Submission No 188

INQUIRY INTO EMERGENCY SERVICES AGENCIES

Name: Ms Kate Carragher

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Pride, Prejudice and Patriarchy and its contribution to PTSD in the NSW Police Force
Kate Carragher July 2017

Supplementary Submission to the Parliamentary Inquiry into Bullying, Harassment and Discrimination in NSW Emergency Services.

1.a) the prevalence of bullying, harassment and discrimination, as well as the effectiveness of the protocols and procedures in place to manage and resolve such complaints within emergency service agencies - in particular the NSW Police Force.
3c) the support services available to emergency services workers and volunteers to assist with mental health issues resulting from workplace trauma and the effectiveness of those programs

Introduction

My name is Kate Carragher, I am the ex-wife of a former New South Wales Police Force (NSWPF) Officer who had post-traumatic stress disorder (PTSD) from his work. In 2014, I spoke at the *NSW Parliamentary Forum into Police Psychological Injuries* about my experience.

In that speech, I called for a number of actions, that many before me had called for. This included: a parliamentary inquiry into the treatment of injured officers; for a family support unit; and for a management plan to change the culture of denial about PTSD. Stating that many of the answers lay in the lived experience of officers and their families.

I had spent the prior three years fighting for change after losing my marriage, my house, my career and, at the time, watching my ex-husband suffer tremendously from this. Like many emergency service families - I, too, ended up with PTSD as a result of my partner's injuries and the consequences that came from those injuries.

Some of the actions we have called for have been put in place. It was not though from the NSWPF immediately listening. The lengths myself and others have had to go to to be heard and for these changes to be put in place, speak to some of the root causes of the problems with emergency services and PTSD - gross problems with their internal and external communications, prejudice and cultural change management.

It is my belief that these issues still exist and are still not being addressed. Patriarchal culture, para-militaristic style leadership and organisational structures contribute to these issues.

One of the greatest barriers to change is that I don't believe senior police, nor the State nor society are seeing this problem for what it is. Pre-conceived notions and prejudice about PTSD coupled with politics and culture are impeding a clear path to resolution.

This prejudice and these notions govern our systems including medical, research, government, policy, politics, media and more. It is a key barrier to support reaching the people who need it. People are dead because of this ignorance, indifference and incompetence. Lives, marriages and families have been destroyed.

I come from a background in communications, change and cultural management, behavioral marketing, media, policy, research and more. I have assessed this issue with this background knowledge and perspective in mind. Importantly, I have lived this experience. Witnessing this first-hand and experiencing this system firsthand, I, like many other family or ex-family members, have seen the pain points, the blatant and latent needs that plague it.

While I speak from lived experience, I must stress that this is one perspective and I speak from my own personal perspective only. Each journey with PTSD is different, but I do know that many people have walked a similar pathway to myself and experienced many similar pain points. I know, because I am contacted nearly every week about it.

Part One outlines My Story (confidential). Part Two outlines examples of prejudice and stigma that I witnessed and experienced (partial confidential). Part Three are some of the barriers I see and Part Four are recommendations.

My sincere hope is that the recommendations I outline will help ensure that the communication channels are opened and that this is ongoing, so the people that follow me and who are affected today and in the future will not face a similar battle to be heard as I have. Change is a long way from being embedded, many of the issues are still present and many people are still suffering tremendously.

Part One: My Story (Confidential)

While our story is confidential, I can state that we tried to seek help for more than two years for my ex-spouse through the Police Force without any success. The EAP failed several times. His injuries and our situation could have been prevented with some basic support.

Part Two: Stigma, Shame, Silence and Discrimination (Partial Confidential, Amended for Supplementary)

Stigmas and discrimination are often not apparent to people that are not experiencing it.

I have witnessed the stigma in existence in the Force on many occasions and in many different ways. I have also witnessed moments where a paradigm shift in that thinking has happened. These shifts provide the lessons to help change this situation. The following are just some of the personal examples that stand out.

While my story is confidential, I can state that over eight years, I made many attempts to be heard and basic provisions and support to be put in place. Much of it fell on deaf ears and was dead-ends. What we went through was hard enough, but the treatment we experienced when trying to prevent this happening to others demonstrated just how big a problem this really is.

The stigma so apparent to those that had suffered it or were suffering, but not even considered or noticed by those perpetuating or contributing to it. I guess that is a defining factor of stigma and prejudice, isn't it?

There are many factors, but the structure and culture of organisations that don't allow people a platform to get through to the top is a huge one. As people lower in command will not bring up issues or speak out if they think the senior people don't care. It's a common issue and especially true in para-militaristic style cultures like emergency services and the military where they are taught to not question those in command or embedded practices.

I think that for many, they simply have not known how to handle the issue - as implicit bias and culture rules them. It's been an inherited culture and inherited assumptions.

The response to the Parliamentary Forum

I spent some time away with the breakdown of my marriage and returned from living overseas and requested to speak at the Parliamentary Forum into Police Psychological Injuries.

Any doubts I had about speaking up at the Forum were removed the morning of the Forum. I woke to a headline that stated 'Kate Carragher lost her mental health'. The journalist was very caring and considerate, however that line was not an accurate reflection of my condition since I always had my mental health, I had incurred an injury (a pretty understandable one considering what I was experiencing). This is a common misunderstanding with PTSD.

