

**COMMUNITY DEVELOPMENT AND JUSTICE
STANDING COMMITTEE**

**INQUIRY INTO THE RECOGNITION AND ADEQUACY
OF THE RESPONSES BY STATE GOVERNMENT AGENCIES
TO EXPERIENCE OF TRAUMA BY WORKERS AND VOLUNTEERS
ARISING FROM DISASTERS**

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 22 FEBRUARY 2012**

SESSION ONE

Members

**Mr A.P. O’Gorman (Chairman)
Mr A.P. Jacob (Deputy Chairman)
Ms M.M. Quirk
Mr I.M. Britza
Mr T.G. Stephens**

Hearing commenced at 10.00am

FERGUSON, MR DARIAN

Director, Human Resources, WA Police, examined:

ITALIANO, MR GREGORY

Executive Director, WA Police, examined:

FAIRMAN, MR GORDON

Acting Divisional Superintendent, Forensic Division, WA Police, examined:

MARTINOVICH, MS ANGELA

Clinical Psychologist, Health and Welfare Branch, WA Police, examined:

The CHAIRMAN: Good morning gentlemen and ladies. Thank you for coming this morning. Before we start, I am going to read you a statement so you know exactly what is happening, and when we finish I will read you a concluding statement so you know exactly what happens with the transcripts and information that you provide us today. Thank you for coming in this morning.

The committee hearing is a proceeding of Parliament and warrants the same respect that proceedings in the house itself demand. Even though you are not required to give evidence on oath, any deliberate misleading of the committee may be regarded as contempt of Parliament. I have a series of questions. Can I ask that you answer them verbally rather than with a nod or a shake as Hansard cannot record that. Have you completed the Details of Witness Form?

The Witnesses: Yes.

The CHAIRMAN: Do you understand the notes at the bottom of the form?

The Witnesses: Yes.

The CHAIRMAN: Did you receive and read an Information for Witnesses briefing sheet regarding giving evidence before parliamentary committees?

The Witnesses: Yes.

The CHAIRMAN: Do you have any questions relating to your appearance before the committee this morning?

The Witnesses: No.

The CHAIRMAN: Before we start, have any of you got any statements that you would like to make to the committee this morning or anything that you would like to add to your submission?

The Witnesses: No.

The CHAIRMAN: In your submission, you mentioned that you undertake psychological screening of police recruits. Can you tell us what proportion of those recruits would fail the screening because they may not prove capable of handling the stress of being a police officer?

Mr Italiano: I apologise Mr Chair. I do not have the exact percentage in front of me this morning, but I could convey to you, obviously, the selection process has multiple aspects to it from aptitude to physical preparedness including also the psych testing that you referred to this morning. I could quite happily and readily provide the exact percentage to you to answer your question, but I do not have it in my mind here today to convey to you, but certainly an aspect of the testing is suitability to the job, resilience, and all the aspects that we like to test potential recruits joining the WA Police.

The CHAIRMAN: Could you also provide us with what that testing involves in terms of not only their capacity to do the job but how they might deal with trauma after disasters?

Mr Italiano: I would certainly be happy to do so.

Ms M.M. QUIRK: Just on that testing issue, I think there was some publicity about a year ago saying that some recruits that failed the psychological testing were allowed to resit. Is it any element of the test that they failed or are some bits of the test considered less material than others? Can anyone that fails a test resit, or what are the criteria for letting people resit the psychological exam?

Mr Italiano: The testing obviously is a mixture of things in terms of the psychological evaluation of an applicant and my response at the time to the publicity was to suggest that the test is not an exact—you know, you have to get X amount right or X amount wrong. They build the profile of a particular person. Now people can apply to the WA Police as relatively young people. We have 18 and 19-year-old people apply. There are aspects of the testing that relate to maturity. There are aspects of the test that relate to some degrees of resilience. Those factors, of course, can change over the course of someone's life time. People can go away and get experiences in life. They can undertake different personal development et cetera. So we would not like to see a situation where we say a person does not pass the psych test in certain respects and then rule them out forever with respect to becoming a WA Police recruit. There might be aspects of the test that would concern us so much so that they would not be overcome in the future. The only other thing that I would add to my response is that one ought not to take the position that psych testing is some completely failsafe, 100% correct, an all-right-all-the-time description of the person. It is done at a point in time. It is done by responses by a particular individual and whilst certainly taking account of it, I think that also adds weight to my view that to totally and utterly in some cases say to someone we never want you to apply again on the basis of a psych test, would be a bit too brutal in its treatment of an individual. I hasten to add though, if there are significant concerns raised by the psych test and suitability, then obviously that would be ruled out, but that would be on a case-by-case basis and based upon the professional expertise and advice of the psychologists who work in the recruiting area.

Ms M.M. QUIRK: Can you tell me whether it is compulsory for police to have a medical exam every year and, if so, as part of that medical exam does that include some assessment of mental health?

Mr Italiano: There is no requirement for serving police officers to undertake an annual medical assessment. There is no requirement for police officers to maintain an annual fitness standard, and there is no mandatory annual testing of police officers from a psychological point of view. The only category of person in the WA Police at the present time who are required to meet a fitness standard is police auxiliaries in certain occupations because we were able to insert into their employment conditions—given that they are a relatively recent addition to the WA Police—that particular requirement. The absence of an ongoing medical assessment in police officers is a very longstanding issue in the WA Police. I suspect that if we were creating the job of police officers tomorrow for the first time, we would well give consideration to imposing such a condition into their terms and conditions, but as it presently stands, that is as I have described.

