8 or associated Sections or Regulations is made in his three published reports of the Royal Commission into Police Corruption.

The correspondence that provided the information, be it letter or report, has not been located on which this report was obviously founded.

The compiler of this report is not known as the last two pages are missing. The Police Act required it to be the Minister for Police, but he is not the member who tabled the report in either house.

This report on Part IIb of The Police Act 1892 Pursuant to The Review Conducted Under s33 Z of The Act and signed off on The 24 February 2006 had been placed in archives and no access was provided on the parliamentary site on the internet.

Various Emails between the Susan Leanne Moran Senior Constable 8707 and the Parliamentary Librarian eventually uncovered its location.

It is patently observable if a Royal Commissioner states: - *There should be protection in Part II B against the use of s8 to remove members who are injured in the course of duty* - and then observes - *There is no mechanism for compensation for these members* the Government I believe should have little choice but to give the advice serious consideration. There was no consideration. It was tabled and after it was directed to Archives where it lay dormant until uncovered by Senior Constable Moran.

I would trust that the words of the Kennedy Royal Commission may resonate throughout this submissions that, *"There should be protection in Part II B against the use of s8 to remove members who are injured in the course of duty. There is no mechanism for compensation for these members."*

A copy of this report on *Part IIb of The Police Act 1892 Pursuant to The Review Conducted Under s33 Z of The Act* accompanies this submission.

Background

The following representations contains some emotional responses, but I contend are applicable to the circumstances described.

It is also noted that the Commissioner of Police Karl O'Callaghan is contracted to the WA Government in that role and therefore obliged towards that direction. This however places him in the forefront of the issues to follow in this submission, so that the condemnations made are in that context and are not to be considered a reflection of his private self.

There is a need conversely to look inwards at how the police treat their own. The culture within the Force is prefaced upon and still applies various man management practices of 1800s Military traditions. For nearly the first 100 years of the Force most of the Commissioned Officers were not from the ranks, but were appointed from outside the Police Force using officers of commissioned rank from the military and so the culture evolved and remains. The Force within is near impregnable by those from the outside, be it the Government, their agencies or even a Royal Commission and injustices occur to subordinates.

Your Inquiry indicates it will go beyond just providing outside agencies and individuals opportunity for complaints, opinions and recommendations, as it also provides much optimism in the reference to the performance of management and personnel, as issue four (4) asks, *'How employment -acquired medical issues, such as post-traumatic stress disorder, are managed?'*

As the representative of my daughter Susan Leanne Moran Senior Constable 8707, who was removed due to her post traumatic stress disorder, I can provide information to this question under reference four.

Although this report may be considered a case study related mainly Senior Constable Moran 8707, it also is a reflection upon how duty caused ill and injured constable are generally ill-treated. This should be more helpful rather than an overall view. There are a couple of exceptions to this ill treatment resulting from media involvement.

Susan was removed on 17 July 2014 and she went to Appeal against her removal before a three Commissioner Tribunal in the West Australian Industrial Commission. She lost the Appeal and we now wait a decision by the Industrial Supreme Court to rule on her application to challenge the decision of the WAIRC Tribunal.

One of the issues raised was *Duty of Care* before the WAIRC and it is from this presentation that the following is taken. It was compiled in a conversational text and it remains so with limited appropriate additions and unnecessary content removed. It does come back on occasions to various issues/points, being a way to the emphasis of evidence and they remain.

If there appears a need to hear direct from Susan and I, we would request that it be held after the Supreme Industrial Court decision relating to the request for the right of Appeal before them and any subsequent hearing if approved or that our personal evidence not be published until after any hearing, as we do not wish to be seen as attempting to influence the Court from the outside.

Susan, after 22 years of exemplary Service, had been removed because she had become ill with PTSD as a result of her duties.

The reward upon her removal was 28 days wages with no acknowledgement of her service. There was no compensation, only the legislated one month's wages.

Her service saw her confront many situations, far beyond even that expected of a front line officer and they were of such an horrendous nature she was one of a small number of officers represented in the Police Union's attempt to obtain recompense for medically retired officers.

Susan appealed against her removal before a three Commissioner Tribunal in the West Australian Industrial Commission.

Ouster Clauses

Before relating the early period of her PTSD I would first of all recount the period immediately after she was served with the 'Notice to Remove Her from the Force' under Section 8 Police Act 1892 and associated Sections and Regulations, which were amended in 2003.

These amendments contain *Ouster Clauses* in relation to Section 8 of Police Act 1892 and associated Sections and Regulations and the Industrial Relations Appeal Process.

These *Ouster Clauses* were devised to preserve the powers of the Executive and endorse the finality of its acts and decisions as promoted under Section 8, supported by accompanying Sections and Regulations in the protection of Treasury coffers.

It is not only a question of Government legislation - it is a question as to the ethics and moral values of the Government Legislation and the dubious legality of its *Ouster Clauses*.

The High Court of Australia has held that the Constitution of Australia restricts the ability of legislatures to insulate administrative tribunals from judicial review using privative clauses.

There is many references to *Ouster Law*, all unfavourable. The High Court of Australia ruling indicates that the Government of Western Australia may have transgressed the Constitution of Australia.

It is as far as I can ascertain, as a lay person in matters of such legality, it is the first such request to the Industrial Supreme Court to make judgement on the issue. It may decide not do so, depending on the strength and veracity of the submission by Susan to permit her to appeal the Tribunal's decision.

That is the *Ouster Clause* permits the Commissioner of Police to Appeal if the decision was in Susan's favour.

However the decision being in the Commissioner's favour, an appeal is denied to Susan.

The Internal Appeal Process - Transgressors

Police Officers, who are serious transgressors of the laws and Regulations, upon being served with a *Notice of Intention to Remove* are provided with an internal Appeal, under 33E of the Police Act before a Panel of three; and are also provided with a solicitor paid for by the Union.

The Internal Appeal Process - Duty caused ill and injured officers

Duty caused ill and injured officers receive no Internal Appeal, as is provided to the offenders of statute law and internal regulations in the Force.

Duty caused ill and injured officers receive no assistance at all from their Union as do the offenders in the Force who were entitled to an internal appeal.

Duty caused ill and injured officers on being removed are no longer serving officers and not entitled to any help whatsoever from the Union.

History of Appeals
by duty caused Ill and Injured Officers

Susan Leanne Moran Senior Constable 8707 is the first removed police officer because of a duty caused illness who has appealed since Section 8 and Associated sections and Regulations were enacted in 2003. This lack of pleas before the WAIRC Tribunal is due to the complexity and multiple appearances before the Tribunal's actual hearing and the inability of sick or injured officers to have the finance, the short period provided of 28 days to compile evidence and their emotional capacity sees them unable to mount a challenge .

There has been other appeals, but only for removal of officers in areas other than ill or injured.

The Police Union, to put it politely, was duped by the Legislation Department of Commerce and after six years attempted to seek change in this extract from a letter to _____, Manager of Legislation Department of Commerce on 21 August 2009 referencing Part 5 'WA Police Union Compensation - includes Memorandum of understanding.'

"Further, under section 33P of the Police Act a police officer who has been removed by the Minister can commence an appeal to the WAIRC under section 33Q, however they do so at their peril because they are no longer police officers, their salary has ceased and they have lost the opportunity to tender their resignation, hence causing further hardship to the former officer and their families should they wish to appeal their removal.

The present appeal provisions create an arguably inequitable and unfair onus upon the removed Member to overcome the decision of his/her Commissioner based on subjective grounds. The Union argues that the onus of proof should remain with the party who alleges misconduct, being the Commissioner. This would bring these provisions into line with accepted practice."

To example this situation: - a person charged with stealing - or any other offence and pleads not guilty - he has to prove his innocence. The police would only be required make the allegation and are not required to prove anything.

This is another *Ouster Clause*, which removed duty caused ill and injured officers are confronted with in a WAIRC Tribunal, as was Senior Constable Susan Leanne Moran 8707.

Ouster Clauses
Disallows Appeal of the Decision of the WAIRC Tribunal by Susan
But allows Appeal of the Decision of the WAIRC Tribunal by the Commissioner of
Police

33E Police Act 1892 sees No Appeal afforded within the Police Force for duty caused ill officers, as is provided to other officers who have received a *Notice to Remove*.

Section 33S Police Act 1892 in conjunction with Section 90(1) of the Industrial Relations Act, Susan as a duty caused ill officer, is denied a right of Appeal of a decision in favour of the Commissioner of Police by a WAIRC Tribunal.

A decision in favour of Susan provides for an Appeal by the Commissioner of Police against that decision.

I have made a presentation to the Industrial Supreme Court, comprising three Judges, to have Susan Leanne Moran Senior Constable 8707 provided with the opportunity for an Appeal and we await their decision.

The WAIRC Tribunal had ruled that Susan's dismissal was not harsh, oppressive or unfair. Section 90(1) of the Industrial Relations Act rules a member of the police has no right of appeal from a decision of the Commission dismissing her appeal on the grounds that her removal was harsh, oppressive or unfair.

The grounds for Susan's Appeal does not go to the Tribunal's judgement that her removal was not harsh, oppressive or unfair, although the foundation of the Appeal had been that it was harsh, oppressive or unfair.

However, the Appeal is prefaced on the Tribunal's decision being so defective that such a conclusion could not be reached, either way, due to the flawed, misinterpreted, misrepresented submissions and erroneous material presented that was used to support the Tribunal's decision.

Facets of the Appeal to the Tribunal

There were many facets of the Appeal to the WAIRC Tribunal embracing many areas that impacted upon Susan and the following are some matters that were canvassed: -

- Report on Part IIb of The Police Act 1892 Pursuant to the Review Conducted Under S33 Z of the Act
- In Her Majesty's Service
- Responsibilities of Commissioner
- Duty of Care required of Commissioner
- Question of Dignity
- Process of Removal and Appeal
- Procedural Fairness
- In the Interest Appellant - Public - Police
- Morals and Ethics and the Law
- Section 8
- Unfair Law

Her Majesty does not pay compensation to Her subjects

It became obvious there was malicious intent contained in our Government's legislation in their willingness to continue to do harm to sick and injured members of our Police Force in the protection of their coffers.

I myself cannot fathom the mindset of persons that not only condone the misery and suffering that befalls these discarded members of the Force, but actively promote this indecency that belongs in a third world dictatorship.

The Government's right to deny duty caused sick and injured officers any compensation is contained in case law, not government legislation, that defines a Common Law Constable, being a servant of Her Majesty.

Her Majesty does not pay compensation to subjects who are required to undertake their bounden duties in protection of Her Majesty's laws, as are the sworn officers of the West Australian Police Force.

The situations related to a Constable's duties have expanded and evolved far beyond that envisaged of a common law constable who walked the village streets of England from the 1700s and ensured Her or His Majesty Laws were kept.