That however was not what concerned me most. Underneath my story, the then Minister for Police and Emergency Services stated it was a 'political stunt'. The then Minister went further, appearing in other media outlets saying he thought it was terrible that 'vulnerable' people were being taken 'advantage' of. This was all while refusing to meet with myself or anyone else affected. It appeared that the aim was to diminish my statement.

I sent the then Minister a thank you note for trivialising our deep loss and trauma, stating that in doing so, he revealed to the people of NSW what I and all the injured officers and families who attended have faced when trying to speak up and seek help. It showed exactly what kind of treatment thousands of officers and families across NSW are subjected to.

I also reiterated that in making the same mistake as his predecessors in ignoring and disregarding those affected, he was ignoring the answers that we so desperately wanted to pass on so others did not suffer as we had.

Some officers in the crowd showed my family members emails from the NSWPF instructing them not to attend the Forum. The NSWPF had hundreds of injured officers, ex officers and families attending the forum, yet did not send one representative to listen to the people affected. Their support - the phone line I was speaking about that had failed so many of us and the 'we have x amount of initiatives' lines that have continually been spun out.

The 'political stunt' line in the online version of this article can't be seen now because it was removed after the impact of trivialising our pain and loss had been made.

It is important that history on this issue is not forgotten, nor rewritten, as they did with this article. Because forgetting the history is forgetting the people affected. That's not real change. It is important that all emergency services management and all political parties own up to the mistakes made over the last 30 years.

It took me attending an International Women's Day event to ask a senior police official who was on a panel at the event, to be able to pass a message through. I explained my situation and how all I and many others wanted was to be heard and the simple mechanisms to be put in place that should have been there all along to prevent this happening to others. It was only through this, with a room of women in high executive positions in Sydney standing behind me that I was able to meet with another officer to push the family support coordinator role through.

Again though, a deeper understanding of this issue was delegated.

I had suggested this role countless times over the three years prior to this and it took some time after this event for it to be finally put in place and for action to happen. Steps I have had to take include demanding to be allowed to attend meetings for injured officers that directly affected us, countless calls to the NSW Police Force and their HR Unit, emails and phone calls to the majority of MPs in the State, confronting the then Commissioner and more for action to be taken. It should never have been this hard.

Physical vs Psychological Disorders

One example of the discrimination is the difference in education between protecting officers from a physical injury to protecting them from PTSD. For a long time the only support was one powerpoint slide for PTSD compared to six months of physical defence training. Despite the Police Force being aware of PTSD for almost 30 years. I understand there is now more programs in place. However, again, compare the two in time, dedicated resources, quality and investment. Do you think they are equal?

An illustration of the discrimination and difference on how PTSD injuries are treated in comparison to others was in a discussion I had with a senior police official.

When an officer was physically injured in an attack on the job, a senior executive in the Police Force said to me 'We've made sure that we lined the hallways of the hospital to cheer him on as he left, we arranged to have someone mow his lawns, we had someone on deck ready to be there to help him. We're really trying to be proactive to prevent depression for him'.

I told him 'That's fantastic, but here's my point. Here is the blatant discrimination shown to those with PTSD. Has this kind of support been provided to anyone with PTSD? Have you lined the hallways of the hospital for the officer who has PTSD to cheer them on when they leave the hospital? Have you arranged for someone to do his or her lawns? To help that person's spouse or family out? Has anyone even visited the PTSD ward out at the hospital that has more than 12 officers in there for three weeks'.

NSW Police Force and their media response

I maintain issue with the NSWPF response that they provide great support. The NSWPF are starting to make change (small changes brought about by a long and hard battle and by the collective fight and voice of so many of us, might I add, and that's not to be dismissed).

However, I'm yet to meet someone who has received adequate care from the police and the insurance companies, that isn't a senior officer. For proof, you only need to visit the Forgotten 000s page and the copious amount of stories in the media that suggest otherwise.

It's not embedded and real change, when the new Commissioner places a statement out in his first week saying he will lower PTSD by creating recruitment tests on 'mental resilience'.

A dangerous, ill-informed and insulting statement that shows how little this new wave of leadership initially understood about PTSD and what it is. It also does not negate the NSWPF of their duty of care and responsibility for those they failed.

This kind of media response from the NSW Police Force though is fairly standard. The lines that 'x amount of initiatives are in place' are spieled out, while ignoring the facts, cases and stories that are placed in front of them that prove otherwise and show that these initiatives are not working or are not adequate.

I'm yet to hear of one person being contacted to say 'Are you okay? Where are we failing? How can we help? How can we change this'. To me that symbolises the contradiction in their message. They quite simply, don't seem to care - that is unless an Inquest or Inquiry is underway. These lines and actions are damage control when it is not followed up with real enquiry, care or support for those standing up in the media or for those that are contacting and reaching out for help.

We need more honest dialogue around this topic and, again, I believe the Media Unit and the Minister's Media Unit and Communications Team and any person in the chain of command that is approving this content needs to be included in being educated and included in the 'contact hypothesis approach' outlined in Recommendation One, as well as Recommendation Three and Five.

The prejudice, the lack of depth of understanding and the lack of plain respect and decency around this issue and towards the people affected is very, very apparent in this area.