Ms M.M. QUIRK: So it would be the case then that someone could have some low-level mental health issues and basically go under the radar for 10 or 20 years possibly.

Mr Italiano: In this world we live in, that is indeed a possibility.

Mr A.P. JACOB: Just going back to the initial psychological screening test, do you have any processes whereby you are keeping that data for officers who may, down the road, develop some stress issues or some mental health issues especially related to the work, and where you go back and compare the results from their initial screening?

Mr Italiano: I would caution the committee about the predictability of the psych testing. It is a recruitment tool to look at someone's suitability for the job. It is not a tool that is going to give us a predictive thing about where someone is going to be in 20 years' time. I would suggest to you that during the course of 10 or 20 years' service in the WA Police, a great deal could change for an individual, and I would also add not only in their service but in their lives people go through personal circumstances. They go through a range of potential relationship issues. I am no expert but I hear and read, like others do, about the percentage of the general population who suffer from mental illness from time to time with depression and anxiety et cetera. I would suggest to you that police officers are not immune from that either. So I would caution any attempts at saying, "Well, when you were 19 and did the psych test you got these results, and now you are 31 and we are going to link that back and make some judgement about whether we could have predicted—"

The CHAIRMAN: Mr Italiano, police officers are at the frontline in most of our incidents one way or the other given our fire incidents, our road traffic crashes, our natural disasters, the floods in Warmun, and the bushfires that we have down south. Do you do anything for the psychological or mental health of those officers who continually show up to those incidents? We have heard evidence in other briefings that there is a cumulative effect that if you keep showing up and seeing maimed bodies, and the worst that has been described was that you would have to show up where there has been the death of a child in tragic circumstances—I am sure we can all throw our minds back to just prior to Christmas and what happened in Port Denison and Dongara. What sort of service do you provide to those officers who have to continually show up to those sorts of scenes and deal with those scenes in their own lives, when they are with their family, and in their workplaces?

Mr Italiano: The first part of your question is yes, we do provide a service. Some of my colleagues here today can talk about and perhaps illustrate that by talking about the Port Denison issue actually, because there are a couple of individuals here today who have had intimate involvement with that. I might stop talking now and ask some of my colleagues to respond.

Mr Fairman: I attended Port Denison. As part of my role in the forensic division, I have attended numerous homicides and numerous other tragic death scenes over the last couple of years. In relation to health and welfare and the mental wellbeing of the staff who work in the forensic division, there is pre-appointment screening for the division as well. There is an annual health and wellbeing check, which is conducted by Dr Martinovich and her staff. There is peer support, there is ongoing trauma counselling, and there is identification of people at risk through other factors that change in their life when we make referrals to health and welfare as well.

The CHAIRMAN: Can we just start with peer support? Can you talk us through what peer support you provide because, some of the committee have visited New York and New Orleans recently and we have spoken to people who were involved in 9/11 and in Katrina, and peer support seems to be the number one response. They have got some very interesting ways of delivering that, so I would like to hear how the WA Police service delivers peer support.

Mr Fairman: I make comments only in relation to the forensic division, but I think it is relevant given the fact that the role of the forensic division and the role those frontline officers play is obviously one of heightened responsibility for those situations. The peer support is formal and informal. It is informal in the fact that you have officers who are embedded amongst the group of people who are performing similar tasks on a daily basis, who essentially are going to those scenes together. They will brief and debrief informally and formally in relation to those situations. Peer support could be such an informal thing as a chat on the way back from the job and talking about a shared experience. Formally, it is raised at tactical meetings on a daily basis in relation to occupational safety and health. It is raised at our monthly and quarterly OSH meetings as well in relation to the identification of people.

Ms M.M. QUIRK: Is it there any formal training for those senior officers in terms of peer support?

Ms Martinovich: In answer to your question about what we provide our frontline officers who are routinely exposed to critical incidents, there are several levels of response. There is the response that comes from the area that they are attached to, which is what Inspector Fairman is talking about. However, in terms of health and welfare responses we have a multilevel response. We have 84 trained peer support officers across the state. In terms of stats, last year they engaged in 2 874 interactions with 1 964 employees. They are informal peer support contacts. They are people who work and who can identify that their colleagues might have an issue, work related or non-work related, and then they can form a contact with that person in their workplace—

Ms M.M. QUIRK: Can I just stop you there? What sorts of signs are they trained to look for?

Ms Martinovich: The peer support officers are trained by our health and welfare team so they go through their own recruitment process or their own selection process. They are volunteers so they still hold other paid employment roles but they attend a selection process. They attend training and they are trained in emotional first aid and how to identify signs; so what to recognise in terms of general signs of distress, depression, anxiety and that sort of thing.

Ms M.M. QUIRK: How long is the training?

[10.15 am]

Ms Martinovich: I am not actually sure. I think it is for about a week. I did not do the last round of training for them—it has been a few years since I have provided them with the training. They also have regular updates and are supported by a sergeant at the health and welfare branch who has regular liaison with them to ensure that they are coping with their role and they are provided with whatever support they need. They are not trained as responders. They are not expected to formally identify problems but they are expected to see when there are indicators and to pass that person on to the appropriate support service, which is the health and welfare branch. In terms of our paid staff who respond, we have four welfare officers. They are sworn police officers who exist in health and welfare branch in a welfare capacity. They monitor all of the jobs that happen in WA Police through our computer system, and they take a note of who attends what job. If an officer has attended more than three critical jobs in a six-month period, they get special follow up, which could be a phone call or an extra email enquiring about their wellbeing, and there is a bit of psycho-education attached to that that just tells them about the signs and symptoms—

Ms M.M. QUIRK: Three seems to be an arbitrary figure because, from what we have heard, one isolated incident can be enough to trigger it off. How did you arrive at the figure of three?