I made a request for consideration in reference to penultimate paragraph (No 129) of the Commissions' Gazette of refer to the Western Australian Industrial Gazette 81 WAIG pages 356 to 368 where the President His Honour P.J Sharkey observed: -

129 Accordingly, without the necessity of deciding the matter conclusively, I tend to the view that the members of the Police Force in this State are not employees although in light of recent history and developments, this matter requires further consideration. I say this particularly in light of the approach taken by the respondent during the course of the hearing of this matter by the Full Bench, which was one of complaint that the issue had been taken by the appellant in light of decades of history of acceptance of the jurisdiction of this Commission, without dealing with the issue of the legal nature of the relationship in any substantial way.

The WAIRC Tribunal declined to address this issue. All other States and Territories have now abandoned such nonsense and pay compensation to duty caused ill and injured officers.

Negotiations have been Wedged by the Government

The Police have extended sick leave provisions due to their close unprotected physical contact with many suffering contagious and serious diseases.

The Government wants Police Officers to have 15 days a year sick leave and then having met this condition, the Government will consider helping those who have been removed after becoming injured or ill due to their duties.

If the Union does not agree the sick and the injured will remain unhelped and shunned by both the Government and the Force, with the Commissioner strongly supporting removal of these sick leave provisions.

It is to be noted that the sick leave taken by Police officers is below the national average days and that includes lengthy periods taken by some individual officers.

These removed sick and ill officers and their families should not be contemptuously used as a wedge or gambling chip to have the Union fold and give away long and necessary sick leave provisions. The serving members voted the Union stand firm.

So we confront a most distasteful, immoral and cruel standoff with the Government forgoing decency for money.

After the sacrifice these duty caused ill and injured officers have given, our citizens' government representatives have displayed no shame in the callousness they have shown to these upright men and women, who have forgone their health in the service and protection of our citizens. Our constables are being used as a bargaining chip and provided with as much empathy as such a piece of plastic receives.

The Government represents its citizens values, but has no shame in its ill treatment of those who protect and serve their people. Then the Commissioner of Police has then no choice under his contracted employment to make the appropriate noises and a stance as required by the Government.

The Commissioner subsequently becomes the fall-guy who takes the blame for the Government's wrongdoing in this required treatment towards his duty caused ill and injured officers. He therefore must not support the officers he removes and then suffer the condemnations arising from these removals.

This destructive actions by our Government on behalf of its citizens, if generally known, would see their censure. I myself cannot fathom the mindset of persons that not only condone the misery and suffering that befalls these discarded members of the Force, but actively promote this abusiveness of our damaged protectors.

Large rallies for two sick/injured officers in recent times indicates a compassion for ill and injured officers by our citizens. However these rallies were prefaced on a extensive and extended campaign by the media.

The above was an outline of the present situation.

Issue (4) Four

The following is to issue four (4) that asks, *'How employment -acquired medical issues, such as post-traumatic stress disorder, are managed?'*

Post-Traumatic Stress Disorder - Neglect of Duty of Care

The following is an extract compiled from evidence provided to the WAIRC Tribunal that relates to issue four (4) that asks, *'How employment -acquired medical issues, such as post-traumatic stress disorder, are managed?'*

It has significant connection and bearing to Susan Leanne Moran Senior Constable 8707, but it also embraces all that which examples the neglect and pitiless actions against all duty caused PTSD sufferers in the West Australian Police Force.

The Commissioner of Police failed in his duty of care he owed to Senior Constable Susan Leanne Moran 8707, Susan as there was legislated *"the special relationship*

between the Commissioner of Police and members of the Force," and Susan was one of his members of the Force

Reference. Police Act 1892 Section 33Q 4 (b) (ii)

The Commissioner of Police should have realised the validity of the many complaints and warnings made by the Police Union to him and his predecessors in regard to the health of his front line constables of which Susan was one for 22 years.

I would refer to the many years of the Police Union's *Police News* that indicates the long period that the Police Union has campaigned in relation to what was then first known as *Cumulative Stress Disorder* and in their correspondence to the Police Commissioners, including the current Commissioner of Police Karl O'Callaghan.

That is from at least 1991, which later saw the term *Cumulative Stress Disorder* become *Post Traumatic Stress Disorder*.

Post Traumatic Stress Disorder must have been known about by the Commissioner of Police.

The information contained in the years of *Police News* publications provides evidence of these long held concerns relating to *Post Traumatic Stress Disorder*, as suffered by Susan and would have been known by the Commissioner of Police.

Even though, with the multitude of complaint and information available, which was provided in correspondence by the Union to the Commissioner of Police, this knowledge did not see him rise to his responsibility in exercising his *duty of care* to Susan.

Acknowledgement of such a serious issue has not been mentioned in any Police Annual Report since 2001-2002, be in full or simply in an acronym of PTSD. These were the only Police Annual Report's accessed and without doubt reflect those that came before.

The increasing prevalence of the drug culture, the propensity to binge drink by the public, the increasing violent serious crime, the dangerous decline of respect and violence against the police should have been extensively acknowledged in the area of mental health of front line constables and their heightened danger of suffering *Post Traumatic Stress Disorder* (PTSD).

The situation of Susan Senior Constable Susan Moran suffering *Chronic Post Traumatic Stress Disorder* and *Chronic Major Depressive Disorder* came about due to the collective horrendous situations she attended over 22 years.

These 22 years of traumatic front line duties compounded these into the serious consequence of *Chronic Post Traumatic Stress Disorder* and *Chronic Major Depressive Disorder*.

Due to the inaction of the Commissioner of Police and his predecessors to confront the known fact, which was often published and complained about by the officials of the West Australian Police Union. They continually advised that some Constables will suffer dire consequences of *Chronic Post Traumatic Stress Disorder* and *Chronic Major Depressive Disorder*, as is the current and continuing situation facing Susan, has been basically seen inaction by the Commissioner of Police over his term of office and those previous.

This situation of the increasing stressful and dangerous duties of Constables has seen increased *Chronic Post Traumatic Stress Disorder* and *Chronic Major Depressive Disorder* in Constables as occurred to Susan.

This has been brutally and expediently addressed by the Commissioner of Police by using the 2003 amended Section 8 and associated Sections and Regulations to get rid of these ill constables, including Susan. It is to be observed although this submission is about Post Traumatic Stress, it equally applies to an officer shot, assaulted, diseased or otherwise incapacitated as a result of their office and incapable of police duties.

I have since Susan's dismissal, because of her duty caused illness, had the opportunity to become personally associated with a number of members of the Medically Retired Police Officers Association.

Their situations are extremely cruel and to see such despair resulting from the diabolical actions of our government is extremely distressing.

The occasions when I make a presentation at a graduation ceremony, I wonder how many families of these young men and women will be sadly affected by their duties as has Susan and the others, unless justice prevails.

The neglect by the Commissioner of Police to adequately, often not at all, to address the issue of individual constables, including Susan relating to their Mental Health, is damnable.

This neglect by the Commissioner of Police has seen the increasing opportunistic action to remove constables from service due to their mental illness, which early intervention could have curtailed.

The failure of the *Duty of Care* owed to Susan by the Commissioner of Police - referenced further on in regard to this early intervention process, which could have been practiced and easily carried out, but the Commissioner of Police failed Susan, as expediency prevailed. No doubt was in protection of police coffers together with the removal of an ill officer as it lessens the numbers on authorised strength and permits increased recruitment numbers.

Commissioner of Police's Viewpoint of Sick Officers

The increasing numbers of Constables unable to undertake operational duties has seen the Commissioner of Police's views, including one of personal grievance, about the situation when he declared in his address to the 2013 Annual Conference of the WA Police Union: -

"We currently have 400 Police Officers in Western Australia that have declared themselves non-operational.

By 2015 that will be 600. By 2020 that will be about 11% of the total workforce who simply say, I joined to be a Police Officer, but I can no longer be a police officer so find me another job.

You cannot declare yourself non-operational forever and expect me to look after you, I can't do it. It is not fair on me, it is not fair on the police officers out on the street and - the system we have got at the moment is not fair on the officers who are sick."

It is now many months since that declaration of unfairness was made by the Commissioner of Police that the system is not fair to those who are sick, as is

Susan. There was denial by him that this is what he said. I believe it was from legal advice, not his belief.

Nothing has changed.

It is also noted that when the Commissioner of Police states the system to deal with sick officers is unfair: - that is Section 8 and its associated sections and Regulations.

This unfairness continues in the process that ill constables suffer even after removal, as was Susan, due to the process of Appeal.

The process of Appeal should be prior to removal as it is very unfair to Susan as she was thereby denied assistance by the Union and not having the where with-all to fight an Appeal herself nor the money to do so - she was fortunate that I could put some sort of a coherent case before the Tribunal.

The Commissioner of Police declares the system is not fair on the Officers who are sick: - but he is the one who directs matters under the system that leads to the removal of duty caused sick Constables from office under the system that uses Section 8 and does so because there is no compensation and no further responsibility for the Police or Government.

The Commissioner of Police uses it and then acknowledges, "*the system we have got at the moment is not fair on the officers who are sick.*".

The Tribunal declined to agree with the Commissioner of Police in the above statement; - that the use of Section 8, this being the process that Police use to remove sick Constables is unfair. The Commissioner of Police has stated it is unfair and he is in the very best position to observe its unfairness.

He later observed he was not talking about sick officers, which when his words are read it was sick officers to whom he was referring in the last part. A copy of his address to 2013 Annual Conference of the WA Police Union accompanies this submission.

Influences directing the Government and Police Force

There are odious influences that complement our Government's that are inclined to callousness with their unquestioning embrace of advice given to combat claims for fairness from those duty caused ill and injured constables.

The *Treasury and Legislation Section Department of Commerce* are deemed to give advice as to savings and monetary matters without conscience.

The *State Solicitors Office* and associated *Commissioner's Legal Department* who provides legal advice and plan the defence, using all the powers of the *Ouster Clauses* to ensure protection of the State against any ill officer that may appeal.

Senior Constable Susan Leanne Moran 8707, unaware of the farce that was to be her Tribunal hearing and innocently became the first and likely to be the only one to ever Appeal in such a prejudiced and unjust proceedings contained in a WARC Tribunal.

Kennedy Royal Commission established in 2002

It was indicated on Page 13 of Section C - of the Report on Part IIb of the Police Act 1892 pursuant to the review conducted under S33 Z of the Act dated 24 February 2006 relating to findings of The *Kennedy Royal Commission* established in 2002 to determine whether any Western Australian police officers had engaged in corrupt or criminal conduct - saw the Royal Commission indicated that the -

Provision of initiatives which should be incorporated into Part II B

- *There should be protection in Part II B against the use of S8 to remove members who are injured in the course of duty.*
There is no mechanism for compensation for these members

This could not even prompt the Commissioner of Police or Government to provide support for protection and compensation as recommended by a Royal Commissioner. The report was found in archives with no indication of it being considered.