I fear too that we are starting to see a band of 'spokespeople' being used to state the lines 'the NSWPF has great support available'. While I believe many of these officers have the best of

intentions that are speaking, it is creating a new era of silence around this topic. It's not really making change when the NSWPF ignore the reality on the ground for many because it is not really connecting with the people affected.

This Commissioner is new to the role and I hope that in these coming months and years that he faces up to the prejudice and discrimination to see how this can be changed. While in many ways I'm sure it feels like an inherited issue, the Commissioner, his team and his successors need to own this issue. They need to lead. The ability to face the prejudice within and to 'open the door', to ensure understanding is never delegated is one of the most important steps that can be taken.

Part Three: Barriers and Issues

PTSD as a systemic disorder

While the DSM categorises PTSD as a psychological condition, many people who have it, and increasingly a number of specialists, believe it is a systemic disorder.

A hijacking of the deeper, regulatory levels of the nervous system takes place and affects both body and brain. Traumatic stress triggers a cascade of physiological issues that affect almost every major system in the body.

With PTSD, when the body feels like it is under threat, it automatically goes into a flight, fight or freeze response that places the body on alert. An instant reaction is needed and with that, the cognitive part of the brain is bypassed and the most primitive part of the brain is activated for a quicker response. The whole nervous system is reset.

For many PTSD sufferers, treatment that centres on cognition or only one component is not as effective as what many believe. This focus on just counselling sessions and drugs as treatment is a huge problem. Often the talking alone can send the body back into a state of threat and place the nervous system on alert. The 'fight or flight' process is happening in the nerves and the whole body. Just like muscles, our nerves have memories too. For those interested, the work of Dr. Peter Levine and Dr. van Der Kolk is worth exploring.

When the body goes into fight or flight, pupils are dilated, saliva is inhibited, the heart is racing, appetite is limited, the gallbladder and the intestines are inhibited, deep-set restrictions in the iliopsoas muscle group occur (the 'fight or flight' muscles that help flex the hip ready for leaping or taking off) occur.

When these symptoms of survival mode are at an elevated level and for prolonged periods it results in illnesses and effects throughout the body - cardiovascular, respiratory, auto-immune, digestive, hormonal...the list goes on. Other co-morbidities that are not being explored nearly enough include fibromyalgia, allergies and more (Again, these are affected by interruptions to the nervous system and stress hormone levels).

While this perception that PTSD is centred and only happening in the mind and centre of controlled behaviour - funding, understanding, research, treatment, discussions and support is also then sent towards one component. It is the body as a whole that is affected and it is the body as a whole that should be treated and considered.

Many people are getting one hour of treatment a week, if that. Ridiculous, when you look at what happens to a person's mind and body from PTSD. It is no wonder so many people are not coping.

In relation to the emergency services, I believe that treatments, prevention and education should also be looking at a 'human-centred' approach.

Each PTSD management plan must be catered to the individual, as each person's trauma and thus their disorder is different. This needs to be beyond a response of an offer of six counselling sessions and drugs.

An example could be looking at catered programs that as a start, include:

- days where the family and friends can be informed about PTSD, or where a specialist can attend the person's house to run an info session to ensure the social network around the officer is also being informed and cared for and to cope with the effects;
- specific diets and vitamins to help restore the body during a PTSD response (many people with PTSD have issues with processing folinic acid and with the vitamin B group; magnesium and zinc are often used up at faster levels to process stress in the body);
- acupuncture has been shown to provide a lot of help for sleep as well, support the systems under attack and the officer can cope better with the symptoms;
- an exercise program for PTSD that is catered to the body and effects from PTSD (i.e. look to provide relief to the iliopsoas group of muscles in sufferers and the flow-on affects can be profound. One part of the body easing tension can ease it in other parts).
- Somatic Experiencing (SE) is one example that treats trauma by targeting the core response network of the nervous system. SE originated from the idea that trauma resides in the nervous system and the whole body and not just the brain.
- With nerves on hyper-drive or alert, this is an element to why many sufferers can't handle loud noises or stimulating environments and why programs and appointments should not be made for some in the middle of the city but at clinics outside of the city. Many people I know have been forced to do this despite huge aversions to some areas due to it triggering a response.

These are just a few examples of where human-centred design could be factored in.

Health care organisations and governments often resist change. It is often to the detriment of those affected. Just as we have seen other disorders or diseases like ulcers and epilepsy undergo a paradigm shift in thinking in the past, we very well are likely to see this happen with PTSD and its treatment.

While it is important to follow empirical evidence, it is also important to be innovative and tackle this issue differently. Often research is shaped by the funding and if the government will only fund projects in one direction that is where the knowledge heads.

Pride, Prejudice and PTSD

As humans, we sort the world through mental templates and schemas. We group issues and people into different templates for us to process and make judgements quickly. PTSD is often considered a 'flaw' in a person rather than a biological response.

Stigmatisation of PTSD has seen this ‘flaw’ being magnetised until it reduces the individuality and even the humanity of the officer and their families. It has then become a licence for society, state and the Force to foster attitudes and responses that have been judgmental at its kindest, deadly at its worst.

