

Standing Committees on Education and Employment
Department of the Senate
Select Committee on the Future of Work and Workers

The high rates of mental health conditions experienced by first responders, emergency service workers and volunteers

Submission by Jann Karp PhD

Dear Senate Committee,

My submission is relevant and highlights my own perspectives. I was a sworn NSW police officer for 23 years 1983 to 2006. I joined serving the community protecting life and property within the strong police occupational culture. My submission retells the micro view of police social interaction, shared experience and mutual support. Police teams share the beliefs and values of the purpose of their particular police role.

Mutual support stops when the stigmatisation begins. A police officer that you label: as broken, weak and substandard no longer contributing to the team. The injured officer has no response and senior police culture is to cut into that practice by further stigmatisation duties that fail that officer's ability to "return to work".

While a police officer, I taught at tertiary level for over twenty years and contributed to the international conversation about crime and policing, successfully reporting to the Commissioner on three overseas research projects: team police work, religious beliefs and police work, ethics in police work. I have completed a Bachelor of Social Science, a Diploma Justice Administration, a Masters Social Policy and a Doctorate in Social Policy.

I agree to my submission being published on the Internet. I hope you find my submission informative and useful. I turn 60 this year and would like to retell the outcomes of working in police work that I have experienced or observed. I do not regard what I am reporting as unique to me and I think that my historical experiences, in general, are still occurring. Mental health issues are interrelated to physical injury

issues (where both conditions exist). I left the police force on a Hurt on Duty pension, which included two mental health components and five soft tissue physical injuries.

NSW Police mismanages the stigmatisation of mental health issues as an injury. If they are classified as hurt on duty then the department accepts responsibility. Their needs to be active management of such injuries your inquiry is crucial to the high rates of posttraumatic stress being addressed. At the same time I acknowledge that at this point the rates of PTSD are “unaffordable” given that the affects of such trauma are widespread.

Recommendation that: the police executive acknowledges mental health issues are an organisational issue. That the issue exists through the hierarchical structures of the organisation and the rank does not preclude mental health issues.

The view of senior ranks ‘I put up with it so should you’ is unacceptable and inappropriate. You are not letting at team down if you seek treatment. Symptoms of mental health problems are disguised for example; in gambling, alcohol abuse, domestic violence and drinking. These symptoms reflect the discontent a person has with their own lives and will distinguish them from other police officers not affected.

My thoughts are that the mental health conditions that affect first responders need to be addressed at every level of the complex police institution. Improved organisation-wide commitment to the management of mental health would benefit not only affected employees, but the operation of the whole organisation, including: reduction in costs from time off work; increased efficiency and completion of work; and increased safety and improved team management. This submission links how the micro level of team policing, for example within a police station, reflects the organisational response to mental health issues. The reactions are similar at the micro and the macro levels: self-survival, institutional survival and economic considerations all contribute to the institutional response.

The reluctance – even the fear – to acknowledge that mental health issues are a part of police work and not a personal failing on the part of the individual/s concerned is a

major factor in this institution not reforming their management of this complex issue.

Kindest Regards

Dr Jann Karp

www.jannkarp.com

23rd July 2018

List of recommendations contained within this submission:

Recommendation: that the NSW police executive acknowledges mental health issues are an organisational issue. That the issue exists through the hierarchical structures of the organisation and the rank does not preclude mental health issues.

Recommendation: that command structures and practices include a willingness to identify risks to mental health and to record those risks as operational incidents are recorded.

Recommendation: that the bureaucratic insurance processes be streamlined while at the same time addressing individual injuries and related matters.

Recommendation: that the definition of a mental health injury be clarified so that the process of treatment and the definition of injury have a legal standard. If professionally diagnosed by multiple specialists, flexibility in definition leads to an inconclusive response by the claimant, insurers and employee.

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Recommendation: examine the approach of the NSW police 'recover at work' policy so that police do not have to return to their substantive position but can recover in useful employment then returning to operational police work.

Recommendation: Conduct research into NSW coronial reports, which have examined the suicides of first responders. Do these reports provide insight into the mental health issue of first responders? Does the primary evidence, such as suicide notes, reveal the mental health issues of the deceased and are those issues related to their work?