Ms Martinovich: I guess consultation among the team at the health and welfare branch. You are right, one incident can cause a problem, or you can attend 10 and never have a problem, so we had to pick a figure. They all receive a contact following a critical incident but they receive extra contact if they have had three in a short space of time. Our welfare officers are our second-line responders, so they follow any of the major jobs that are happening across the state in a 12-hour period and provide a response. If it is deemed that it was a particularly bad job, it might get escalated to include our clinical psychology team, and it also includes our chaplain. We have two chaplains who attend across the state. They often attend at the time of the critical incident or shortly thereafter, and they often attend at the police stations soon after the event and sort of gather the team back together and see how people are faring.

Ms M.M. QUIRK: So the contact you talk about could be as little as a phone call saying, “Are you alright, mate?”

Ms Martinovich: It could be as simple as that and, in my experience, sometimes that is the most effective way to gather or extract information about how someone is faring. Sometimes, the more formal the process, the less information you get, so I would not suggest that a phone call in that vein is problematic. In fact, it can be quite productive. Within the psych team, there are 3.6 FTE clinical psychologists. They are people who are trained in clinical psychology obviously, but who have also

undergone additional training in police psychology. If it is deemed that the issue is of more concern, or the peer supporter, the chaplain or the welfare officer has indicated that there are additional concerns, then we would go to more formal contact with that officer, which could include bringing them in for an assessment or for counselling.

Ms M.M. QUIRK: Can you identify how much money is set aside in the budget just for post-critical incident counselling or identification of problems?

Mr Ferguson: No. The budget is not broken down into defined amounts as to which amount is put into which area. For instance—

Ms M.M. QUIRK: For example, that training that has just been talked about, it is not done every year. How much is allocated to that for example?

Mr Ferguson: Peer support training?

Ms M.M. QUIRK: Yes.

Mr Ferguson: That would be in the budget for the—look, I do not know.

Ms M.M. QUIRK: All right. You can provide that later to us. When people go on sick leave, if they are going off on stress leave is there any record of that or are they just recorded as being off sick with a doctor's certificate?

Mr Ferguson: People will be recorded as being off sick. There is no obligation on doctors to tell the employer what the reason is. We have a trigger with the welfare team that says that once a person has been on sick leave for a period of two weeks or more, they are automatically contacted. The OIC is also contacted with a view to getting an intervention strategy in place in order to facilitate that person back into the workplace. So normally, if it is a work-related injury, of course the WA Police are not covered by workers compensation legislation, so it is all done internally. If it is a work-related injury and that is the reason the person is off, that information will be fed through to us because we pay all the medical providers directly.

Ms M.M. QUIRK: So you would know indirectly if people are seeking outside assistance or not?

Mr Ferguson: Not necessarily. With all of the support processes we have in place, people can still—if they do not tell us and if there are no signs and no critical issues, and the officer in charge has not noticed any behaviour that is of concern—potentially slip through the cracks.

Ms M.M. QUIRK: You have said “behaviours of concern”. What would you say most commonly comes up in that context?

Mr Ferguson: It could be mood changes. It could be erratic behaviour. It could be the person becoming quiet and withdrawn when they are normally an open person. These are things that officers in charge might look for in their people in the ordinary course of managing them.

Ms M.M. QUIRK: So we have 84 people who have the special training throughout the state for five and a half thousand officers to pick up those subtle signs. Is that correct?

Mr Italiano: I would like to respond if I can. I think often the best people to make a judgment are the people who work with them day in, day out; the people who know them. I know in my own workplace and with the people I work with, it is very evident when people are going through a difficult time. I am not a trained psychologist. I do not think I need to be to just determine whether someone is changing behaviour, and to go up and say to them: “Are you okay? How are you going?” Those are the types of relationships we would expect and I can tell you that the culture amongst police is incredibly supportive of their colleagues. Their officers and their supervisors do care about their people. I think, if you are talking about changes in behaviour rather than some monolithic central system that is trying to monitor people from a long—

Ms M.M. QUIRK: I did not suggest that.

Mr Italiano: I am not countering anything that you said; I am putting my own view. I think the best people in 99% of cases are going to be work colleagues and the people who work with them.

Ms M.M. QUIRK: Can I give you a hypothetical question? It might be the case that it may well not go any further. Firstly, someone might say: “Are you all right, mate?” And they will say, “Yeah, fine.” The culture of the place is that you do not necessarily dob anyone in, and that would go for a lot of workplaces. Secondly, what happens if you have a situation—this is hypothetical—where you have a senior officer in a country or an isolated region? He is the senior guy and even though some of his subordinates might notice some behaviour, the nature of the hierarchy is that they are not necessarily going to say anything to him. He is very isolated. I am just concerned with those officers in outposts and whether that informal system is really enough.

Mr Fairman: Can I just speak to the first hypothetical that you raised. You said that a culture exists that you do not dob someone in. I have been a police officer for 24 years. The culture within police, and particularly within the front line and the high, critical stress positions—and prior to my position in the forensic division, I was the officer in charge of the child abuse squad, and you made reference to infant deaths. I have attended dozens of post-mortems of infants and probably close to 100 infant deaths in that role. The culture where you do not talk about your workmates does not exist. I was regularly contacted when I was a detective sergeant, a senior sergeant and—

Ms M.M. QUIRK: So you would take it up the line, would you?

