

INQUIRY INTO EMERGENCY SERVICES AGENCIES

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What are the problems with regards to the NSWPF response to psychological injury?

Bullying in the NSWPF is rife. Its not the type of bullying whereby ones head is flushed down the toilet or one is locked in a room. Its insidious, often covert and unrelenting. Unfortunately it is sickeningly predominant when an officer becomes unwell with a psychological injury.

Professor Petrina Coventry (FCPHR) from Adelaide University describes some bullies as *"Bullies tend to be very good at office politics, working towards and attacking those they consider rivals through innuendo and social networks. Bullies are often socially savvy, even charming. Because of this they are able to abuse co workers while receiving positive work evaluations from managers."*

The NSWPF views some unwell officers as adversaries as a threat or rival. Unwell officers who have been let down by the system "Fallen through the cracks" or where policies and procedures have not been followed and the NSWPF failed to intervene when it was foreseeable that the officer may be injured and such intervention would have reduced the impact of the injury, yes, those injured officers are a threat and the The NSWPF should be held liable and prosecuted accordingly.

The NSWPF tends to cloud the issues, denigrate the officer and claim section 11A of the Workers Compensation Act that the actions of the employer were reasonable. It is in the NSWPF interests to deflect and claim management issues were the cause for the injury or issues not their negligence with regards to the injured officers exposure to trauma.

Most officers who have been medically dishacrged from the NSWPF with psychological injuries have felt let down and had issues with management.

In the 2006 "Ronalds Report" into sexual harassment in the NSWPF, SC Ronalds established that *"Complainants suffer from ostracism, bullying, stalking, verbal abuse and intimidation by their colleagues who support the perpetrator."* This is how I felt when I told them I was unwell.

There is a term offered used by injured officers to describe their treatment by the NSWPF and that is "Cannon Fodder". That you are used up and spat out. Discarded and replaced.

Some officers in the NSWPF maliciously utilise disciplinary action, performance plans, sick leave reviews, false allegations, referrals to the PMO or others, rehabilitation plans, restrictions or transfers in duties or locations in order to appear to be 'managing' an officer when in fact they are targeting that officer and pushing them out.

The peculiarity when it comes to NSW Police Officers (and other frontline first responders) is a drop in performance, increase in sick leave, a lack of tolerance, conflict with colleagues etc are all red flags of a deteriorating psychological condition. Often the NSWPF realises this a long time prior to the officer.

Unfortunately the NSWPF tries to discipline officers out of their condition. A sink or swim approach. This is counter productive and serves only to confuse and harm the officer further. The officer often is totally unaware they are suffering PTSD and the intervention of management serves merely to represent another threat to their already heightened sense of danger and disempowerment . The officer then focuses on the issues with management and this serves to bury the real issues even further, the harm caused by traumatic incident the officer has been repeatedly exposed to and the officer finds themselves at conflict with management.

Commissioner FULLER at the time of Sergeant Ashley BRYANTS inquest (2017) stated,

"Ten years ago it perhaps wasn't recognised as a proper injury, but it is a proper injury and I have seen some very good friends, very senior police, really end up on the dark side of PTSD," Mr Fuller told reporters in Sydney.

I agree they did not take psychological injury seriously ten years ago. But they don't take it seriously now either.

Strategies mentioned at Sergeant Bryants Inquest on behalf of the NSWPF were

1. A system where the number of critical or traumatic incidents officers attend to is tracked. All three experts, representing the NSWPF, the Coroners Court and Sgt BRYANTS family were all skeptical that the data collected would be used inappropriately by the NSWPF and that it doesn't necessarily track the onset on the illness.
2. I sat in Coroners Court and watched the NSWPF lawyer attempt to have Professor McFarlane agree with other strategies. He did not agree with them. He stated they were a step in the right direction.

After watching the questioning of the three experts I came to the conclusion that the NSWPF is not interested in helping injured officers or preventing them from becoming unwell. I came to the conclusion the NSWPF wanted to be seen to be doing rather than actually doing.

They brushed over Professor McFarlanes recommendations including rotating all staff off the front line. NATO only allows frontline personal a limited amount of time on the front line in a certain period. (6 months per 2 year period?) Yet Police Officers are front line their entire careers which inevitably leads to a break down in psychological health. They had a world expert in front of them, an expert in PTSD on the frontline, but they were only interested in trying to have him adopt their strategies which he didn't.