Introduction:

I will begin by addressing the political aspects of mental health policy. This is included in the terms of reference: **any other related matters.**

The political relationship between law enforcement and the executive has become closer. Historically the relationship between Parliament, the administrative arm, and the operational police institution was held as one that was interdependent. However operational matters were regarded as the domain of the Commissioner of Police. This relationship has changed policy: operations, economic issues and other matters, such as mental health issues, have become not the domain of police commanders but political interests. This matters particularly when the costs of mental health care involve businesses, tenders and balancing resources against health issues, while the integration of mental health care within police management practices has not developed at the same rate that concerns over costs have risen. I hope that this inquiry can address this interdependence in a positive direction by informing policy that will then inform practice.

Operational police may seek promotion to relieve symptoms of mental health disease. If they can move up and out of the operational setting they can then literally look down and impress upon junior officers the practice of doing strong courage police work while NOT acknowledging the very nature of the work and its issues. This is an historical practice and needs to be addressed.

In practice transparency in the election of police commissioners needs to include a careful selection of interviewers outside of the political arena, including, for example, a health professional. The committee process on electing commissioners could mean that instead of economic and political considerations being a major consideration other considerations, such as operational experience with occupational health and safety resources, would become an important feature of any leader's appointment. In practice, physical injuries are recorded at the time of the operational event: time date and incident. This then can be classified 'Hurt on Duty' and the officer receives treatment paid for by the insurers. However psychological risk assessments need to be recorded at the time of the event and certainly accumulative affects can then be identified. This would not be used as a punitive record but as an incident, treatment,

or professional debrief as timely as possible for each officer. The talking treatment becomes part of the process of deterrence.

Recommendation:

That command structures and practices include a willingness to identify risks to mental health and to record those risks as operational incidents are recorded.

The officer exposed to risk could then do different duties for a period of time directly related to the initial incident so several shifts doing administration work inside the police station rather than in the community. This stops the practice of reoccurring traumas one after the other. A different office faces the trauma comes back then ahs a couple of shifts behind the desk. Rotating the type of work interactions that cause the mental illness symptoms breaking the cycle of trauma. The type of putting your hand up: I am not for breaking down the door first today! This does not lead to punitive action but another officer breaks the door down and the team builds mutual support.

Recommendation:

that the bureaucratic insurance processes be streamlined

Claims are submitted, rejected, submitted, contested, submitted again, perhaps just one account for a physiotherapist appointment. In my experience, this level of contestation of a worker's claim has moved to an employee of the insurance company who has rung my physiotherapists and made inquiries as to the nature of my treatment (2012). The process of establishing the claim is one thing, but the process of having a claim denied has further complications, and this time the actions are executed by a bureaucrat within an insurance company, long after legal representation has ceased. The passing of time brings age and more pain to my still existing injuries – they just don't disappear – and this has resulted in my police pension payments, which pay for my treatment. I also have pharmaceutical costs, for physical and mental health diagnosis as a result of police work. The insurance company is still paying for my consultations with a psychiatrist and I am very grateful, although any letter from the insurance company asking if I still need to see the psychiatrist causes immense tension. Why? PTSD is an ongoing injury about one third (common knowledge) of sufferers have active symptoms. The symptoms are ongoing/chronic. So if I tell the insurance company that I am being treated but am still unwell then the insurer concludes the treatment is not working. If the doctor provides a report then that report is deficient because the doctor has not fixed the problem as in the physiotherapist

report that was provided for me. So this cycle of responses is across the injury board. So then the insurer will cut off my payments for a reason. How do I respond? I am at risk and I have PTSD. It is very difficult to get medical costs for treatment. Do I fight the insurer in court? It is very expensive or do I commit suicide?

So how does the legality of a definition of injury influence our outcomes? A legal definition seems rarely the basis from which the Act supports workers in the submission of insurance claims. When a worker makes a claim the injury needs to be classified, with initial approval of the claim required from the police as Hurt on Duty (HOD), i.e., the injury linked to an operational incident. The claim also needs to be approved by a supporting psychiatrist and an opposing or second opinion psychiatrist. If the injury is physical, reports from orthopaedic surgeons (more than one) and ongoing treatment attest to the proof of injury, as long as the injury's origin can be tied to time, date and place while at work. So when all parties agree that the injury is work related as defined by the Act, the injured person then undergoes an intermittent, or at worst an ongoing, requirement to give proof of that injury, physical or mental. I mean *ongoing*. For example:

The claimant receives a call:

“Jann it is Julie here from ... we are just inquiring as to ...”