Mr Fairman: Absolutely. There are regularly, on a daily basis, people who approach me or approach each other in relation to the welfare of their colleagues. There is no culture, in my knowledge, which exists where you do not talk about the wellbeing of your workmates, because we do! We know how hard it is to do the job ourselves so we have a heightened awareness of how hard it is for our workmates to do it, too. I think it is probably one of the most embracing and supportive cultures that I have seen. I have been in the military and I have worked in the mining industry prior to that and I would say that both of those cultures are not a patch on what we do for our workmates at the moment.

Ms M.M. QUIRK: I think in the written submission that has been handed in, and from what you have just said then, that there are areas where particular focus is put on the issue because of forensics and the child abuse area, where people see pretty horrific things. The whole submission is really focused around the forensic people. I am more concerned about the suburban cop or some cop in some country town. I do not know, from what you have told us, that the focus is the same in those settings.

Ms Martinovich: Can I add some additional information to your two scenarios?

Ms M.M. QUIRK: Sure.

Ms Martinovich: The first one was about the culture and that you do not want to pass it up the line. At health and welfare we very regularly receive phone calls from those who are concerned about their co-workers; that is subordinate and senior staff. They will raise concerns about their manager if they are concerned. They will often ask for us to deal with that in a confidential, non-identifying way, but they are very regularly willing to come forward, and that comes about particularly because we try to develop strong working relationships out in the field. That is about the psychologists and the chaplains being out and attending the police stations and the jobs so that there is a familiarity there, and so that people have a relationship—they have a face—and they are willing to ring up and ask for support for their friend, manager or co-worker. In response to how we provide support for regional officers in charge, I think that was one of our questions—for the senior officers who are in the country areas, a couple of years ago we established what we called ‘R.O.S.S’, which is a Regional OIC Support Service, and each of the psychologists and the welfare team undertook to contact all of the senior officers who run police stations in given districts. We try and make informal contact with them on a regular basis and we also provide them with education and all

resources to help them manage the wellbeing of their staff as well as themselves. So they do receive some extra contact given that they are officers in charge.

Ms M.M. QUIRK: How regular is regular?

Ms Martinovich: It does vary. We endeavour to contact them every few months. Sometimes, the OIC changes and we need to catch up, but we do certainly try to keep regular lines of communication between health and welfare and senior officers in country areas.

Mr Ferguson: The service that is provided by health and welfare is a 24/7 service. They are rostered on call 24 hours a day. There is a very strong relationship between the health and welfare team and the communication centre in Midland, so that if there is a need to invoke a team to participate because of a particular incident that indeed occurs and it occurs seven days a week.

Mr I.M. BRITZA: I spent several hours with the head psychologist at the Houston Police Department and they initially had these periodical meetings, but they changed their policy, I believe, about three years ago. If an officer was involved in a fatal shooting, if he observed a fatal shooting, or if he went to a homicide or a critical situation, within 48 hours it was his responsibility and work condition that he had to go and see the psychologist immediately. Initially, there was a little bit of getting over the culture of having to go to a psychologist. It did not take long. All of a sudden, that is the first port of call now with every fatality. They actually ask that department to come out to the scene to take care of the officers on line. I wonder what you think of that process? It seemed very practical to me. The second one is that I was fortunate enough 12 or 13 years ago to spend a day with the forensic team in Campbelltown in New South Wales. That was a real eye opener for me. Although they did deal with post-traumatic issues, they did admit that being in the forensic department they were briefed and prepared going to the scene, whereas the officer who gets on the scene straight up—and maybe our inquiry is primarily looking at that person and wanting to know what the department actually does for these people and understanding that you are correct, Mr Italiano, in that you do not pick up these things at the interview but then things can slip through the cracks. There is the unfortunate officer in Collie, and I am sure that the officers around him would be dreadfully thinking why they did not see it, did not pick it up, and going through all those emotions.

I do not know whether you want to respond to all those three, but I mentioned that response because I thought it was a very practical one and it had been very much embraced by the officers from the bottom to the top.

Ms Martinovich: You mentioned a couple of scenarios. You mentioned what we would consider to be routine homicides, but then you also mentioned fatal shootings by police. Our response would be quite different to those two scenarios. If police officers are involved centrally in a fatal incident—so a death from custody, a police shooting, or a fatal pursuit—we have immediate attendance at the scene. Our clinical psychologists would attend at that scene for several purposes; the first just to generally check that people are okay, but also to make sure that they are fit enough to continue duty and fit enough to be interviewed as part of our standard internal processes. So we would be coming along officially, and our internal affairs unit and our senior managers are very good at seeing that these people have been involved in something very serious—

Mr I.M. BRITZA: Are their families involved in any part of this at all? I know that we talk about officers, but what about the families?

[10.30 am]

Ms Martinovich: Not at the scene.

Mr I.M. BRITZA: I understand that.

Ms Martinovich: We would not be involved at the scene. We would go out to these scenes. We would review their fitness right at that point in time and review their welfare. If we believed they

were not fit to be interviewed, if they were not fit to continue with their shift, we would make welfare arrangements to have them taken home, which sometimes requires contact with their partners and their families. We always check where they are going and who they are going home to. As I say, if they are not going home to anyone we might make alternative arrangements, and if they are going home to family we might brief the families about what is happening. We do not provide that level of response to routine major crime attendances at this point in time, but certainly we do if they are centrally involved because that is also one of the factors in relation to who is going to develop form and who is not—this is the rule they had—and the incident itself. When they are attending a job, we consider it to be more core business of policing and their role is much more peripheral, but when they are the person who is driving the vehicle or has fired the firearm it is a different scenario.