Numerous inquiries to the Minister for Police and the Commissioner failed to elicit a reply.

The Tribunal declared the Royal Commissioner's remarks to be of no consequence and discarded them.

WA Police Department of Health and Welfare and Non Action

The Commissioner of Police must to have been aware of the widely reported proliferation of the difficulties with Vietnam veterans being diagnosed with *Chronic Post Traumatic Stress Disorder*.

The Commissioner of Police should have observed his Constables in the WA Police, such as Susan, were also suffering similar stresses that caused *Chronic Post Traumatic Stress Disorder*.

The lack of action by the Commissioner of Police on these matters evidences his *Neglect of Duty* to Constable Moran, Susan.

There is in the WA Police a Department of Health and Welfare that saw the Commissioner of Police employing _____ as a vocational rehabilitation consultant in the Police Force's Health and Welfare .

Vocational rehabilitation counsellors help individuals with physical disabilities and mental health issues prepare for work.

M/s _____ has held a Bachelor of Science Degree since 2005 and employed by the Police Force since 2007. That is for seven years.

The Health and Welfare Branch was in place for many years before the appointment of M/s _____ and the members in their expertise must have been aware and also alerted the Commissioner of Police to the difficulties being confronted by his constables relating to *Post Traumatic stress Disorder*.

This expected expertise from those populating the Health and Welfare Branch should have alerted them early to the various horrendous duties Susan had performed and her difficulties that indicated her decline in *Post Traumatic Stress Disorder*.

This should have occurred on the evidence that there was proliferation of correspondence from the Police Union to the Commissioner of Police relating to their concerns about the health of their members who were suffering from PTSD as was Susan.

The Commissioner of Police could access information about the difficulties of his Constables diagnosed with *Chronic Post Traumatic Stress Disorder* if he was so inclined, and he should have as a matter of direct responsibility, taken an active and wide interest in his Constables in this matter.

The PTSD among Vietnam Veterans being a matter on the Public Record also should have raised concerns with the Commissioner of Police.

He would have been aware of the increasing violence in the community with more serious physical confrontations against his constables and increasing numbers of horrendous situations, being traffic accidents, murders, serious assaults, sudden deaths and other matters of trauma and deep sadness, all of which increasingly exposed them to issues that caused PTSD.

Even if unaware his Health and Welfare Department would have provided this advice, although there appears on the evidence that either by ignorance or not caring the Commissioner of Police has ignored this specific issue in the Police Force.

It was easy to rid the Force of them, including Susan, due to the opportunities presented by the *Common Law Constable* status of the Commissioner of Police's constables to allow them denial of compensation.

There is no where can I find documentation that acknowledges PTSD amongst the Commissioner of Police's constables, nor any effective actions to counter the problem in his constables.

This indicates the Commissioner of Police's *neglect of duty* of Susan was not through ignorance - but was a deliberate ignoring as the problematic Constables, in this case Susan Constable Moran, could be removed expeditiously and cheaply by using Section 8 removing all responsibility for the care of her.

Australian Institute of Criminology - Trends and Issues Paper No. 196 February 2001

Fourteen years ago there was the *Australian Institute of Criminology - Trends and Issues Paper No. 196 February 2001* which provided a report on *Occupational Health and Safety Risks Faced by Police Officers*. I offer extracts from that paper.

Police officers face a range of risks at work: homicide, assaults, communicable diseases, injuries during car crashes and regular abuse. The risks vary according to the task being undertaken (for example, whether performing traffic duties, attending street disturbances, arresting offenders, guarding prisoners in watchhouses or in hospital, or transporting offenders to court). This paper is based on a comprehensive international literature review of police occupational health and safety, and identifies key risk factors. A subsequent Trends and Issues paper (number 197) focuses on prevention strategies.

Adam Graycar
Director

Police have a high-risk job compared to many others (see Driscoll et al. 1999; NOHSC 1999). About one officer per year is killed in Australia, many are assaulted, and others contract a range of illnesses from work. The dangers are not just physical. The daily "civilian combat" of United States police officers has been compared with warfare:

The police officer is expected to be combat-ready at all times...[facing] a continual sense of danger from an unknown enemy...While the Vietnam veteran was at war for a minimum of nine months, police officers alternate between the violence of the street (e.g., shootings, witnessing death and mutilation, dealing with abused children) and the normalcy of civilian life on a daily basis. (Violanti 1999a, p. 5)

Western Australian Frontline Constables are no different from Constables in many jurisdictions and the above quote is very relevant and relates to the duties of Susan who undertook them during 22 years of her service.

Our frontline Constables return to the battlefield day after day after day after day, week after week, year after year as did Susan.

After the unremitting conflict and trauma's Susan then returned each day to the normalcy of her home until there was a fusion of her different lives. Her duties of

sadness, violence and fear now intruded into her private life and her family was badly affected.

Susan's duties were not the duties of our modern soldier.

Our modern soldier's patrols are short, sometimes for several days, but without the unremitting day after day, week after week, month after month leading to year after year.

The soldiers face sudden and violent encounters that can cause PTSD. These encounters are mostly with foreigners at a distance and sometime coupled with horrendous situations and sights.

Front line Constables face sudden and violent encounters, often daily at close quarters, even in a violent embrace with their fellow citizens during arrests and in often involved in horrendous situations and sights.

It is well known that very active endeavours are made in the Armed Forces to prevent and also treat PTSD.

Also military terms of deployment see their removal from stress situations after defined months of employment.

Neglect causing the PTSD Problem and its elimination by dismissal

To arrive at the neglect of his *Duty of Care* of Susan by the Commissioner of Police I indicated the WA Police Force's neglectful approach to the increasing problem of PTSD' in their ranks.

Then upon a PTSD sufferer being identified they are, as in the case of Susan, removed in such a manner that eliminates all suggestion of decency towards them.

This has occurred under the command of the current Commissioner.

Susan Senior Constable MORAN was suffering Chronic Depression and Chronic Post Traumatic Stress Disorder.

She was suffering with an unending chronic Mental Disorder caused by her 22 years of duties.

During these years that saw the decline of her Mental Condition, there was no credible action taken by the Commissioner of Police to ascertain her health.

That is except to obtain evidence for her removal.

The Commissioner of Police knew full well she was performing duties that he knew caused Post Traumatic Stress Disorder.

If he did not know, it as one of his responsibilities to know; - it makes his dereliction of his duties to Constable Moran, Susan, even more blameworthy.

There are too many negotiations with Union, too many articles in the Police News and too many previous diagnosed PTSD cases, including those diagnosed and then resigned for him not to know. The Commissioner of Police then stated there may be a problem in his front line constables' ranks to declare; - "It is not fair on him and the sick constables."

The Commissioner of Police cannot be unaware of the medical disaster that PTSD Constables suffer, evidenced in Susan's medical reports and much evidence provided in numerous other officers medical reports and in his decision to remove these ill constables.

He then does nothing and the dire situation facing operational constables continues as he awaits further ill officers he can expeditiously remove under Section 8 without further responsibility and expense.

WA Occupational Health and Safety Act

WA Occupational Health and Safety Act indicates: -The Commissioner of Police position has legal obligations in relation to the management of mental illness of his Constables, including Susan, in the workplace by: -.

Ensuring health and safety: OHS legislation requirements of him, the Commissioner of Police to ensure his workplace is safe and healthy for all workers and does not cause ill health or aggravate existing conditions.

There are provisions related to the WA Occupational Health and Safety Act that allows the Commissioner of Police to place his employees in unsafe situations.

So the claims I make are not related to events of a physical dangerous nature that occurs in the lives of front line constables.

It is impossible to have a safe physical environment and it is acknowledged in the front line Constables' access to equipment that helps preserve their safety.

It is the now constant mental and emotional environment that confront these Constables, which has seen preventative and detection measures so badly neglected.

The illness of Susan may have occurred on a single situation, but it was not a one off situation.

Susan's illness was years in the making and many of these situations were routine while physically and emotionally dangerous to Susan, but in such profusion they should not have been considered safely routine and normal.

During this time Susan was not assessed for PTSD.

After the time when she stood up from her desk and left the Geraldton Police Station there was little interest in her illness, only that she had exacerbated the Geraldton Station's staff shortage.

This is what occurred: - Within two weeks of leaving work Constable Moran had a phone message from a Geraldton Police Station Sergeant stating if Susan didn't supply a medical certificate she would ensure salaries department had her pay docked.

There were other contacts in regard to medical certificates, accoutrements as to when did she intend to come back to work and location of a court brief, but there was not one inquiry as to her health.

The Police Force had also now created a internal investigation file for: - Inappropriate accessing police computer some 10 years previously, which the inquiring Detective Sergeant commented was unlikely to see a serious outcome and travelling overseas whilst on sick leave.

This investigation file indicated the lack of the knowledge about PTSD, as a sufferer sometimes just gives up and leaves to escape the surroundings where the pressure resides - and for Senior Constable Moran it was Geraldton.

There were to be inquiries by Detective Sergeant , OIC Geraldton Detectives as she had been on sick leave too long.

However, due to Constable Moran's condition Health and Welfare advised Detective Sergeant he was to wait for her return to work before confronting her.

Susan became aware of this internal investigation file into her only when evidence was produced by State Solicitors Office, being on her medical running sheet.

I now again make reference to Police Culture, which I am well conversant, to the presentation of accusations relating to constables, such as Susan whose illness was causing difficulty because of already staff shortages and she had not the decency to resign to allow a replacement.

I am not referring to well researched evidenced based matters, or actions undeniable by constables that need investigation and the often appropriate harsh actions.

Any internal investigation distresses most officers regardless of the banality, falsity or incompetence of the accusations and many constables become a bundle of nerves.

Many minor accusations are of spiteful intent, as was these accusations directed at Susan when the most serious raised was the *'Inappropriate accessing police computer'* not considered serious, some 10 years previous, which Susan still has not a clue what it is about.

It had languished for ten years on file waiting for such a need to use it.

It should have been brought forward when it occurred, but that wasn't opportune as there was no need.

It would wait for a need.

If the constable is already stressed and then advised of transgressions not identified and will not be until the interrogation, it is highly likely they will resign thus removing a difficult constable.

Then after 22 years of meritorious service, a Sergeant arrived at her house with her belongings from her personal locker. She was to collect them that day, but her private material was accessed without consideration of her and delivered in a cardboard box. She handed over her Police ID, keys and access card and received further documents relating to the process of her removal.

M/s was advised that Constable Moran had been off work for 80 hours on 14 February 2013.

Constable Moran received a telephone call from , vocational rehabilitation consultant for the West Australian Police Force who left a message to contact her.

This was required of M/s after Susan had been off work for eighty hours.

Susan returned a number of calls to M/s but she was away or unavailable.

M/s then contacted Susan on 28 February 2013.