My response: “I do not wish to talk to you over the phone about this matter, please do not call me.”

“ But, Jann, you are not entitled to receive any more treatment As your treating physiotherapist in her last update indicated Do you understand that, Jann?”

I am not longer a person being treated as a claimant. I am suddenly in the world of being a colleague, even a friend, of the person ringing me to tell me no more support will be provided. The calls are deeply worrying particularly as the end result is a deep division the patient. I am left angry: suicidal.

In summary: by definition within the legislation in NSW an injury is a clear definable cause and effect event. This I would have assumed is what happens at the beginning of the process, which then turns into a very long protracted process as the patient tries to obtain ongoing treatment.

Recommendation:

That the definition of a mental health injury be clarified so that the process of treatment and the definition of injury have a legal standard. If professionally diagnosed by multiple specialists, flexibility in definition leads to an inconclusive response by the claimant, insurers and employee.

I attended a specialist appointment where a letter from the insurance company to the treating doctor was discussed. The letter was addressed with the incorrect name of the patient (myself). But then as the letter proceeded, discussing the integrity not only of my treatment, of my diagnosis etc., another patient's name appeared twice in the body of the letter, naming someone I assume the insurance company had as a client.

Confidentiality breached. But more to the point: the letter indicated the practice of denying all persons on their list as potential claimants their claim. We, or in particular myself, were being denied any service. My assumption, which could be wrong, is that there is a practice of denying claims on a bulk response, perhaps within an audit process and, then, if the claimant cannot protest due to ill-health, or has not recently received treatment, he or she is then placed in the process of being denied treatment for another set of reasons. For example: a new injury or a re-occurrence of an old injury could place the claimant in a round of having to prove the definition of injury within the work place.

If you have multiple physical and mental health issues all intertwined in the above processes, you are defeated, tired and inappropriately driven to an "unmanageable private life" by multiple approaches by insurance companies after classification. I have recently declined to provide my phone number to my insurance company, as I cannot manage the phone calls. The company has my home details and email address which I have to provide.

I have now paid my own medical accounts pertinent to physical injuries for ongoing treatment since 2012. I am on a police pension and this money is used for that treatment. I do receive ongoing treatment for two HOD psychiatric conditions for which I am "grateful". However I recently received two emails from the company re my updated personal details, which indicated to me that my treating psychiatrist would therefore be on a review list concerning my treatment as well. This proved to

be a true prediction: he received an inquiry. My treating psychiatrist has replied to this request for information after discussing the letter with myself. I am at this point having my insurance payments regularly made to my treating psychiatric specialist.

On 9 June 1983, I started night work, 11 pm until 7 am the following morning, and would do this shift every twenty-one days for nearly two years. Night work with the police crews did lend itself to a type of mateship that was different from the day-to-day police work. Of course the meal in the middle of the night on the last shift would also get us all together for the 'debrief' where we would laugh and relax. Management would later stop all types of social activity during a shift. This meant that there was no debriefing in response to the traumatic events of police work. This lack of debriefing process (formal or informal) exacerbates the lack of structured useful narratives or story telling around difficult police work.

i. Reporting of mental health conditions

Should police officers report a mental health condition? Yes. Why don't they? Police officers take recreational leave, can't tell work, don't in forms because in the end you end up stigmatised, no mutual support and people "whisper" that one has 'head noises'. The individual has not appointments on during work, no gun, and no handcuffs so easily identified. It is a type of eating your own. You might even be called a 'grub'. At the very time you are suffering depression, a break in work identity, a break in relationships both personal and work.

Police work is frightening, particularly domestic violence incidents. Being locked inside a home with the violence occurring is horrific. I remember a male person, who was violent, locking the front door of his house with his wife, a more senior police officer and myself inside, locked in with the violence. He was uncontrollably angry. I remember the fear I felt as he locked the door. A sense of panic started, so I watched the police officer I was working with. The angry man then managed to separate us. We got out with his wife but I don't remember exactly how. Another incident I remember involved a man with an axe attacking the front door of his home trying to get in to his family inside. I remember walking up to a home and the heavily pregnant woman inside fainting behind the locked security grille as she saw me at the front

would describe as, A or A + +, indications of a person's obesity, and later I would constantly worry about my own! (Now twenty or more years later I am on blood thinners, cholesterol and blood pressure meds!) The person travelling in the offending vehicle was another boy who I had also gone to school with. He was working in a local mechanic's yard and I remember that conflict of myself in my uniform and he as the driver of a car in which someone had died again, an enormous gap. I felt sorry for him. I knew he was a kind young fellow and that he would have been frightened. So the deceased person is taken to the morgue where I would arrive a few hours later to witness the post mortem.