The perception that this disorder lies solely in the mind is one of the greatest contributions to the stigma, because it creates the perception that it either belongs to one of two camps, under situations of controllable behaviour or in someone who is ‘out of their mind’. The problem with this perception is that people do not listen to those affected and they are easily dismissed. They regard their opinion, life and experience as not equal or worthy and I believe this is part of the reasons why we have seen the abhorrent treatment towards those with PTSD continue unchecked.

While there has been movement away from this in very recent years with people encouraged to not feel shame and to speak up and days dedicated to discussing stigma against mental health conditions (and rightly so). This is incredibly important, however, I believe it is also creating a new era where many people believe treatment lies in 'positive psychology' or simply talking about what is bothering them as a means to a ‘cure’.

PTSD is so much more complicated than that. Officers are told to 'speak up' and that there are support services available. The question here is what system of support are we really sending them into? When they are just given drugs and six sessions with a counsellor.

For many, the police system, the insurance system, the mental health system, the public system and the private system are failing them.

Language

The language around PTSD needs to be considered as it sends mixed message. The buzz word of the moment ‘resilience’ is problematic, as it is associated with strength. PTSD should not be a condition connected with ‘mental resilience’ as the current Commissioner stated in one of his earliest statements.

Indeed, people who survive and live with PTSD are some of the most resilient people you could meet, their body, brain and life under attack and affected every day. The use of the word resilience implies that those that suffer from PTSD are not resilient or ‘strong’ was deeply insulting to many who suffered from this. It adds to the stigma associated with PTSD.

Improved training

We give officers six months of training in firing a weapon to protect themselves. Yet, we send them out there to deal with horrific and traumatic events with next to no knowledge on how to recognise, prevent, monitor and protect themselves from PTSD. It's as bad as sending them to a gunfight with only the ability to slap back in reply. Steps are being made here, I know. Much more is needed.

Improved support

The immediate reaction of our health system in response to PTSD is drugs, drugs, drugs and more drugs. The other - counselling, that generally consists of cognitive behaviour therapy,

that as reiterated above really only addresses some components and is only effective for some people. They either send them to a hospital or place them on a long waiting list to see a professional. Many injured officers in crisis have no choice but to be scheduled and held in the public system, a place that is often counterproductive for injured police as they are held with people they regularly look after on duty.

The EAP is woefully inadequate. The same service, Davidson Trahaire Corpsych that looks after university staff and council workers cares for emergency service workers and their families.

Officers are offered this EAP as the first port of call of support. When many officers are suffering hypervigilance as a result of the trauma and nature of their work, sending them to a service that doesn't specialise in PTSD in emergency services nor looks after "post-trauma or long-term trauma" truly does not engender trust. Eight years ago, we spent two years trying to get support through this EAP and it failed in spectacular fashion three times. I called this week: the same company and the same issues happened again.

While the people are nice and I'm sure provide wonderful support to workers who are not dealing with the complexities of emergency services work, the experience I've had is that they have absolutely no idea about this kind of trauma. None. They provide support for six sessions with no guarantee that the same treating counsellor will be available for the officer. When officers are sometimes facing in excess of hundreds of traumas it baffles me how this is seen in any way as being enough support. Especially when they don't have services for post-trauma or long-term trauma. Officers are then placed back into the system to search for adequate care through their GP. Often the wait time is several months. This is not good enough. This is not a service that is anywhere near enough support.

What is the causes of stigma surrounding PTSD?

We can speculate that stigma around PTSD is caused by the patriarchal culture and a culture of masculinity that perceives the sharing of feelings as a weakness and leads to officers bottling their issues up.

We could assume that the stigma and avoidance are partly because of a self-protective mechanism from senior police to ward off the perception that something like PTSD could potentially happen to them.

We could even have strong beliefs and proof that there are opinions that PTSD must be 'earned', that they need to be on the job for more than 20 years and have done 'their time'.

We could assess that one of the common issues is that people think they can determine whether someone is 'worthy' of a medical condition such as PTSD, etc. Demonstrated by statements when people compare one person's perceived trauma to another or ask about how long they have been 'in the job'.

Many of these, I am sure, will be proven to be right. However, they are still assumptions. A significant research piece is needed to see what the exact barriers are, what the cultural norms are, unspoken roles and underlying assumptions, so they can be incorporated into a proper cultural change management plan and communication campaigns.

This is why I recommend that IDEO is engaged (see recommendations).

Communication - Information, processing and triggers

Did you know that people with PTSD often have problems processing information? That their memory is often affected and the ability to absorb information is affected. Yet they are made to go through in great detail about their traumas with a seemingly endless stream of paperwork and forms and assessments.

Some officers have had to go to up to 20 sessions with the insurer's assessors. Having to relive their trauma in great detail to someone essentially looking to screw them over. It baffles me that we as a society think this is in any way acceptable considering what they have gone through and the effect this process has on a body ravaged by PTSD.

Making them relive the event over and over again releases cortisol and a stress response in their body. The feeling that they are being scrutinised and they are being placed under threat through these interviews that more resemble interrogations, triggers 'fight, freeze or flight' response. It is like breaking someone's leg and jumping up and down on it and sending it into a state beyond repair. It is torture to that officer and to their family.

Communications and information material needs to be designed so they are in short, concise bursts. Visual triggers such as police logos and colours should be removed where possible.

The true cost: Trauma the root cause of so much of society's ills

The wicked human-based problems that face our country - homelessness to domestic violence, alcohol and substance abuse, drugs, many marriage and family breakdowns, abuse and many psychological conditions. On many occasions, many of these issues often have a root cause in common. Trauma.