That is two weeks after she was advised of the 80 hour requirement.

This is an indication of a serious neglect of a mentally ill constable.

This is a very serious matter as the propensity to self harm and suicide is prevalent in PTSD sufferers and upon the 80 hours flagged for an undetermined/unidentified illness two weeks is a negligent and dangerous delay.

The verification of the seriousness of the matter was confirmed in Constable's Moran's in her evidence to the Tribunal.

After a cursory, "Are you all right?" questioning and the traditional 'Yes' type of response usual from Constables, M/s [redacted] concluded her telephone inquiry with Constable Moran.

One further call came from M/s [redacted] after Susan's diagnoses, when she was then beyond rehabilitation.

M/s [redacted] was the person to care for Constable Moran for that was her expertise and her neglect to do so is shameful and wrong. However, M/s [redacted] stated in evidence that was not her task. Her task was simply as a facilitator to move Senior Constable Moran from Health and Welfare to the Staff Portfolio so her removal could be progressed.

There needed to be a replacement organised due to the dire circumstance PTSD victims, as Susan found herself, but there was no early replacement likely as she refused to resign voluntarily.

If the Commissioner of Police had met his obligations under law Susan would not have declined deep into depression and Post Traumatic Stress Disorder.

Susan would not have been sacked.

I return to the requirement under the title *Ensuring health and safety of the employee* as was Susan and note there was no ensuring of Susan's health or safety as required of the Commissioner of Police.

The Commissioner of Police in his Duty of Care has broken a lawful requirement as he did not ensure even the most basic care or available diagnostic material identifying PSTD symptoms or its obvious likelihood available to him to ensure Constable Moran's health.

The second requirement of the Commissioner of Police regarding his legal obligations in relation to the management of mental illness of his Constables, as suffered by Susan: -.

Avoiding discrimination: disability discrimination legislation required the Commissioner of Police to ensure he did not discriminate against or harass workers with mental illness as suffered by Susan.

The Commissioner of Police was also required to make reasonable adjustments to meet the needs of constables with mental illness, as suffered by Susan.

The Commissioner of Police was required to avoid discrimination against Susan. He did not comply by the ignoring his duties to ensure her health and safety during her term of a front line constable.

The Commissioner of Police then acquired knowledge of Susan's mental condition after her emotional meltdown caused by her PTSD from his contracted medical persons and commenced her removal.

Susan's condition resulted from the Commissioner of Police's neglect to ensure Susan's workplace was safe and healthy by providing a process that permitted early identification of Susan and other Constables with indications of PTSD.

If he had done so as required by the *WA Occupational Health and Safety Act* it would have provided early intervention and correction to her workplace, that is in a non operational situation with the likelihood of being able to return to full front line duties.

There was of course was no early detection and then being diagnosed with PTSD the Commissioner of Police had put in place the process of the Susan's removal.

Having failed in his responsibility to Susan; and in the absolute certainty, that the Commissioner of Police knew PTSD existed in his ranks and his disastrous neglect to address the situation of Susan he had her removed expeditiously as he could from the Force.

There were no attempts made to meet the requirements to assist Susan in her duty caused mental condition.

The Commissioner of Police chose to ignore Susan's illness evidenced by his inaction of ensuring all had been put in place to identify PTSD in his constables at an early stage.

Then when his neglect in his duty of care prevented Susan's attendance to duty: -- the Commissioner of Police removed Susan ensuring neither payment or responsibility to her under that defined by her *Oath of Office* to serve Her Majesty.

Another requirement of the Commissioner of Police under *WA Occupational Health and Safety Act*: -

Ensuring privacy: privacy legislation required the Commissioner of Police to ensure personal information about Susan's mental health status was not disclosed to anyone without Susan's consent.

This example may be claimed to have little validity, but in seeking approval from the Minister for Police to remove her; the file, which then passes through various civilian and police staff together with persons in the Minister's office, the Commissioner of Police should have first of all seek consent from Susan.

Then in correspondence to the Minister her name should be redacted from the documents and correspondence, even if Susan was not contacted. Her Regimental Number may have been used, not ideally but at least of some chance of privacy as to her condition.

Then her privacy was seriously breached by the Geraldton's Station intrusion into her locker where her private papers were removed.

This was verified in the production of a cardboard box at her front door containing her private papers and no police department material.

The only way this could have occurred is for the material in her locker to be examined to ensure police material was not amongst the documents.

A further matter for the Commissioner of Police is: -

Avoiding adverse actions: The Commissioner of Police is required under Commonwealth industrial law to ensure his Constables workplace does not take any adverse action against a worker because of their mental illness.

Adverse actions of the Commissioner of Police

- His unwillingness to address PTSD in the workplace as suffered by Susan.
- The removal of Susan because of her work caused mental illness.
- Failure to provide PTSD assessments to constables engaged in front line duties at regular intervals, preferably every six months, but at a minimum every 12 months.
- Offenders are more violent with a desire to harm constables is understood by the Commissioner of Police, but he has an apparent lack of understanding or disdain of those duties causing emotional and mental consequences.

- The lack of understanding/acceptance of situations of extremely unpleasant nature coupled with the unrelenting demands upon an operational front line Constables that require preventative measures in relation to PTSD.
- The Commissioner of Police then addressed Susan's mental situation by sacking her under Section 8, which by the very nature of her duties, was acknowledged as being part of an unfair process or equally an adverse action by the Commissioner of Police in his address to the 2013 Police Union Conference.
- There was predetermined knowledge that an appeal was unlikely to succeed by Susan due to the *Ouster Clauses* as the Commissioner was under the advice of the State Solicitor's Office and his own legal department.

Passing the Buck & Police Annual Reports

Passing the Buck is the act of attributing to another person or group one's own responsibility.

It is a strategy found in the claim by the Commissioner to remove his responsibility of *ensuring health and safety of the employee* to that of self responsibility, when that is not possible.

The constable runs towards danger as others run away from it.

A constable wrestles with dangerous violent offenders, who often suffer serious communicable diseases. A constable cannot do less; as not to do so puts those he protects in danger and the Constable thereby neglects his/her duty.

Constables cannot leave a person alone after suffering a sudden death of a baby child or loved one. The Constables take on all the sadness as they comfort the distressed until help arrives.

Where is the Self Responsibility available in the few examples given and the other hundreds not given.

It is absolute nonsense that the constables should indulge in self-responsibility in many of their frontline duties. There are some obvious, such as not speeding unnecessarily, fail to take cover when shot at etc. But such self-responsibility issues are obvious and can be related only to a few of a Constables duties.

The matters of employees' health contained in the *Police Annual Reports* use words that evade or retreat from direct or forthright statements, or to the important reference to PTSD, its treatment, and the numbers removed or rehabilitated are completely absent.

The tenor of the reports thereby lessened the likelihood of a potentially difficult or otherwise controversial questions being asked.

It seems those that were asked were not provided answers.

The reports all indicated what they are going to do or have done - but they are never effectively carried out in what they intend in an efficient and all-embracing manner and that failure is the responsibility of the Commissioner of Police.

If what had been proposed in these Annual Reports had been implemented in a correct way, that is in an efficient and targeted manner, with adequate staff and finance the number of ill Constables suffering PTSD would have diminished; but they in actual fact increased.

One of those Constables was Susan Senior Constable Susan Leanne Moran 8707 resulting from the Commissioner of Police's neglect of his front line constables.

The Commissioner of Police refuses to accept his responsibility that falls upon his shoulders in this matter of sick and injured officers, who are his comrades and demands that their self-responsibility prevails.

When the constables are duty bound to the tasks demanded and they cannot be shirked to prevent their possible injury, nor those that eventuate in mental illness, it is a capitulation by the Commissioner of Police in his responsibility to his constables.

The Commissioner of Police's first annual report 2003 - 2004 boasted,

"Two main strategies were used to provide psychological support and welfare services to employees.

The first strategy was to implement the Peer Support Program in all districts.

The second was to implement a stress-management program to be delivered as a preventative mechanism, with a focus on self-responsibility."

There was no stress management program provided to Susan - plus she was, as most if not all potential suffers, not aware of her decline into *Post Traumatic Stress Disorder*. Susan didn't even know what it was.

The Police preventative Mechanisms had its main focus upon 'Self-Responsibility.'

How can this be so when it is not a situation that lends itself to Self-Responsibility.

The decline into *Post Traumatic Stress Disorder* is not a illness that imposes itself upon the sufferer's minds as being caused by their lack of responsibility.

Their bounden responsibility, as was Susan's, was to do her duty as she confronted all that is bad in society and when it was with good people, it was often in intense sadness.

This was the work place of Susan for 22 years.

Many constables, as Susan, just feel tired, stressed and overworked due to the unrelenting disorder and trauma they confront. It is not a matter for Self Responsibility, for if such awareness came upon Susan that she was spiralling down into *Post Traumatic Stress Disorder*, she may have made representation to the Commissioner of Police to be removed from front line duty and be provided an non - operational position, but probably without success as it is his intention to remove non-operation constables back to the front line and remove those who can't/won't go to the front line.

It certainly is a Responsibility of the Commissioner of Police to Susan to help in such a job caused mental health issue. The Commissioner of Police did not help.

If the Commissioner of Police claims he was responsible in addressing the issue, -

What was his understanding of his responsibility?

The Commissioner of Police declared at the Police Union Conference in 2013 that, *'He wanted to return non-operational to the frontline or remove them.'*

"We currently have something like 400 Police Officers in the Western Australian Police Force that have declared themselves non-operational."

"By 2015 that will be 600. By 2020 that will be about 11 percent of the total workforce who simply say I joined to be a police officer, but I can no longer be a police officer so find me another job."

You cannot declare yourself non-operational forever and expect me to look after you. I can't Do it. It is not fair on me, it's not fair on the Police Officers out there on the street and the system we have got at the present is not fair on the officers who are sick."

They are burning questions that if 400 officers have declared themselves non-operational how many are: -

- Those who simply found the unpleasant and confronting duties on the front line not to their liking?
- How many just lacked the moral fortitude required in violent or traumatic incidents?
- Many seek advantage, not available to shift working front line constables, undertaking further study to enhance opportunities to obtain permanent non-operational positions or employment outside the Force.
- How many don't like shift work and working weekends?
- Those who joined with good intent to help people then found the people they thought they would help, don't want their help and a constables duties generally are difficult so they then retreated to a non operational area?
- How many are suffering symptoms of PTSD and will certainly be sacked, resign or advised to leave?

But before this occurs the PTSD test should be applied' because the Commissioner of Police's objective to return those who may be suffering PTSD back to front line duties is dangerous to themselves and the public they serve.

They then may not reach the breaking point if this duty of care of a PTSD test was met by the Commissioner of Police.