Others memories are of suicides that today make it impossible for me to spend time with elderly people. Why older people? I still remember what the insides of them look like! Suicides are always emotional, dramatic, and never easy situations to walk into, and of course, at this moment of grief, needing to ask questions for official answers are always difficult. I could not understand why I had to know what religion the deceased was or if they'd left a will. I remember the elements of most of them. I can even remember surnames of victims. At one of the suicides, I approached the front door with another senior constable and there was a note on the door. It read, 'I'm in the garage'. We went to the garage and there was a man hanging from the ceiling. I still remember his male lover, who had arrived after us howling, and people staring out the windows of the multi-layered, red brick suburban flats. In the flat, we found a suicide note on the coffee table. Next to the coffee table, there was a large plastic container full of coins. The senior constable took the large container of coins and emptied them into a green glad bag and instructed me to take it down and put it in the police car.

I never intended to steal money from a person who had died. I was handed the green glad bag. I remember knowing that there were coins in it. The green garbage bag was heavy but for me I was trying to do what the senior officer was telling me to do. The ramifications of that money never being recorded and my actions in putting the bag in the police truck were truly a nightmare. I literally sat up in bed with shock, the memory re-occurring during a dream years later. I woke up, sat up, and thought: That the money hadn't been recorded anywhere! I had, in fact, been involved in stealing from the apartment of the deceased man.

Stealing from the dead, and corruption. I am assuming of course, that the money was not entered into any book. But why take it out of the flat in the first place? Police don't remove property in these situations, so no matter how I look at it, a very bad thing happened back then. I still remember and it is nearly forty years ago.

Approaching the station, I could see a well-regarded detective sergeant; the detective officers were upstairs on the second floor. In my second year I was operational, general duties and on station duties for the day. Around came the detective who asked me to go into an interview room with him. He took me, pushed me up against a wall. He kissed me on the mouth, touched my breasts and kept pushing his body against me. He must have just returned from lunch because there was strong smell of alcohol on his breath. I can't remember how I got away from him. I do remember who he was and that he was a senior detective. He would not remember me, just another junior policewoman to be trifled with. Over the years the media would report on sexual harassment occurring within the NSW Police. I remember a friend of mine at the time working on a report that identified serious issues for policewomen in 1988. When I see those front-page headlines, repeatedly highlighting serious issues in the service, as if they were new – again, and then again, I sigh and will sigh in the future. I could do a list of re-occurring issues that are reported as the new breakthrough in whistle blowing or media revelations that have been reported in the 1970s, 1980s, 1990s etc.

In my second year, I saw two good work colleagues injured at the Bathurst riots. One was a police officer that suffered a broken leg and burns. Another was a constable who was severely burnt. They had both patiently taught me some great policing skills. My family had been injured. It was very distressing but I could not cry as this might have really shown how much I cared about my mates and this would cross the line. Wives can cry but female colleagues cannot. I did howl though when the Holder Street, Melbourne murders took place, but I was at home.

ii. Occupational function and return-to-work arrangements

During my work at Task Force 2, an inquiry established into police corruption as a result of the Lusher Inquiry, I ended up working in a team looking at police corruption in the organised crime area of gambling, in particular poker machine

activity. The team I worked in was well trained. This work involved surveillance of police colleagues who might be corrupt, and associated fieldwork and statements. My role there as a female officer was to accompany the male officer so we looked like partners while doing surveillance. We worked hard, we trusted each other, we travelled together and we shared secrets and we wrote reports.

I had my first serious nervous break down and I was admitted to Sydney Clinic at Bronte. This was a result of the hours, the food, the stress, but also in a very deep and conscious way my dilemma of the moral bind of corruption within the service. My return to work was extremely difficult and I returned twenty kilos heavier than when I went in as a result of the psychiatric medication: fat stigmatisation.