Investment in PTSD research and education in emergency services is building the understanding of trauma and treatment of trauma for society. If individuals, society and the state understand trauma, then we can start understanding how to address the root cause of so much of society's ills rather than band-aid solutions.

Culture - Organisational PTSD

The organisation itself appears to display a lot of the signs and symptoms of PTSD.

The culture of the Force in many ways reflecting the symptoms of the disorder. Bullying, controlling, fear-building, loss of empathy and connection. In all fairness, I think it is also the fact that senior police have often experienced cumulative trauma. It appears the way many of them have coped is by divorcing themselves of empathy. The ability to connect and listen marred by what they themselves have gone through. It is not an excuse, it just needs to be considered, understood and then that barrier conquered.

Part Four: Recommendations 1-11

Recommendations 1 - 7 should be established and managed by an organisation external to the NSW Government, NSW Police Force or its associated agencies. I cannot stress the importance of this enough.

It also MUST be done by the right people that are not going to foster the echo chambers in existence. How to determine that? I would ask every person who has made this submission that hasn't done so in defence of the Force to assist with this.

Many Australian charities and organisations have done a lot of great work, however on this issue, many have remained silent once engaged and have not spoken out against some of the acts. I guess as there is a fear of political retribution or funding cuts. It's creating a self-silencing effect.

My recommendations are that globally recognised design specialists, IDEO and Australia's science agency, CSIRO, should be approached and involved to work with the NSWPF for Recommendations 1 - 7. PTSD is a global challenge and improving how it is handled could potentially be used as a prototype for emergency services worldwide.

RECOMMENDATION ONE

Royal Commission / Parliamentary Forum / Summit: Compulsory attendance from the Minister for Emergency Services, Commissioner, Deputies, senior officials in Police Media and HR. This should be for all the services.

How do you shift prejudice, change culture and shift barriers when many in senior management and officers have lost the ability to empathise due to cumulative trauma and detachment to survive the nature of the job and what the job entails?

'Contact Hypothesis' is often regarded as the best way to address prejudice. As I have stated in this document earlier, the gap between senior police, Government and the reality on the ground is one of the main issues and barriers.

Where I and many others have been able to make change is simply by addressing / confronting the Commissioner and Deputy Commissioner and the Police Chief in public, where I/we could not be ignored and deflected by people lower down the chain of command. The problem has been getting through the layers to be heard.

With my personal experience, it is only on these occasions that I have been able to get through to them, to get through the layers and change has been made. While difficult, I believe it is because they actually saw a person affected. It is also because it is not so easy to dismiss someone or avoid when they are standing in front of you or in front of a crowd.

It is also because at this point they can't claim to not be aware of the issue and continue to ignore it.

It's only then that I have seen them or others down the chain of command take an active interest in making change. It should never have been this hard to be heard.

The Forum, or whatever shape this takes, should not be held for the police to spiel out PR lines. The Police and the NSW Government should not be the ones determining who speaks.

Many of the people who wish to speak just want to be heard so the same mistakes are not repeated, to be acknowledged for what they have endured and to be apologised to. To see change so it doesn't happen again. Not much to ask. It is in these stories that the answers lie.

I believe many senior police live in fear of addressing this issue thoroughly because they believe it will affect their career because they view it as a can of worms. Which is ironic, because they are not truly leading until they address this issue.

With the number of deaths, lives destroyed, relationship breakdowns and injured people as a result of the emergency services handling of this issue, a Royal Commission is required.

RECOMMENDATION TWO
Cultural Change: Establishment of external reference panel / task force

Cultural change will not happen without research into what the culture and misconceptions are that need to be addressed. Cultural change will not happen in an organisation with the same thinking that created it running and designing the cultural change management plan. The opinions of all key stakeholders need to be taken into account. This includes families, ex-police, clinicians and specialists, and officers of all demographics and ranks. That panel cannot be made up of people of their choosing. Otherwise, it just ends up consisting of the same thinking.

I recommend that this panel includes: injured police officers, retired officers, officers of all ranks and demographics (as communication methods in some towns may not be as effective in other areas - i.e. rural to city), family members of ex- and serving, communication experts, medical and legal practitioners.

Any internal education and cultural plan that does not include this feedback is essentially not as effective as what it can be. It must be managed by a communications or cultural change expert (and one that is again not appointed by the minister or emergency services).

The key word here is that it is an External Reference Panel. I have not seen the NSW Police Association nor NSW Police Legacy speak out when abhorrent acts have happened or discrimination has been shown towards those with PTSD. This is concerning. They appear silenced on these issues to a degree.

RECOMMENDATION THREE
Cultural Change: Communications Research and Campaigns

The cultural barriers to seeking assistance and how they are contributing to the stigma currently in place need be identified (see above).

This research piece and plan needs to include:

- audit of current internal communications and external communications;
- audit of media / issues management and how they are contributing to stigma and isolation of those affected;
- analysis of language and images used and its effects on officers and families with PTSD;
- content planning to provide continuous communication with those affected.
- an internal communications plan and campaign should be built from this research piece to address the identified cultural barriers, with clear guidelines on how to communicate with people with PTSD and how to speak about PTSD in public communication.