Those found not wanting to confront the front line will simply resign, or having broken mentally will be charged with aggressive behaviour, face court and even gaol as a result. I contend PTSD is often the cause of unacceptable physical behaviour of constables and psychiatric assessment should be provided and only if such a diagnoses results, help should be given rather than retribution.

The 2003 - 2004 Annual Police Report stated - A number of information sessions were also held on services available to employees. Did the Police have information sessions at 157 Police Stations, how many officers attended these sessions, including a number of such sessions to allow for three shift, weekly leave and duties that precluded all the officers attending any particular session? Did they ensure all Operational Officers, CIB, Traffic, Administration and Constables in all the many varied specialists units receive the 'Information Session?' No they could not. The Health and Welfare Unit does not have the wherewithal to do so.

There is a stratagem in these Annual report's language, rightfully called 'weasel words' that is as defined as being words or statements that are intentionally ambiguous or misleading.

These Annual Reports tells us of meetings and intentions to implement, but never their implementation in a full effective manner. There are no figures on constables ill from PTSD. All are simply shown as removed Constables.

There are no figures on how many PTSD constables that have been expeditiously removed recorded in *Hansard*.

However Hansard records to question, "How many police officers retired 'medically unfit' since 2002 until 2012 did so for reasons of *mental impairment, stress, depression, post-traumatic stress or other psychological impairment*," records the answer as 203

The question relating to officers retired 'medically unfit' as to their disease or illness received the reply. "*Police records only indicate either physical or mental impairment, not disease or illness therefore a response cannot be provided.*"

It can be reasonably observed that the total constables being removed for mental illness in ten years that the Commissioner of Police seeing so many of his staff suffer a mental illness each year whom he then removes that there may be something wrong in their ranks, which needed serious consideration and urgent and positive attention by the Commissioner of Police.

No it was not a serious consideration, as the problem was easily fix simply by removing them from his midst by sacking them under Section 8, which subsequently was the fate of Senior Constable Moran.

Surely there must be some accountability brought to bear not only upon the Commissioner of Police but upon a system that which allows such a contempt for decency to brought upon our constables who are sick or injured resulting from their service of our citizens.

I would suggest the accountability should be three fold: - the Commissioner of Police, the Government and the foul legislation that permits such wickedness. The Government being the perpetrator of this malevolence that requires the Commissioner of Police to comply and the constables to suffer.

Extracts from Hansard

[ASSEMBLY - Tuesday, 16 December 2003]

p14979c-14980a

Dr Elizabeth Constable; Mrs Michelle Roberts

[1]

POLICE SERVICE, STAFF, RESIGNATIONS, RETIREMENTS AND DISMISSALS

2288. Dr E. Constable to the Minister for Police and Emergency Services

(1) How many police officers -

(a) resigned;

(b) retired; and

(c) were dismissed,

from the WA Police Service in each of the following years -

(i) 1998-1999;

(ii) 1999-2000;

(iii) 2000-2001;

(iv) 2001-2002;

(v) 2002-2003; and

(vi) so far this year?

Mrs M.H. ROBERTS replied:

The Western Australia Police Service advise:

1998-1999 138 Resigned + Retired 44

1999-2000 124 75

2000-2001	98	57
2001-2002	99	64
2002-2003	104	75
01/07/2003-30/11/2003	38	33
Resigned	138 124 98 99 104 38	
Retired	44 75 57 64 75 33	
Dismissed	0 0 3 4 0 3	-
Dismissed		
1998-1999	--0	-
1999-2000	--0	-
2000-2001	--3	-
2001-2002	--4	-
2002-2003	--0	
01/07/2003- 30/11/2003	--3	

Figures do not include Senior Police or Special Constables.
The retired figures include those officers who retired as medically unfit.

Extract from Hansard [COUNCIL —

Tuesday, 27 November 2012] p8977a-8977a

Hon Kate Doust; Hon Michael Mischin [1]

POLICE OFFICERS — “MEDICALLY UNFIT” RETIREMENTS

6369. Hon Kate Doust to the Attorney General representing the Minister for Police

(1) How many police officers were retired ‘medically unfit’ in each of —

- (a) 2002;
- (b) 2003;
- (c) 2004;
- (d) 2005;
- (e) 2006;
- (f) 2007;
- (g) 2008;
- (h) 2009;
- (i) 2010;
- (j) 2011; and
- (k) 2012?

(2) Are officers who are retired ‘medically unfit’ as standard practice offered any form of redundancy, compensation or ex-gratia payment?

(3) If yes to (2), how much?

(4) Since 2002, how many police officers retired ‘medically unfit’ did so for reasons related to

- (a) physically impairment or injury;**
- (b) mental impairment, stress, depression, post-traumatic stress or other psychological impairment; or**
- (c) disease or illness other than (4)(b)?**

Hon MICHAEL MISCHIN replied:

(1) The data kept by WA Police is recorded at financial year and not calendar year:

- (a) 2001/2 - 42
- (b) 2002/3 - 38
- (c) 2003/4 - 28
- (d) 2004/5 - 24
- (e) 2005/6 - 37
- (f) 2006/7 - 22
- (g) 2007/8 - 31

(h) 2008/9 - 22

(i) 2009/10 - 13

(j) 2010/11 - 19

(k) 2011/12 - 15

(2) No

(3) Not applicable.

(4) (a) 88

(b) 203

(c) *Police records only indicate either physical or mental impairment, not disease or illness therefore a response cannot be provided.*

The figures are of little value and in this little value there is much worth in providing evidence of the hiding of actual figures by being disguised under this generic term retired medically unfit. The statement that *Police records only indicate either physical or mental impairment, not disease or illness therefore a response cannot be provided* promotes the difficulty intended by being unable to obtain this information by any person who wished to use them. It is a strange and worrying matter that such information should be hidden in a democracy.

The relatively frequent articles in the media relating to *Post Traumatic Stress Disorder* suffered by constables, this deception is to avoid scrutiny, and accountability and it is an extremely serious deliberate avoidance and evidences a shocking and morally unacceptable evasion of the State and the Commissioner of Police in their *Duty of Care* to removed duty caused ill and injured officers.

The operational Constable enters the battle zone year after year of what could be termed combat in the civilian zone. There is no respite for Frontline Constables.

No efforts that has impacted upon Susan, a Front Line Constable has been made by the Commissioner of Police. Nothing what so ever was offered to Susan, be it rehabilitation treatment or more importantly to prevent the falling into PTSD by her. This is a blatant neglect by the Commissioner of Police to his *Duty of Care* to Susan.

Front Line Constables are understaffed to deal with the ever increasing workload in modern society and this further impacts on frontline officers as was Susan in developing PTSD.

This is not unknown by those in Government, as there has been speeches and debates in both houses, there has been select committees examining the problem and the taking of copious evidence from sufferers and the union, Royal Commissioner Kennedy made mention of his concerns, the media in all its forms, print - television - broadcast - Face-book and the other recent arrivals into the digital network have referenced PTSD.

All submissions, all evidence of the dire consequences have failed to solicit any responsibility from government. And this neglect of obligation towards those removed officers, whose many duties legislated for them to uphold, coupled with their immediately available twenty four hours a day social work finds an appalling deficiency in the accountability of Government.

The Government is beyond odious as they permit the use of removed duty caused ill constables' lives as tokens to gamble to obtain advantage and ensure the Union will fold. The Union cannot match the malice intent of this Government's stake as the union members prohibited the use of their sick leave provisions to obtain a win.

The Union will fold as their members sense of duty will see them not leave their community to the violent, thieves and depraved to obtain justice for their comrades. And from these dedicated constables will come the continuing members sacked because of duty caused illness and injury.

The interesting observation is that they are not advised of the dire situation they may confront when recruited and many still are unaware of the situation.

Senior Constable Moran became a victim of this neglect of *Duty of Care* by the Commissioner of Police while serving in operational and front line duties.

This neglect by the Commissioner of Police was by failing: -

To address the problem in a holistic way by ensuring the system under which his Front Line Officers work was analysed and actions taken to resolve problems identified.

Then by taking into account the front line constables physical and mental duties in this holistic approach as it could prevent PTSD or the early identification of Constables with or likely to suffer from Post Traumatic Stress Disorder.

Susan suggested that those assessed with early PTSD and a likelihood of suffering it should be removed from the frontline and undergo treatment, preferably in a group situation. A group situation would remove the stigma contained in the police culture that it shows weakness to retreat from frontline duties in a presumed pretence illness. Perhaps some of this attitude prevails both in the upper echelons of the Police Force and Government.

Then provided with appropriate measures and/or treatment it would thereby prevent constables spiralling down into the abyss of Chronic Post Traumatic Stress Disorder as has Susan, who was provided with no assistance after traumatic events, of which there were many.

A simple personal contact by a knowledgeable person (for example a nurse contracted from local hospital contacted by OIC) trained to talk in an understanding manner, who may then prevent deterioration of a Constable's mental state, or if there are signs of PTSD the nurse could make the appropriate report.

In 2006 the Police came under the Occupational Health and Welfare Act and Police obligations were to be overseen by the Occupational Health and Welfare Branch. There have been many meetings, references in Annual Reports with terminology indicating action to obscure the lack of action and indicates no PTSD problems as far as my readings indicate: - there is not even mention of Post Traumatic Stress Disorder over the past 13 Annual Reports.

Although PTSD is still not mentioned - there was in the 2014 Report the advice of '*The Workforce Optimisation Project*,' which long last indicated the possibility of some recognition given to the need to address the problem of sick constables and compensation.

I noted that it was a review and was not of any substantive recommendation or action. It did not indicate purpose and movement; and it still had the smell of all the previous reports that claimed on behalf of the Commissioner of Police, 'Look we are doing something' and then they do nothing.'

I visited the 2015 Annual Report of WA Police on line. There was no indication as to progress in the assistance for duty caused ill and injured officers and the 2015

report states: - *"Commencing in March 2014, the Workforce Optimisation Project reviews the work practices, remuneration and conditions of service of police officers and staff. It aims to make recommendations that enable the agency to better manage its resources and to serve the community more cost effectively. The review is being conducted in two stages, with the priority focus being operational availability and deployability of police officers. The Corporate Board considered the recommendations of the first stage of the review and an implementation plan in April 2015. "*

This paragraph in reference to *'operational availability and deploy-ability of police officers'* again focuses upon how *'to better manage its resources and to serve the community more cost effectively.'* The main resource and highest cost being the officers, which underlines the reason for the removal of duty sick and injured officers under this present system is very cost effective system.

The *Workforce Optimisation Project in 2014* had indicated, *"The need for fair and equitable employment practices as it relates to officers who are not capable of being deployed to a frontline role."* This went to the very heart of the Commissioner of Police's *Duty of Care* but was simply another ploy in again saying 'Look we are doing something' and then they do nothing.