Mr I.M. BRITZA: I should have said this at the beginning: there is a big difference between Perth news—very much so—but I think the principle is still the same.

Mr Fairman: I was just going to say that in relation to homicide attendance, for instance, if you looked at the Port Denison response, there would have been somewhere between 50 and 100 police officers with that response at one level or another—everyone through from scene guards to the traffic management role, and the blood pattern analysts who spent days inside the scene. So there are varying levels of exposure. That is not to say that the person who is the scene guard in the middle of the night is not suffering a degree of vicarious trauma from simply being at the scene. It is very hard to measure what that level of exposure is. I came into work one day last week and my night shift team had attended three suspicious deaths in a night. Now, that is not unusual in relation to an attendance from that point of view. In relation to homicides, we are looking at between 30 and 50 a year, so roughly one a week. Along with that, there would be two, three, four or five other traumatic incidents—suicide, sudden infant death, suspicious death incidents, train suicides, drownings, fires—to attend as well, and each one of those incidents would have between five and 50 police officers involved. I think applying a general rule of thumb within 24 hours to everybody who has been involved with one of those jobs receiving a visit with a psychologist as a result would become so routine as to become non-effective and non-efficient, rather than attempting, as we do at the moment, to identify those people who are exposed to unusual situations or who respond differently or unusually to a normal situation. Then, if you add into that between 200 and 350 fatal traffic accidents as well, that would be almost every police officer every week attending one of those. To go to a psych screen once a week would maybe remove the efficiency.

Ms M.M. QUIRK: How many police officers a year would you identify as having some form of post-traumatic stress? Are you able to quantify that or is there a general rule of thumb that it is 5% or 10%?

Ms Martinovich: I do not have figures on how many of our officers we would be concerned about for having clinically relevant levels of trauma. The research, the stats, vary anywhere between about 5% up to 40% in emergency service personnel. I guess I can say anecdotally that we do not actually get that many PTSD presentations coming into counselling. It is not what people typically present for. Police officers present for counselling for the same things as everyone in this room would probably present for: they are unhappy in their marriages; their children have problems in school; they are feeling a bit tired; they are not sure what they want to do with their future; they have got a health issue; and their finances are problematic —

Ms M.M. QUIRK: The boss is a dickhead or whatever!

Ms Martinovich: Yes, sometimes; it is the organisational stuff. They present about much more routine issues than police trauma and they present much more about organisational pressure rather than operational pressures.

Ms M.M. QUIRK: You mentioned family, and certainly in some of the overseas settings we have looked at where officers are identified as having critical incident stress, there is also a lot of work done with the families. What formal arrangements are there for assisting families in that regard?

Ms Martinovich: Right back at the start upon entry to their police career, families are invited to attend the academy to meet with the psychology team and sworn police officers, and they attend what we refer to as a realistic job preview. That is where they are talked to about what exists in police work and they are given that opportunity to ask questions and they are also notified at that time about the routine pressures of police work, which include things like shift work, country travel and those sorts of things. They are also made aware at that point in time that our health and welfare branch exists and what support services are available through that. Over and above that, there are times when we will make contact with family members. There are times where family members make contact with us. They are aware that we exist and they will make a phone call to say, "I am concerned about my husband. I am concerned that he is not sleeping. I am concerned that he is not quite right." Over and above that, there is not a lot of contact that exists.

The CHAIRMAN: Is that a formal process where they know they can contact you to say their husband, wife or partner is having problems or it is not a documented process or is advertised?

Ms Martinovich: No, it is not. It is something that we are actually in the middle of looking at at the moment: whether it would be worthwhile providing a letter to every police family household outlining exactly what services we have available, how to get in touch with our telephone number and how the system works, basically.

Mr Fairman: I could say that it is generally broadly known by every police officer's family that health and welfare can be contacted.

Mr Ferguson: We also have an employee assistance program in place. That is an external body that people can go to. They can take those things like marital problems, trouble with kids or the kids are on drugs or having problems or whatever to somebody who is not actually associated with the agency.

Ms M.M. QUIRK: Who is contracted to do that?

Mr Ferguson: PPC.

Ms M.M. QUIRK: You have just mentioned recruit training. I think the training is 28 weeks or something. What percentage of that time would be spent with recruits on mental first aid or mental health?

Ms Martinovich: The psychologists attached to the organisation psychology unit, of whom I am not one, have contact with them at recruit entry stage; and they also, as I understand it, observe some of their exercises, so some of their physical training units and tactical training units. I believe the organisation psychology unit has an observational role in that. In terms of my colleagues and I at health and welfare branch, we typically attend recruit school on three separate occasions. One of those occasions is quite early on in their time to alert them to the fact that the health and welfare branch exists and that we have chaplains, sworn welfare officers and psychologists and where we are and how to get in contact with us. To be honest, they are not particularly interested in us at that stage; they are much more interested in general policing and maybe not quite sure of what our relevance is. So we try to get them later on in their recruit squad as well, and that is where we deliver more psycho-education training, and that is in the form of what you would refer to as emotional first aid: what are the things that stress police officers; what do you look for; what are the signs and symptoms; and what do you do if there is a problem? That is when we encourage peer support, communication with the managers and formal referral processes. We also attend with them at their first mortuary visit, so myself or one of my colleagues from health and welfare and typically our chaplains attend when the recruit school goes through the mortuary. That is generally just to

provide them with support at their first formal fatal attendance, and we provide debriefing processes when they first attend.