This will also help address the woeful communications, messaging and actions from the Media Unit, Commissioner and Minister. Again - should not be built by the people / organisations mentioned prior.

RECOMMENDATION FOUR
Family Support: Enhancement of family support unit / product design

Family members, ex- and injured officers provide a different and important perspective that is key to improving the system and preventing PTSD. Families come from all walks of life and can provide insight for change from their different perspectives, background and knowledge.

Families have lived this. Families are the first to see the signs, they live with the symptoms, and they are the ones that are living with the consequences.

PTSD is a brutal disorder not only for those suffering it, but for those closest to them. Many officers' family members, including children, suffer trauma as a result of caring for them or living with someone with PTSD.

Over the years, one of the biggest points I made was that families did not have a voice in the NSW Police Force yet like other emergency services and defence families, families are intimately affected, with many families of officers also suffering PTSD. This voice was considered established by the NSW Police Force in the form of the Family Support Coordinator, however, there needs to be an analysis of how effective this is.

How are insights to change or feedback being taken to the senior police to make and design changes to continually capture and enhance the system? How many family members are actually getting support and are not being directed to a police assistance line or Davidson Trahaire Corpsych? Do the families feel supported?

This Unit needs to provide a two-way communication channel to allow families to provide feedback so there can be continual improvement. I also believe this Unit would be well-placed to have a UX and product designer in it to continually create support products and gather the information needed to make change across the organisation.

The Unit's role should be expanded to educational programs, specialised counselling for couples with PTSD, sourcing financial aid, creating kits for children of officers, etc.

On the website, where the details of the family support coordinator is positioned - a focus on a ‘return to work‘ needs to be removed. If the NSWPF had intimate understanding of providing support for families, they would realise that this is perceived as a barrier in talking to anyone in the Force.

‘Return to work’ is a focus of the Force, that is not a focus of the family. Their focus is on getting their loved one better and getting the support they need. They need to feel protected and heard. Communications, once again, need an overhaul, so they are actually family-centred.

I believe that the NSWPF’s response to this will be that they have the Employee and Assistance Program and Family Support Kits available and this is already in place.

It is nowhere near enough support to deal with the kind of issues that PTSD brings. The EAP service that is being supplied to current police officers and past police officers is the **same** support service that failed my ex and I six years ago, with no changes.

When I called the ‘back up’ line, it redirected me to the same EAP. The people I spoke to did not know what service I was coming from or what this program was and stuck me with a run-of-the-mill counsellor - without any questions asked. This is not good enough for trauma treatment. It certainly does not encourage trust. Six sessions with a counselling service, that is not specialised, is **not** addressing trauma. It’s merely a tick in the box exercise when this continues to be the first port of call. It is a rebranded service without substance behind it.

The channel of communication needs to be opened so that that information can be heard. Recommendations for greater family support could potentially include:

- Home visits from PTSD specialists / nurses for officers with PTSD, as that way issues can be discussed without it being the spouse who is seeking the assistance and therefore won’t have blame or pressure placed on them by the ill officer.
- Proper services that are not limited to six sessions and are with **PTSD specialists** for families.
- Financial assistance for officer’s family members who may have PTSD as a result of caring for the officer.
- Tangible support in the form of people providing reprieve and assistance with home duties, etc.
- A kit for children of officers which provides educational tools so they can understand what is happening to their parent / s when they are suffering from PTSD. Communicating to children is different to communicating to adults and this kit needs to address this.
- Education days and sessions for an officer with their families that provide tactics and information in how to prevent and deal with PTSD.

RECOMMENDATION FIVE
Human-centred design

As a State and as a nation, we could be doing things so much better. I believe that some of the answers and ways to improve the situation for PTSD sufferers and for emergency services lies in human-centred design. As we have established, empathy is severely lacking in the emergency services, often due to the nature of the work and cumulative trauma experienced by all personnel. The process of bringing a human-centred design firm on board would help address this.

What is human-centred design or design thinking? Design thinking uses empathy and a process to redesign an experience or product. By using design thinking, decisions are made based on what people really need instead of relying only on historical data or assumptions. Especially important when that assumption is built on prejudice or a lack of true knowledge of the subject.

It searches for pain points and what the experience is like for the people on the ground by being on the ground with those people. It is coming from the patient and the family's experience and building the system and support based on their behaviours and perspective, not trying to make them fit to the system. It will look at human behaviour as well as the disorder and shape policy to that, rather than trying to shape humans and a disorder to fit policy.

I believe the investment should be made to bring IDEO on board. They are regarded as the world-leading experts on human-centred design. They are the best and their expertise is needed for an issue of this magnitude and complexity. Especially so when so much of our system appears compromised. I have had initial chats with IDEO already.

They have already had similar success with digital products developed for schizophrenia and many other simple solutions in healthcare, as well as working with Wounded Warriors.

Importantly, the process takes senior management through the journey and the whole organisation through the journey. It brings the people affected in and as a part of this process. Going through this will help to teach human-centred design and empathy mapping that could help change the culture of the NSWPF and assist with the issues to do with empathy.

This will integrate the needs of officers and their families, the possibilities of technology, and the requirements for success. It would inform all communications, cultural change management and product design.