It was the Commissioner of Police's *Duty of Care* contained in *The need for fair and equitable employment practices* stated in the *Workforce Optimisation Project*, which should had been long in place as it would have identified Susan at risk or in the early stages of PTSD. That is Susan being assessed as having early stages or likely to suffer PTSD would have then provided appropriate treatment probably been prevented from contracting or progressing to the serious stage of her PTSD.

How could the Commissioner of Police not realise there was something very wrong in his Front Line Constable ranks.

He had a Health and Welfare Branch now under the auspices of Occupational Health and Welfare Act to ascertain such problems and take action or at least make recommendations.

Perhaps they did, but were ignored, as it takes finance to address such an issue and police duties are many and varied. I observe Front Line Constables, may be provided collectively with considerable finance related to their numbers, but they are not the highest priority in the spending area.

The evidence of a serious increase in illness of officers is contained in the averaged sick leave days related to a work week of five days.

2001-02	- 7.9	sick leave days
2002-05	- N/K	"
2005-06	- 10.3	"
2006-07	- 11.1	"
2007-08	- 11.1	"
2008-09	- 11.3	"
2010-11	- 11.4	"
2011-12	- 11.7	"

In 2001- 02 Constables were taking 1 week 3 days sick leave.
By 2011- 12 Constables were taking 2 weeks 2 days sick leave.
That is in Ten (10) years the sick leave had near doubled.

The alarm bells must have been ringing loud and surely it was a matter for the Commissioner of Police in his *Duty of Care* to find out why this very substantial increase in the sickness of his officers was occurring. But there was no action except to remove the problems, for once they were removed, not only were they not cluttering the statistics, they were no longer an expense and Police inadequate finances could be enhanced and no further responsibility to them was required by the Police Force.

These alarm bells must have seen some attempt to ascertain why this unacceptable increase in sick leave days was occurring, but there was not.

If this had been done, surely they would have come across the simple task to identify those at risk cheaply and easily.

But it was simply sack them, as was Susan, and the statistics can be made better.

The Commissioner of Police continued with his neglect of his *Duty of Care* of Susan in years prior to her diagnoses and there were obvious markers that would have identified Susan in early manifestations that she was likely candidate for *Chronic Post Traumatic Stress Disorder* and *Chronic Major Depressive Disorder*.

If this identification process had occurred, as it should have, but instead it saw the Commissioner of Police's lack of *Duty of Care* of Susan, and instead of Susan being identified at risk, so then her *Chronic Post Traumatic Stress Disorder* and *Chronic Major Depressive Disorder* would have been curtailed by preventative measures that could have been taken.

If these preventative measures had been provided to her, she would not have suffer her PTSD or not at least at the level she subsequently suffered.

These preventative measures were then known and if they had been used many of the Constables at risk would have been identified and still working and lives and families were not have been shattered.

These preventative measures related to operational-front line duty and have been available and in use since 1993, that is for twenty three years. It was developed after the Vietnam War.

It is a simple questionnaire devised by the Australian Centre for Post-traumatic Mental Health entitled '*The Posttraumatic Stress Disorder Checklist (PCL)*'.

The documentation identifies its origin as "*A Centre of Excellence Supported by the Australian Government*" and is part of the University of Melbourne. It is a Government Document in the Public Domain. There are three versions - two Civilian and one Military.

The Military version does directly relate to an operational front line police officer.

There are only 17 questions and the questions are included in the document that is titled:

Australian Centre for Posttraumatic Mental Health
Common assessment measures:
PTSD Checklist
A centre of excellence supported by the Australian Government
The Posttraumatic Stress Disorder Checklist (PCL)

An extract from the explanation sheet: -

The PCL (Weathers et al, 1993) is an easily administered self-report rating scale for assessing the 17 DSM-IV symptoms of PTSD. It has excellent test-retest reliability over a 2-3 day period.

Internal consistency is very high for each of the three groups of items corresponding to the DSM-IV symptom clusters as well as for the full 17-item scale.

The PCL correlates strongly with other measures of PTSD, such as the Mississippi Scale, the PK scale of the MMPI-2, and the Impact of Events Scale, and also correlates moderately with level of combat exposure.

Three versions of the PCL are available, although the differences are very small.

The PCL-M is a military version and questions refer to "a stressful military experience".

The PCL-S is a non-military version that can be referenced to any specific traumatic event; the questions refer to "the stressful experience".

The PCL-C is a general civilian version that is not linked to a specific event;

The Post-traumatic Stress Disorder Checklist (PCL)

The questions refer to "a stressful experience from the past". The scoring is the same for all three versions.

A total score is computed by adding the 17 items, so that possible scores range from 17 to 85.

Used as a continuous measure, the PCL has good diagnostic utility.

In Vietnam combat veterans a cut-off of 50 on the PCL is a good predictor of a PTSD diagnosis based on the SCID PTSD module.

Principal components analysis revealed one large factor, consisting primarily of re-experiencing and hyper-arousal items, and one much small factor, consisting primarily of emotional numbing items.

References:

Blanchard, E.B., Jones-Alexander, J., Buckley, T.C., & Forneris, C.A. (1996).

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Cardove, M.J., Andrykowski, M.A., Redd, W.H., Kenady, D.E., McGrath, P.C., & Sloan,

D.A. (1995). Frequency and correlates of posttraumatic stress disorder like symptoms

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Forbes, D., Creamer, M., and Biddle, D. (2001). The validity of the PTSD checklist as a measure of symptomatic change in combat-related PTSD. Behavior Therapy and Research, 39, 977-986.

Weathers, F.W., Litz, B.T., Herman, D.S., Huska, J.A. & Keane, T.M. (1993)

The PTSD Checklist (PCL): Reliability, validity, and diagnostic utility. Paper presented at the 9th Annual Conference of the ISTSS, San Antonio.

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Common assessment measures: PTSD Checklist

- *DSM-IV symptoms of PTSD = Diagnostic and Statistical Manual of Mental Disorders*
- *MMPI-2 is designed with 10 clinical scales which assess 10 major categories of abnormal human behaviour, and four validity scales SCID PTSD module's trauma screen: validity with two samples in detecting trauma history*

The Posttraumatic Stress Disorder Checklist (PCL) was updated on Jan 3, 2014 - A previous revision (DSM-5) was released in May 2013. This revision includes changes to the diagnostic *criteria* for PTSD and Acute Stress.

This indicates its veracity in diagnoses and in its continuation.

Implementation of Posttraumatic Stress Disorder Checklist (PCL) for West Australian Police

I make the following suggestion as an indication on how it could be implemented easily and cheaply and if I am able to outline such a program, it should not be beyond the Commissioner of Police to adopt or compile his own.

There are 11 Police Regions.

Qualified person(s) be it a psychiatric nurse or general nurse or a trained person living in the each Region could have police operational front line staff complete the questionnaire on a six or 12 monthly basis.

It need not be personally before the nurse for those in the out stations, but in all instances the filling in of the questionnaire should be on computer and stored and the results compared as each are completed in the time frame decided.

Initial analyst of the answers would be by the nurse/qualified person.

Upon the predetermine analytical number before the 50 indicated as referencing PTSD's likelihood, the form would be forwarded to psychologists or psychiatrists for their determination.

Help could be then provided to those at risk.

The constables could be informed as to the privacy of their answers and that if they fail to answer in a truthful manner, any mental problems arising from their duties would be seen as their own making.

I do observe that I was able to uncover this programme to identify Constables at risk in a short period after the removal of Susan.

There may be other programs, but that is the task for the Commissioner of Police in his *Duty of Care*, that is he is responsible for maintaining the mental health of his Constables within their duties. In particular provide this help to those on front line duties and this information may assist him avoid his previous lack of duty of care as evidenced in his neglect of his front line Senior Constable Susan Moran 8707.

He may then meet obligations under his *Duty of Care* to his Constables to seek out matters that prevent his Constables becoming ill through of *Chronic Post Traumatic Stress Disorder* and/or *Chronic Major Depressive Disorder* and upon identification provide them access to specialists in this area.

The overall neglect of Susan by the Commissioner of Police has been through his failure to implement protocols, which he should have used in the early detection of *Chronic Post Traumatic Stress Disorder* and/or *Chronic Major Depressive Disorder* and so curtail the condition's progression.

Susan an officer of 22 years exemplary service being sacked, because of *Chronic Post Traumatic Stress Disorder* and *Chronic Major Depressive Disorder*, should have been detected early, because it is a known serious mental illness that can be a significant problem for operational constables.

Susan's illness and subsequent removal is directly related to the neglect by the Commissioner of Police in his *Duty of Care* towards her.

The disregard of the issue by the Commissioner of Police and the preceding Commissioners of Police is appalling and a serious neglect of the Commissioner of Police's duty towards Susan and other Constables so affected,

This saw the cynical and cruel way to address the problem was to remove it, that is Susan being the problem was expeditiously eliminated from his command. To do so Section 8 of the Police Act was used.

There had been much debate and promises to address the obnoxious and very stressful and demeaning actions under Section 8. But the promises were of no substance and were simply made to quieten the concerns as the passage of time attests, as it remains unchanged since its amendment in 2003.

I will submit section 8 is flawed legislation and should not be used due to the *Ouster Clauses* and I again provide reference to the Kennedy Royal Commission as to its advice to Section 8's inappropriate use and lack of compensation.

Also both shades of Government have used their power to prevent any progress in the repeal of the legislation that would have permitted ill and injured Constables any compensation.

It is not only a question of Government legislation - it is a question as to the ethics and moral values of the Government Legislation and its dubious legality of its *Ouster Clauses*.

The High Court of Australia as stated has held that the *Constitution of Australia* restricts the ability of legislatures to insulate administrative tribunals from judicial review using privative clauses.

It was a *Neglect of his Duty* to Susan by the Commissioner of Police that caused her descent into *Chronic Post Traumatic Stress Disorder* and *Chronic Major Depressive Disorder*.

Then having been responsible for her decline into *Chronic Post Traumatic Stress Disorder* and *Chronic Major Depressive Disorder* the Commissioner of Police then

had the audacity to remove her as a result of his own neglect by his inaction in this area.

Susan's employment caused her decline into mental illness and she was now deemed of no value and was seen as a drain upon both the financial and operational strength of the Police.

She was discarded as were the other duty caused ill and injured officers under Section 8, thereby providing no responsibility for the Commissioner of Police towards Susan and others as the ruling relating to *Her Oath to Her Majesty* protected the Police and Government from any compensation for injuries and illness nor to pay any pension.

It was an ideal situation to be able to remove an ill duty caused *Post Traumatic Stress Disorder Constable* who was now considered useless and pay not a cent in compensation or pension, as happened to Susan.

Susan saw no procedures taken to detect her PTSD and then after the diagnoses no effort was made to rehabilitate her. This evidences the failure of the Commissioner of Police's lack of *Duty of Care* in failing to put in place actions to identify PTSD in his frontline officers, including Senior Constable Moran 8707.