Ms M.M. QUIRK: So in total of hours over the 28 weeks what would you say it would be?

Ms Martinovich: It is probably about six hours in total.

Mr A.P. JACOB: On the last page of your submission, just before question 5, the first sentence of the final paragraph reads —

It should be noted that to date we have not had officers report psychological traumatic sequel following recent disaster deployments, in fact many protective factors are noted.

That correlates quite strongly with a lot of the evidence we have had as we have gone around the place. Christchurch is a very good example of that: in the short to medium term most people do quite well with these issues. I cannot remember who the professor was whom we met with —

Ms M.M. QUIRK: Bryant.

Mr A.P. JACOB: — but we were discussing this point. What he raised and what kind of came out of Christchurch, when we visited, is that a lot of these issues present weeks and months later, and in Christchurch up to six months later. When you do find in those rare instances where it does present, how often do you find that is the time lag where they come out, because often it is a lot further down the road?

Mr Fairman: The Christchurch deployment in relation to actual hands-on dealing with trauma in relation to deceased and DVI was specifically a forensic deployment, so those are people who in the routine course of their incredibly un-routine job would deal with more deceased people in six months than what they dealt with in the time they were in Christchurch anyway. That is not to say there is not a cumulative or lag effect for those officers, it is just that that is their job; they do mortuary attendance, mortuary assistance, post-mortem assistance, body recovery, incinerated remains—that is what they do. In relation to how long is too long, it is very, very individual to the point that I have never yet been exposed to or seen a model that would suggest to me you can predict how an individual is going to react to an individual scene, because it is day of the week, time of the day, what happened at home when they left for work that day and how old they are.

The CHAIRMAN: By the nature of things, you cannot predict and it is a response to what has happened sometime down the track. That is the way it goes. We are trying to find out what our departments have in place to respond to those officers or first responders who do start to show signs, because that is the critical bit. If they are left on their own, then we have serious consequences. One of the things we picked up—again from the first responders to 9/11 and to Hurricane Katrina—and that was actually pointed out to us in New Orleans is that immediately after Katrina hit the fireys or the fire department from New York put together a package and went down to New Orleans using their retired firefighters to deliver some of the on-the-spot assistance to people on the scene. That worked very well for them. It worked very well for the fire department in New York. Are there any situations here where we use retired police officers to assist after a traumatic event? It seemed to be very effective to us and they could not speak highly enough of how it worked and how well those people were received by the people on the job, whereas they might not talk to one of their colleagues for fear of it being bounced off their life in some instances. They would talk to a retired officer; they had their trust and they knew that the officer had been through similar things. Is there anything in place like that in WA Police?

Ms Martinovich: No.

Mr T.G. STEPHENS: On the issue of contact with retired officers, what support is available for your retired personnel who may have a delayed response? Are they able to access your service directly?

Ms Martinovich: If an officer is medically retired from our organisation we continue to offer them support, and in recent years we have had the post-separation medical benefit scheme come through, which allows retired officers to continue to seek treatment for their work-related psychological injury.

Mr T.G. STEPHENS: But that is only in the case of that specific illness; that is, they have retired for medical reasons. What if something has emerged after retirement?

Ms Martinovich: If someone retired on natural grounds, just because of age, and then they identified that they were suffering from some sort of psychological trauma that related to their police work, nowadays they have the option of applying for the post-separation medical benefits scheme where they submit a claim, have that claim assessed and if that claim is approved then they receive paid psychological services, which would include GP, psychiatry, psychology.

Mr Ferguson: In those circumstances, they will link the injury or the issue that they currently have back to an incident. They can in most incidents do that. That is an assessment. We have a whole process associated with doing that. That process is undertaken by RiskCover. They have delegated responsibility to manage the post-separation benefit scheme. Once it is accepted, of course, it is almost like the workers comp scheme insofar as they would then have access to treatment.

Mr T.G. STEPHENS: So all of those casual informal processes that are available for serving personnel are lost to officers on retirement?

Mr Fairman: There is a strong social network for retired officers in relation to members of the various social clubs regularly accessing peer support and groups of people through there.

The CHAIRMAN: Earlier you mentioned the employee assistance program. Could you give us a bit of a rundown of how that operates? The acronym is EAP, I assume.

[10.45 am]

Mr Ferguson: It is a contractual arrangement that we have entered into with a private provider to provide counselling services to all Western Australia Police employees and their families. Anybody who lives with a police officer or a public servant who works for Western Australia Police will have access to that scheme. I think they get up to six visits. If they need more, we can be approached and some flexibility can be gained. We get regular—I think it is monthly—updates on the numbers of people that we have had visiting and in very broad terms why they visited the EAP. We do not know who they are—this is a completely confidential service—and we do not know the specifics of why they are going there.

The CHAIRMAN: What is the referral process for accessing the EAP?

Mr Ferguson: I believe all a person needs to do is ring up the EAP and say they work for Western Australia Police and they can access counselling. Small cards have been sent out to every police station and every workplace in Western Australia Police to give to police officers and other employees of WA Police so they have that information and they can carry that information with them.

Ms Martinovich: We negotiated a specific 24-hour support line with that particular provider. So rather than being told when they ring up that they have rung PPC Worldwide, they say that they have rung the WA Police counselling support line. It is a much more dedicated system. In taking on that contract, we also met with their providers and provided them with training, so I and some of the other psychologists attached to police health and welfare provided these generalist providers with police-specific information to assist them in providing a quality service. I think our take-up rate is about 4.2%. We had 271 referrals to the EAP last financial year.