RECOMMENDATION SIX
Harnessing our science, research and innovation system

Maximising the engagement of our world-class research system. There is room to work with universities, research institutes, businesses, small start-ups and more to find solutions and contribute to a system that works too.

Presently there is a big problem in the area of healthcare research and especially with PTSD. Government, politics, research, agencies and support systems and intermediaries are all not factoring in the opinions, behaviours and experience of those on the ground dealing with this.

An open innovation forum or summit dedicated to gathering interested parties to work together to pitch solutions has great potential. Open innovation forums help to provide new thinking and expertise for issues and challenges and often result in rapid problem-solving.

I believe CSIRO is best positioned to deliver this component and it really is just an extension of some of their programs, like ON. As the Innovation Catalyst, as the home of our scientists, they are the organisation that can pool all institutes, funding and services together to look for and deliver solutions.

To be truly groundbreaking and to truly tackle this challenge, I believe the potential IDEO work mentioned above that explores the experience of the person suffering from PTSD and their family thoroughly should take place before and as a part of this Summit.

If a person with lived experience was brought in at the start of a Summit in a series of talks and is involved in the Open Innovation Forum this would also plug the gap between the research space and the officer with PTSD and family.

This would also be groundbreaking. Attend a science, medical and innovation conference, and you will rarely see a ‘patient’ there. It is these people, sharing their experience that will often provide the greatest insight into change. Anyone in innovation will tell you that the person at the end dealing with the system or the product is the key. It should be the same for disorders and illnesses.

It is also the most extreme cases that should be consulted. These are the people that the NSWPF does not want to face. However, face they must. It is often they that have experienced the most. There is no greater person motivated to make change or with the insights to make change than a family member of someone who is sick.

They are not included in conferences, in discussion and in talks and this is where you get research and support diluted and directed to causes that aren’t providing solutions that matter.

To reiterate, a rough proposed Summit / Program:
1. IDEO Study and Process (in the months prior)
2. Lived Experience Presentation Day - officer with PTSD and their families, the treating GP, the treating psychologist, the treating exercise physiologist.
3. Day One of Summit: Selection of Lived Experienced Speeches and Papers
4. Day Two - Three of Summit: Summit of Psychologists / Scientists / Government Officials, etc.
5. Day Four - Five of Summit: Beginning of ON Program aimed at addressing PTSD and pairing services, industry, research, government and interested lived experience parties.

RECOMMENDATION SEVEN
Greater collaboration and pooling of funding to better direct resources and support

Pooling resources and funding with other emergency services and defence to address the common issues and support required for PTSD. It's a no-brainer. We have four emergency services agencies in NSW at least, more when you include the volunteer agencies also experiencing similar issues. This is the same for most States.

PTSD is a condition that does not discriminate between uniforms. Why aren't we pooling funding to see how we can deliver better education programs and support services? Why can't we have wellness centres on the ground that cater for defence / emergency services and frontline staff who we know will be exposed to trauma and suffer trauma-related injuries?

As mentioned in Recommendation Six, I believe CSIRO is best fit to address the research and innovation component or an organisation such as the Australian Families of Military Research and Support Foundation, whose funding is not dictated by State and Federal Government Grants.

RECOMMENDATION EIGHT
Royal Commission into insurance companies and the health system dealings of PTSD

No amount of assistance will help until the insurance company issue is sorted.

The insurance companies and what they subject officers with PTSD and their families to, is - as one mental health nurse I spoke to a few months ago described - 'inhumane' and criminal. The system is designed to break people, to push officers over the edge or to give up.

Officers have been followed, recorded in their homes and their social accounts stalked. Their families too have been followed, which can serve no other purpose other than harassment and intimidation. It is beyond cruel and beyond negligent. This cannot be tolerated for one minute longer. For those that this situation has already pushed them over the edge, they deserve to be acknowledged and apologised to for the treatment they have had to endure as a result.

There are people I know who have been waiting in excess of seven years for their cases to be closed. That live in a state of limbo. We need to give injured Police Officers tangible support and allow them to retire gracefully, so they can transition to civilian life while still supporting their families. If they are too unwell, we need to provide them with the support to get better.

Our State will look back at what is happening with these officers with great shame.
The surveillance by the insurance companies has not just impeded recovery, it has pushed some officers over the edge. The rotating door of specialists they send them to, how they drag it out, make them repeat the trauma and question it despite evidence. The current insurance system needs to be scrapped and they need to be held to account.

RECOMMENDATION NINE -
On-the-ground centres for officers with a range of treatments on offer

As mentioned above, on-the-ground centres for emergency services / frontline and defence personnel should be established in each local area command. They could be if they pooled the funding together from those services. This is where officers can go to find treatment and prevention for PTSD. I have recommendations for where this should be trialled and by whom.

This means they can establish a support system with a trauma specialist early on in their careers (potentially prior to experiencing extensive trauma) so they have people and a system they can trust.

This also creates a system of support around each other outside the workplace from the early police officer to the retired police officer. They can also have a range of specialist services on offer and easy to access, such as EMDR and SE specialists in trauma. This centre can also offer a variety of service treatment options as well (some examples provided above in family support and in personalised treament options). Additionally, this could also provide a place for specialised yoga for emergency services PTSD, art therapy, acupuncture, companion dog programs, etc. and a place to house tangible support for the family as well. This reinforces a person-centred approach, as one size does not fit all. AFOM, Behind the Seen and Blue Hope I know have been doing some great work in this area and would be well positioned to assist with the unique requirements of defence and emergency services with PTSD.