It therefore goes directly to his responsibility in his failure of his *Duty of Care* by making no attempt to prevent the PTSD subsequently suffered by Susan as the result of the duties demanded of her by the Commissioner, who then has the audacity after not meeting his further *Duty of Care* in attempting her rehabilitation in any way, but he simply removed her from his midst.

Specialist PTSD Psychologist Doug Brewer from Hollywood PTSD Clinic explained that his programs are beneficial for those police officers who suffered PTSD.

To add to the benefit of Section 8, as opposed to Section 11 which provided for a mutual arrangement, there was absolutely no obligation upon the Commissioner of Police or Government to assist in any way ill Senior Constable Moran 8707 by disposing the burden she posed from their midst.

A further benefit was that PTSD victims have had the stuffing knocked out of them.

They are shells of themselves without spirit, with an incapacity to fight.

The lack of such appearances of Constables suffering PTSD before this Tribunal would attest and allows such to be a considered fact.

Susan Senior Constable Moran 8707 upon her dismissal was shattered and grief stricken as only dedicated Constables' understand on being so treated.

She displayed that grief deeply after the decision of the Medical Board.

She was comforted by a member of the Health and Welfare Branch after the hearing, as she broke down and told them she had put her heart and soul into the job and what was happening was unfair. The officers at the hearing became concerned due to her emotional distress and the officers offered to drive her home.

No follow up or acknowledgement was further made by health and welfare department.

Senior Constable Moran was still a serving officer, even though suffering PTSD and obviously highly distressed. This situation is emotionally and very sensitive and poses danger to a sufferer as Susan.

No contact in any form came from the Health and Welfare Department and the only contact was from the Geraldton Station relating to her removal.

However, Susan's intent was made clear at the Medical Board where she presented a document for the Commissioner indicating her intent to challenge the expected undignified removal from the WA Police.

This Notice of Intent was on my advice.

As Senior Constable Moran was suffering PTSD as previously stated and she was a shell of herself without spirit, with an incapacity to fight. However, this first step, before her further decline associated with the reality of the sacking, she then commenced her road back to pride and a return of her dignity taken from her by the harsh and unfair actions of the Commissioner of Police.

The unfairness of Section 8 continues in the system, which after Susan's dismissal saw the road to an appeal under Division 3 - Appeal in Relation to Removal - and this is by its very nature is a continuation of an unfair process in the requirements to be able to arrive at the WAIRC Tribunal.

This process is legislated and has no reflection upon the Tribunal, but reflects upon the Legislators and Commissioner of Police.

This Tribunal I would suggest usually expects a solicitor to represent an Appellant.

Susan was not in a position to pay a solicitor.

She was fortunate that I could at least present an argument, be it weak or strong.

Further, she is no longer a working member of the Union being only a retired constable thereby she has less entitlements than a serving member and that includes legal aid.

There are many internet sites where the Defence Force addresses the issue of PTSD, indicating their knowledge and actual efforts to assist sufferers.

I find no such effort to do so by the West Australian Police and not one mention is made of these duty caused ill officers in the many Annual Reports I have canvassed.

In any matter in regard to constables' welfare in the Police Annual Reports there are indications of good intent leading to the belief that actions were in place that would see them look to the care of the front line Constable.

It is mostly smoke and mirrors as was shown in the inaction relating to Susan's development of her PTSD without any intervention by the Commissioner of Police.

The verbiage used in the reports are not of a positive nature - there are very few stating - we have concluded, we have completed, we have achieved, we have accomplished and related terms.

The descriptions of activities are mainly described as -

dedicated too - to put into practice - developing - supporting - aim to - strategies - to facilitate - to implement - intend - to produce - to launch - print information sheets - establish working groups etc etc etc.

The annual increase of sick leave amongst serving ranks indicates that although some action was purported to have been taken, the numbers have grown each year, that is nearly doubled in ten years.

These increased numbers do not reflect success of the programs alleged to have been activated, instead the numbers evidence the higher number of constables suffering PTSD.

Such additions in both sick leave days taken and the increasing presence of PTSD amongst constables provides a unassailable indication of a lack of duty in the care of Susan, by the Commissioner of Police

There is evidence of the complete avoidance of the issue in the lack of mention or even suggestion in Annual Reports that constables were suffering from PTSD or that PTSD even existed.

The answer to preventing these increasing resignations, injuries and mental problems was a proper approach to the Constables health in a comprehensive holistic way.

The system remains amateurish in nature, although professionals may head the Occupational Health and Safety section, it lacks the staff and wherewithal to be much more than a sop to those who may query the care for constables that are in danger of *Post Traumatic Stress Disorder* and I wonder at the system's capability.

And I do critically believe that this is so.

They point at training of officers in the field to undertake these duties to identify constables at risk.

The fact is that those who do so are at risk themselves and Constables are so busy as to have no time for such niceties.

It is planned that operational officers are now to be required to remain in their vehicles for the entire shift racing from one task to another and is or was under trial using the Constables from Hillarys Station.

If it is put into effect it compounds the danger to front line constables of suffering PTSD, but importantly indicates ignorance or perhaps a need to deny this danger being faced by constables by the Commissioner of Police.

The passenger constable in the police vehicle is required to type out the report about each incident they just attended, while obtaining details of following tasks provided through his laptop computer. This, in my knowledge, is not policing, it is lunacy and such will have dramatic ill effects upon the mental health of operational constables in the suburbs.

Susan's statement and evidence to the Commission is confirmation of the lack of the Police Occupational Health and Safety Section's capability for such were the markers of her decline into PTSD that no *duty of care* was provided during her increasing illness.

Even when at a large country station as Geraldton, provides no flags as to Susan's risk of suffering PTSD indicates the probably of mythical trained constables with the Health and Welfare Section.

Often PTSD sufferers appear normal with no such a problem until they crash.

No action was taken, except Geraldton's senior members to demonstrate their ignorance and annoyance upon Susan taking sick leave, thus impinging upon their increasing and already heavy case load that confronts operational officers at the Geraldton Station and putting them all at risk of PTSD.

Constables' duties have become unremitting and increasingly dangerous, horrific, threatening and unpleasant on the front line as outlined in the papers by: -

Australian Institute of Criminology - Trends and Issues Paper No. 196 February 2001 on Occupational Health and Safety Risks Faced by Police Officers followed by paper 197 relating Protecting the Occupational Health and Safety of Police Officers.

The evidence of Susan and the circumstances facing constables quoted from Paper No. 196 February 2001 has seen Susan suffer *Chronic Post Traumatic Stress Disorder* and *Chronic Major Depressive Disorder*.

Susan was dismissed with only 28 days wages to readjust in society, so that she sought a reprieve until the Union and Government negotiations are successfully finalised into a binding agreement, legislation passed and compensation agreed upon.

I wrote the following on my presentation notes for the Tribunal, but I considered it too soon to raise and did not do so, but is of value and I mention it now: -

"Constable's illnesses caused by their duties are being worsened by the inhumane treatment of extensive interrogation exemplified immediately after a horrendous shooting dead of an offender to ascertain if the officers had contravened statute law, police regulations and instructions or made a decision deemed inappropriate. All this emotional brutality is prefaced on being accountable, or to be more precise and truthful, it is not. It is a 'public relations' situation and it can see the demolition of the officer(s) mind."

Those diagnosed as having Post Traumatic Stress Disorder, be it one incident or many daily duties, are removed under Section 8, as was the fate of Susan simply because she suffered duty caused illness compounded the lack of care provided to constables due to the culture of the West Australian Police Force.

Could it not be a more unfair situation that the Commissioner of Police having failed in his Duty of Care to Susan that would have identified early stages of Susan's PTSD and prevented her deep decline into PTSD, he then sacks her for a condition he should have prevented or diminished under his Duty of Care.

These increasing number of sick and injured Constables create staffing and financial concerns, which saw a need to forgo the pleasantries of Section 11.

Ill and injured constables are now removed under Section 8 as being the ideal situation for the Police.

Susan became such a victim of Section 8 as amendments were made, supporting sections enacted and Regulations prepared to ensure the quick and cheap removal of the now considered worthless and .

There are now two Sections 8 and 11 in the Police Act providing instruction and authority to the dismissal of officers suffering injury or illness who cannot perform active duty.

There is also no mention in regard to non-operational duty in the Police domain as alternative employment sought out and then offered to Susan as require under Human Rights' provisions.

Susan being in a state of *Chronic Post Traumatic Stress Disorder* and *Chronic Major Depressive Disorder* is found medically unable to work as a Constable again.

This may have been so, but as there may have been a position she may have coped with, particularly with medication, not necessarily in the Police Force as the Government is of many departments and her expertise would be valuable.

It is interesting that Susan first stated she said she did not want to go back to work just to get sick again.

This claim of not wanting to get sick again was earlier than the claim made by Vocational Rehabilitation Consultant that Susan realised she could no longer be a police officer.

That was a fair observation by Susan. She did not say she did not want to go back to work but simply not to go back and get sick again.

That then would have depended upon her rehabilitation. There was no rehabilitation attempted, if it would work or not is not the issue, but simply the move was to her removal not assistance.

Regardless, there was no attempt to find such a position and the process to her medical sacking continued. It is not the question if Susan could have or not been found such a position, it is that it was not searched for under the Human Rights requirements, which is the transgression, particularly when Susan's condition should have been flagged well before her decline into PTSD.

The Commissioner of Police evidences his breach of Susan's human rights and that this is his approach, confirmed by his transgressions in this matter of human rights by proceeding in the opposite direction to what is required, which is contained in his address to the 2013 Annual Conference of the WA Police Union.

Constables return to the communities' battlefields day after day after day. It is unremitting and soul and mind destroying and some seek relief in non-operational areas.

The Commissioner of Police then tells these constables in respite in non operation duties at the Annual General Meeting of the Police Union in 2013, *"You cannot declare yourself non-operational and expect me to look after you, I can't do it. It is not fair on me."*

The Commissioner of Police's declaration, *"It is not fair on me,"* suggests he has put himself before his constables.

The Commissioner of Police fails to understand or accept that it is his bounden duty, in identifying continuing duties that impact upon individual constables in such a manner that they become non operational.

He should know why they are non-operational, but he doesn't, even though he is well resourced to do so.

He then embarks upon the greatest unfairness of all towards those who are under his command, as Susan, who suffers work caused PTSD, as he rids himself of them without dignity or recompense by using Section 8.

He then claims that is unfair to him.

He should be a leader, a defender of his Constables, not a collaborator with the Government in their stonewalling to a conclusion to the issue of compensation that has seen near twenty five years of negotiation.

It is all about money, not about lives destroyed or lives lost.

The sick leave of 168 days available to officers was canvassed in my submission and provides reasons why the provisions should not be weakened to use against police officers to obtain compensation for medically removed constables.

Then after being brought into the fold of the Occupation Health and Safety Act the Commissioner of Police fails that which is required of him under this act.