The CHAIRMAN: How long has PPC been involved with WA Police?

Ms Martinovich: I think we are in our third year.

Mr Ferguson: They were something else. These companies regularly change names. It has been PPC for about three years and before that it was something else.

The CHAIRMAN: But it is the same organisation?

Mr Ferguson: Pretty much. It just got taken over.

Ms Martinovich: It was OSA.

The CHAIRMAN: You mentioned the number of psychologists that you have on staff who are deployable to agencies aside from the peer support. Is that sufficient for a 5,000-strong workforce? Here is where you tell me you need more money!

Ms Martinovich: Probably not. Certainly if we had additional staff we could do more things.

The CHAIRMAN: Is it a case that you cannot deliver a full service all the time? If there is a major disaster, have you got backup plans? Can you bring people in from outside? I cannot remember the number; I think you said you had about four.

Ms Martinovich: For psychology, it is 3.6 FTEs.

The CHAIRMAN: That seems very little. That is over 1,000 officers for each psych. It is a lot of people to deal with in a year.

Mr Italiano: My philosophical view—and I am not saying this might change your view—is that the psychs we have are there as a first response to deal with the issues. For the treatment of our employees and the follow up we rely on the entire sector in terms of where they access that treatment and where they go. I am saying to the committee that Angela is employed not to be a long-term treater of people; she is employed in the context that she spoke about here today. I am not taking away from the view that might exist that 3.6 FTEs is not adequate; I was just trying to clarify the role and nature of the function.

The CHAIRMAN: It just seems that life is getting more complicated. It particularly hit me with Port Denison. That seemed really strange in the context of WA life. It does not happen regularly. It is a town that many of us visit. I was just there over the Christmas period as well so it is right in my brain all the time. We seem to be getting more complex. Some of the things that your officers have to roll out to are more complex and serious. We are seeing a lot of glassings and things like that, which makes it more difficult. To have 3.6 to be able to do that first response and assess people all the time out of 5,200 officers —

Mr Italiano: We have 5,800 officers.

The CHAIRMAN: It is 6,000 officers. It does not seem like a lot.

Mr Italiano: I accept that. We have 5 800 employees who are engaged in an occupation which, by its very nature, exposes them to things that most of us would not like to see or are unlikely to see. That is the nature of policing. We are also dealing with the vagaries of human behaviour to some extent when we are talking about some of these issues. There is yet to be anyone in a perfect system that captures everything, sees everything and is totally perfect. We appear before this committee. We are where we are today. We think we have a reasonable set of things in place. There is no doubt, like all these things, that with investment of greater resources and investment of additional strategies, we can improve from where we are today, and there is an argument to say that perhaps we should be doing that. Certainly with my other hat on, there are many things competing for resources in WA Police. This is one of them. I am not trying to cry poor or anything like that. Certainly that is where the rub hits. We have to make these very hard decisions about where we place our resources. That is just the nature of life.

The CHAIRMAN: That is probably the reason this committee decided to do this type of inquiry. It is not to criticise the police or any departments but to provide recommendations to government that maybe there should be more focus in certain areas. People say that we better have more police cars

or computers or whatever and the psychology or the mental health of the officers sometimes gets pushed down the line. The aim of this committee is to put recommendations forward that assist, not to criticise.

Ms Martinovich: We do have small numbers of key professional clinical psychologists who know a lot about policing. I guess that is why we have a bit of a triage system. What we consider to be general counselling needs we try to refer out to organisations like PPC and we try to refer people back to their GP to try to access clinical psychs through the Medicare scheme and those other public services. When the issue is quite police specific that is when we will try to retain treatment responsibility or welfare responsibility for those officers because that is where we see our expertise. We try not to tie up our valuable resources with the everyday general presentations and that is why a couple of years ago we adopted the model that gave us an EAP system to deal with that more generic stuff so that our specialist team could focus on what we do best and what we know best.

Ms M.M. QUIRK: By doing that, how are you able to identify whether there are any trends, for example? If people are just going off individually, if there is a particular problem that has been generated with the system of work within the agency, you are not able to pick that up.

Ms Martinovich: We get statistical feedback from our EAP providers. That tells us the take-up rate, what areas people are presenting from and the general issues that they are presenting for so we can detect trends from that.

Ms M.M. QUIRK: My colleague talked about a shooting, for example. Is there conflict between someone being able to be debriefed and then it might be subject to internal affairs looking at that particular incident? How do you resolve those issues of someone being able to talk about it freely for their mental health and the fact they might be incriminating themselves in terms of any investigation?

Mr Italiano: I will respond to that in the first instance and then maybe turn to Angela. You are right. If we have a critical incident in which a firearm has been used, for argument's sake, and a member of the community has been shot, the expectations that then exist upon our organisation are multiple. There is the accountability, the use of force and a whole series of things around the incident. The best way to deal with that is you have to absolutely separate the context you are placing the officer in. In one context they are dealing with the use of force, their powers as a police officer and their decision making with respect to their use of force in that incident. That is one bit. The other bit is the treatment of that individual is totally unrelated to blame or a defence or asking them to account for their actions. It is about dealing with them as an individual and their needs at that point in time. Our organisation has to do both. That is the nature of the accountability that exists on the organisation.

Ms M.M. QUIRK: That might be one barrier to why an officer does not seek help. Are there other barriers that you have identified?