RECOMMENDATION TEN
Improvement to system to track and monitor cumulative trauma

NSWPF has recently launched the Incident and Support Database to assist in identifying officers' exposure to incidents which may adversely impact their well-being. A trend that is noticed in the PTSD sufferers is that it was often due to repetitive trauma of a particular kind (i.e. three car accidents in short succession, or two murders within a week, etc).
It is also often traumas that hit close to home or that they can relate to (i.e. death of a loved one in a similar incident, attending scene involving children the same age as their children, same kind of car in an incident, etc).

This needs to be considered in the system to track officers at risk. I haven't seen the system yet, but it would be great to know whether this system can provide data to help map out the repeated points or patterns. Also - what form is this tracking system taking. Again, the IDEO company, CSIRO and the Open Innovation Forum could assist with improving this.

RECOMMENDATION ELEVEN
Officers found or accused of conducting bullying against other officers should not be in positions of power managing these PTSD programs

It will no doubt come to light that many officers that have bullied or discriminated against those with PTSD are now in positions of power within the emergency services. They cannot be left to hold these positions or indeed positions of power for PTSD management. It is a complete slap in the face to all those affected. Quite frankly, it's disgraceful.

Conclusion

Over the years I've met officers that live in complete ignorance, prejudice or in a place of denial. Over the years, I've also met others that appear to have good intentions and who believe inside themselves that there is change happening. Some have made change. However, it is also very clear that there is a lack of true depth and understanding of the cultural issues and nature of PTSD. Any initiatives therefore are not being as effective as what they could be.

You may ask why someone like me would pursue this issue, when I am no longer married to a member of the Force. Most don't understand why I don't walk away given what I have gone through. While at times I have for my own health and healing. What I saw, what I witnessed and what I experienced cannot be forgotten. Indeed the very nature of PTSD makes it so.

It is this lack of understanding that demonstrates the lack of understanding in society. I doubt anyone who sat in one of those wards and observed the officers and their families. If they did so, they wouldn't be able to ignore this either. It is, in many ways, a moral injury.

I pursue it because in some ways I don't have a choice. I have rebuilt a life that many envy from what they see at face-value. I am, by nature, a happy and positive person and I am lucky in so many ways. However, most people don't know the extent of what I have gone through and many do not know of the ghosts I live with thanks to the NSW Police Force and its profound effect on all aspects of my life. There are thousands of family members or ex- family members like me.

While we know steps have been made in a culture, stigma and problems that were inherited, the only way prevention of PTSD can be truly addressed is in conjunction and in consultation with the people affected.

The acknowledgement of the journey that many have experienced, what is has cost so many, the respect and effort to understand is not something that should be delegated. It must come from the top.

Unlike so much in life, a difference can be made here to prevent this happening to others.
I see my friends and family in emergency services and defence suffer from early warning signs and I fear for them greatly. I need you to see them too. This cycle must be stopped.

To this day, I am contacted from strangers, mostly partners of officers, needing to reach out, that are not getting the support they need. It speaks of the fear culture, that while changing, still exists - within the Force, within society, within many relationships involving PTSD. It speaks to the fact that the services are directed only to one component of the disorder and help is not reaching them. That there is still not intimate understanding of PTSD and the support that is required.

While there are changes and activities happening, it also must be again stressed that it does not negate the NSW Government, the Police Force and other emergency services of taking responsibility for those they have failed.

It does not allow them to make statements that they provide excellent support, because that is not the experience of so many people. It requires open and honest acknowledgement of the mistakes that have been committed and the very long pathway ahead.

It requires active listening of those affected and every one of those people to be heard, acknowledged, apologised to, their feedback to be acted upon and for them to be offered proper support. They should be shown the respect and dignity that they so very much deserve.

Importantly, it requires action that is holistic and not piecemeal. That is providing support on-the-ground and support that is constantly improving. That digs deep into the wounds of this issue, so we are not back here in another six years time.

The real proof of whether embedded change is afoot will come with the above recommendations being put in place. All of them. It will come in the engagement with those affected. It will come when we see modern communication and cultural management. With serious solutions to the issues with the insurance companies. It will be shown in the choice of partners that are engaged. It will be demonstrated in who is selected for these positions and ensuring they are not puppets, that they are people who are truly motivated to make change not acting with the mind for promotion, but with a mind to truly improve this.

What is happening right now is one of the most shameful and disgraceful acts in our State's history. We will all look back in horror at what has happened to so many officers and families and ask how was this allowed to happen.

Society as a whole is changing, issues that have long been swept under the carpet are being unearthed and society is demanding change. It lies in all our hands to ensure that this does not slip quietly away, but that this pressure for change stays ever-present.

We need leaders who are prepared to take the steps to address this. We need leaders, true leaders who will tackle this issue with the gusto, grit and depth required. That can stand in the same room as the people affected and have their respect, because they have provided every avenue and opportunity for those people to be heard and have taken real action from this. Please. Be those leaders.

The investment to make change on this will be one of the greatest investments our State can make.

Thank you for your consideration, time and for taking this step.

"The standard we walk past is the standard we accept"