These responsibilities are referenced in *Australian Institute of Criminology Paper 197 protecting the Occupational Health and Safety of Police Officers* and I quote from the title page: -

Australian Institute of Criminology Paper 197



No. 197

Protecting the Occupational Health and Safety of Police Officers

Claire Mayhew

Protection of the health and safety of police officers is fundamental to good operational policing. As shown in Trends and Issues paper number 196, the patterns of injury, illness and homicide amongst police officers are often predictable. Knowledge about high-risk situations and offenders enables appropriate prevention strategies to be implemented to reduce the risks. This paper is based on international research and outlines a range of preventive strategies.

Adam Graycar
Director

Each police department in Australia is responsible for the development of comprehensive occupational health and safety (OHS) policies and strategies so that legislative requirements are met. There is a legal requirement for police departments to ensure a safe and healthy place and process of conducting work. This duty is called up under the OHS Acts in each Australian State and Territory. Of fundamental importance is the commitment of Chief Officers, as well as the establishment of a good working relationship with the OHS Inspectorate. Strategies need to be implemented that ensure regular formal risk assessments, implementation of effective technical control strategies, integration of preventive OHS into all procedures, consultation with staff, ready access to specialised OHS advice, appointment of OHS representatives and access to OHS training (HSE 1999; Beckley 1996). Some key aspects are detailed below.

Five years later after the mentioned reports from *Australian Institute of Criminology* The 2006 WA Police Annual Report stated on Page 10 -

The Police had: -

Established an Occupational Safety and Health Unit and had Introduced the Corporate Health Strategy with the long term goal of creating and maintaining a healthy and fit workforce that is physically and mentally prepared for the demands of policing.

Did this action result from an enlightened attitude towards the need to maintain a healthy and fit workforce that is physically and mentally prepared for the demands of policing?

No it was not, it was a compulsion required by legislation as the Police and police officers employees were now considered to be a Government Department under the provisions under the *Occupational Health Act 1984*.

This should have originated many years before from complaints and warnings made by the Police Union and the widely reported proliferation of the difficulties with Vietnam veterans being diagnosed with Chronic Post Traumatic Stress Disorder.

This was sixteen years after Susan was sworn in as a police constable that The Police were actually required, that is forced to *Established an Occupational Safety and Health Unit* and to introduce a *Corporate Health Strategy* and offer some evidence to progress in attending to the health of Constables, particularly the front line constables.

Seven years later, then being 22 years after Susan joined the police, the Police boasted in their *2013 WA Police Annual Report* under the Heading - Frontline Support page 28 stated that the Police had: -

Reviewed and promoted a number of wellness programs, employee suicide prevention initiatives to enhance support for employees and supervisors

There was never such a such a wellness program offered to Susan.

Perhaps there were none active - as that is suggested by the language of the statement in that it: - *Reviewed and promoted a number of wellness programs.*

This statement provides no information as to these wellness programs going beyond their promotion and then into actual achievement.

Regardless of these wellness programs being claimed in existence, there is therefore acknowledgement of previous awareness indicating that this should be done.

However, the lack of a full and adequate implementation of these programs, if at all, is evidenced in the fact the wellness program never reached Susan thereby compounding the Commissioner of Police's lack of duty of care to Susan.

A particular event, or a new service may be promoted, but until they are active and being accessed, they remain a promotion without substance.

The promises contained in the Annual Reports in regard to the mental health of Constables remains only a promotion and was with little substance or none at all.

Achievement are in the numbers of officers identified as in danger of developing PTSD and being directed to the appropriate medical area or program to curtail the further development and restore the victim to health.

Achievement can be contained in the numbers of front line officers identified as unlikely to suffer PTSD, together with reference as to the number of constables' identified as in danger of or have PTSD in the Police Annual Reports and their actual treatment and by whom

No such information has been recorded in any Annual Report since 2000 that I have accessed, nor in any information provided to parliament.

The language of the writing used is jargon and buzzwords to create an impression of truth or plausibility and was used to cover the fact there was no achievement as it did not go beyond bureaucratic prattle.

The 2013 report continued *including advancing stress management and employee suicide prevention initiatives to enhance support for employees and supervisors*.

This persistent use of words that do not go beyond their advancement/promotion of *wellness programs* rather than advising of any concrete success, or even implementation of active programs that reached all, if any, front line constables.

Susan, I suggest, was displaying those signs apparent in *Post Traumatic Stress Disorder* for years.

There was no help only weasel-words being deliberately misleading or ambiguous language as contained in all Annual Reports since 2000.

There are words but no action evidenced and there was no providing of *wellness programs* to Susan when she first needed it and at any time after.

If these wellness programs, if they existed in the reality their actual implementation, and been provided expeditiously to Susan she no doubt would still be employed as a Police Officer, but acknowledgement of her illness came too late and then only with a purpose to cast her out under the pretext of being for the Public and Police good.

The Commissioner of Police's lack of his *Duty of Care* to Constable Susan Moran is unpardonable.

A claim by the Commissioner of Police that the Police are working on the problem is beyond a simple reproach, as the problem has been identified for many years, including voluminous documentation by the Police Union for twenty five years.

Time rolls on and the denial of assistance after removal of Constable Susan Moran by the Government continues as the squabble persists over saving money by reducing the sick leave to working constables to pay for compensation for the duty caused ill and injured constables.

Meanwhile Susan and her family difficulties caused by Susan's Post Traumatic Stress Disorder continue caused by the government's uncaring attitude that sees them as pawns in a money saving exercise.

Susan is the first removed police officer because of a duty caused illness that has appealed since Section 8 and Associated sections and Regulations were enacted in 2003.

The protection provided for work caused illness and injury is available to all others in our society, from the debased to those of the highest honour, but is not available to our protectors, the decent men and women of the Western Australian Police Force.

Doug Brewer, psychologist and the program co-ordinator of the PTSD program at Western Australia's Hollywood Clinic

Doug Brewer, psychologist and the program co-ordinator of the PTSD program at Western Australia's Hollywood Clinic.

He appeared on an ABC telecast on 22 November 2013.

On the same telecast was the Commissioner of Police Karl O'Callaghan with others including sufferers from PTSD.

The information gleaned from this telecast was very troubling as related to a tremendous neglect of the *Duty of Care* to Susan by the Commissioner.

This neglect occurred even when in examination by those of medical profession, under contract to the Police Force, to undertake assessment in relation to PTSD and the constable's capacity to continue as a police officer.

Doctor Brewer indicated that his treatment would assist in the rehabilitation of police constables who were suffering from PTSD.

The Appellant was never given any indication of the psychologist's existence and there is no history that can be ascertained that the Commissioner of Police ever sought such assistance for his constables suffering PTSD.

It would on the information obtained is that Senior Constable Moran could have seen her early detection of her PTSD and then referred to Doctor Brewer.

It may have seen her continuation in a job she loved.

Senior Constable Moran would not have fallen into the deep depression associated with PTSD, her self-harm and the further trauma she, her partner and children suffered would have not resulted, or at least may have been lessened.

It is noted that PTSD sufferers have families who also endure and many are shattered and torn assunder. Susan has been fortunate in this regard, but not without heartaches for her and all her loved ones.

If support and help had been received by the specialist Dr Brewer in PTSD the Susan's mental illness would have been minimised and would have prevented the situation she continues to confront.

It cannot be claimed that such medical assistance was not known by the Commissioner as it had been present for many years, he had a Health and Welfare Department and his employ of specialists to exam his officers must have gleaned some information from them.

If it was not know, it is even more damnable.

Susan in the busy life of a mother and shift worker in the far away town of Geraldton knew nothing of such a clinic nor psychologist, nor should she as PTSD was not a problem she associated herself with.

Nobody advised her of the Clinic's existence until it was mentioned by a PTSD sufferer just before the last day of her Appeal before the WAIRC Tribunal.

Material relating to the Clinic was produced, but was rejected due to its lateness.

Her relationship with society may have been on an even keel with this intervention.

From the Web Site: - The Hollywood Clinic's original Post Traumatic Stress Disorder (PTSD) program for Vietnam Veterans began in 1995. It has had a successful history and continues to attract a near full house. The clinic subsequently developed a dedicated trauma recovery program for younger veterans and currently serving Australian defence personnel, a first for Australia. In 2006, the trauma program diversified further to include other uniformed personnel traumatised in the line of duty. Police, fire brigade, ambulance, prison and railway officers, together with intelligence-gathering members of the defence force, regularly attend this program.

I offer this submission because of the legislation and regulations used to remove duty caused ill and injured officers and the unfairness and oppressive nature of our Government against these upright medically removed members of the Western Australian Police Force.

I believe I have provided the Inquiry with a comprehensive presentation that embraces the many issues including unfairness, harsh and oppressive actions against Susan by the Commissioner of Police in his actions, but were conversely permitted and encouraged by law in protection of coffers.

The Commissioner's actions took her dignity and saw his neglect of his responsibilities of his *duty of care*, while the morals and ethics required of by our citizens were seriously transgressed in the perverted use of Section 8 against our decent protectors'.

The important observations of Royal Commissioner Kennedy and his quotes in Report required in Part IIB of the Police Act, which were somehow unknown until his voice was aired in the submission to the WAIRC Tribunal, was expeditiously considered of no consequence.

And the efforts of the retired-policeman Murray Cowper MLA who also endeavoured to give voice to Royal Commissioner Kennedy recommendations, only to find his efforts curtailed

The neglect by the Commissioner of Police in his *Duty of Care* of the Appellant prior to her medical diagnoses of *Chronic Post Traumatic Stress Disorder and Chronic Depression* made the Commissioner complicit in her decline into her illnesses, which he then compounded by removing her from the Force.

Our States citizens morality and ethics has been disgracefully breached in Section 8's use against Senior Constable Susan Moran and others so removed from the WA Police Force.

I sincerely beseech all members of the Inquiry to push beyond considerations that may come to attention in protection of government coffers.

The integrity of our people is reflected in our governance, and such actions against our duty caused ill constables will find abhorrence in such a lack of honour towards our protectors.

Even putting aside my honest emotive observations, I believe there can be no doubt now held as to the unfairness, harsh and oppressive actions that are being taken against ill constables and their families. They are cynically removed in our name under the Act in the claim that ill constables so removed is to the benefit of society.

Thank You.

Kevin Moran,
Representative of the Appellant,
Susan Leanne Moran Retired Constable 8707

References: -

- *Promoting Recovery after Trauma - Australian Centre for Post Traumatic Mental Health.*
- *National Institute for Health Care and Excellence*
- *The Posttraumatic Stress Disorder Checklist (PCL) (Civilian and Military/ Police)*
- *Google - ptsd military treatment*
- *<http://www.hollywoodclinic.com.au/News/documents/Expands-Post-Traumatic-Stress-Disorder-programs.pdf>*