Ms Martinovich: First, I will just add to what Greg said. That is the beauty of being a clinical psychologist in the WA Police: you understand policing and you understand psychology. When we go to something like a fatal scene, we are not pulling the officer aside and saying, "Tell me everything that happened." In fact, we are avoiding that question because it is not necessary for us to know all those facts to be able to determine their psychological wellbeing. We also do not want to contaminate their memory or their evidence so we will leave that exploration until after the police processes are current but that does not in any way prevent us from determining their wellbeing at that point in time and assisting them.

Ms M.M. QUIRK: That might serve as a barrier to them going out and seeking it. I do not want to pursue that because that is a bit tangential.

Can you identify the common barriers to police who are suffering trauma in seeking assistance? Are there particular barriers?

Ms Martinovich: First off, they are male. Most of the officers in our police force are men. Men are not always forthcoming about their wellbeing. They are not always willing to attend at the doctor and they are not willing to reveal what is going on in their internal world. That is often a bit of a barrier that we have to overcome. Some people are still concerned that it would affect promotion or intake into a specialist area. That is a myth that we regularly have to debunk. Receiving psychological support services does not necessarily preclude you from attending a specialist area or being promoted; it just means we need to make sure you are well at that point in time to undertake those duties. That is something that we have to address as a barrier.

Mr Italiano: The cultural history of the organisation exists, and I think Acting Superintendent Fairman provided a very contemporary view. There is no doubt that the manner in which traditionally these things may have been dealt with 10 or 20 years ago was a bit different. There may have been more mateship involved and processing of these things in licensed premises, as was often the case. That might have been incredibly effective as well. Who is to say? Certainly, we would be remiss not to say that a potential barrier is, as Ms Martinovich has outlined, that you have that residual male culture that you do not seek help, to seek help is weakness and you do not want to appear weak. It is our job to overcome that cultural tradition as much as we possibly can. My own view is that it is starting to change very dramatically.

Ms Martinovich: There is a major generational change. If you are interviewing a police officer who has been in the job for 20 or 30 years, it takes a much longer period to have them reveal their inner world than if you are interviewing a 23-year-old who has been in for a couple of years. These people are not reluctant to seek help. They are not struggling to tell us they have a problem. The younger generation are very forthcoming. Perhaps they will battle a little harder with our older, more stoic, police officers but they will reveal themselves in time. You just have to be a little more patient and persistent.

Ms M.M. QUIRK: One of the things that comes up sometimes with post-traumatic stress is substance abuse. WA Police has just introduced a compulsory drug testing regime for its officers. I suppose that information is used for disciplinary purposes. Is there also some psychological assessment of people coming up positive? Might that be linked to a critical incident?

Mr Italiano: There are various ways in which police agencies may test for drugs and alcohol in the workplace. The first is mandatory testing, where everyone is tested on a regular basis, the second is random testing and the third is targeting testing after a critical incident. At present we do targeted testing so if an officer is involved in a pursuit or a critical incident matter, we currently have random testing in place where we test officers.

I need to define the difference between finding illicit substances and finding licit substances. If we find illicit substances such as methamphetamine, cocaine et cetera, obviously that triggers a different response than an officer presenting at work who is under the influence of alcohol, for argument's sake. If they do present at work with alcohol, there is a therapeutic response triggered to that event. That is not just dealt with in the context of presenting at work in a manner not suitable to undertake your duties; it also triggers a health and welfare response to that incident.

Ms M.M. QUIRK: You mentioned earlier that having annual medical checks was contentious. I gather there are some issues with the union. Why is that not done? Is it an expense matter? Why are annual medical checks not done?

Mr Italiano: One of the answers to that is it is a historical matter, which I have covered. If we were to introduce it tomorrow, clearly there would have to be some level of consent from the employees to engage in that. At present they could argue that they did not join on that basis so by what means are we going to compel them to undertake the test? Second, we obviously have to establish—it is capable of being done—what represents a relative level of physical fitness. One of the issues is that not all police officers work in operational frontline positions. You could well have a position description or an occupation in the organisation in which the officer says, “I work in the

communications division answering the phone; why is it important for me to have a degree of physical fitness?" That is an argument you will have.

[11.00 am]

Ms M.M. QUIRK: Well you do not want them having a stroke at the phone. Anyway, that is another matter.

Mr Italiano: I am simply outlining issues. The other thing is that, obviously, you would then get into the territory of the testing that would have to be done and the regime you have to enter in to do that testing. The amount of training and other things our officers have to engage in in terms of work place is already extensive. You would then have to get into what obligations exist to get an employee fit.

Ms M.M. QUIRK: It sounds too hard and too costly; is it?

Mr Italiano: That is in fact the answer. I think if you want to boil it down to its basic elements, it is a big undertaking and I think it has not been chewed off.

The CHAIRMAN: We could keep you here for another couple of hours, and we may ask you to come back once we have a discussion. There may be some other questions, but we have somebody else due to come in.

I would like to read you the closing statement so you know exactly what happens from here. Again, thank you for giving your evidence. I have just realised I did not actually introduce you right at the start, so I do apologise for that; it was remiss of me. Again, thanks for coming in this morning and giving the evidence. A transcript of the hearing will be forwarded to you for correction of minor errors. Would you please make these corrections and return the transcript within 10 working days of the date of the covering letter. If the transcript is not returned within this period, we will deem it to be correct. New material cannot be introduced by these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, would you please include a supplementary submission for the committee's consideration when you return your corrected transcript of evidence. Thank you very much.

The Witnesses: Thank you.

Hearing concluded at 11.01 am