I went back to Task Force 2 incapable of returning to my work that had provided many moral dilemmas. My illnesses were never recorded as Hurt on Duty (mental health) at that time. I was deemed suitable for commissioned rank in the late 1990's.

I had an excellent capacity to remember details so I was useful to any team in the reporting of registration plates, overheard conversations and names. For many years I saw corrupt police, whom I had watched, become promoted or retire on a pension when they were eventually challenged. I also remembered the persons of interests' details. Many of the criminals are either deceased or still active. During this time a senior investigator in the squad received a death threat. Investigations revealed that the note had been typed on a police typewriter. I also delivered folders with photographs and information about corrupt police to the commissioner's office, handing them to the chief of staff. Life in policing went on. I understood my position: as a Senior Constable I could not know the outcome or the actions of the police Commissioner.

Commissioner Avery transferred me. I was trying to complete my master's thesis. When I went to work in police headquarters in 1986, I was told I had to sit at a particular desk, 'No, not that desk, this desk.' This was the beginning of intense micro managing of an operational junior officer. I was a member of the Commissioner Avery's policy group in 1989. My work there was a result of the NSW State Government's request to evaluate outcomes in several operational groups. My task

was to complete an evaluation of the State Investigative Group that had seven operational police groups: the Gaming Squad, the Fraud Squad, the Vice Squad, Special Weapons and Operations (SWOS) and finally the two sections I had previously worked in, the Registered Clubs section and the Licensing Investigation section. The report was delivered to the commissioner's office in 1989. The period reviewed was 1987 to 1989. I enjoyed the challenges and I relished the task that was asked of me, perhaps because the police as an organisation had not carried out such a task before.

The part I did not enjoy was arriving in an operational police setting and saying my task was to evaluate how they were performing as a group. The sales pitch was that I was an operational police officer who would record not only what they were doing well, but if they were failing at some point I could point to features such as the lack of resources. The results showed that, in particular, the Fraud Squad had a serious issue, which was later supported by the investigations carried out by the Wood Royal Commission.

A Sergeant took me into a small office and asked me what right I had to be transferred to this very important unit. He was verbally abusive; telling me if anyone could do a master's thesis it would not be me. It would more likely be him. He continued speaking like that until I was in tears and I don't cry easily.

This man became an assistant commissioner and again, if he felt I was a threat then unfortunately several in the team working for the commissioner subjected me to some really awful behaviour. Unfortunately leaders do not always know that the people they choose can abuse their trust. This sergeant might not think I was worthy but I knew that he had just provided me with the motivation to succeed.

The abuse that came later from different male officers would involve hallway discussions where they would stand close to me and I would be up against the wall and they would demand that I tell them something that would enhance their position. I was privy to information concerning performance issues and corruption information.

Isolate and separate the officer and attack! The then sergeant of course was later promoted to serve in the executive of the NSW Police.

This movement, from general duties officer to a task force looking at police corruption and then into headquarters at the commissioner's policy unit, was a very unusual type of police career. This was the beginning of my movement into operational and then back to policy a cycle that meant I really experience the institution. I am arguing that I was multi-skilled so why are officers not allowed to return to work where they can work. Return to work and learn to regain your confidence in the work place.

Currently a program called "recover at work" operates under the constraint that officers who may have had a panic attack or anxiety event for example, have a recorded incident, go to a general practitioner and then have several days off work may not have the confidence to immediately work on the general duties truck but they must. The officer has to return to their *substantiative position*.

The injury if classified as hurt on duty means that their performance is monitored which would increase the level of stress. Why not utilise their skills without the stigmatisation factor and then actually let them recover at work.

Recommendation:

Examine and broaden the approach of the NSW 'recover at work' policy so that police do not have to return to their substantive position but can recover in useful employment then returning to operational police work.

The experiences of working in Redfern, particularly on the Block, are where I felt I did some of my best community work. I loved working at Redfern. A fellow colleague once said that the worst part of Redfern were the police you worked with, not the local community. I thought that a very insightful comment. The tension in the station could be palpable, especially when violence in the streets was occurring. But when times were quiet then the police station seemed to hum along. But as always, personalities would get in the way of police work. I was asked once to put in a complaint against another officer I worked with who was regarded as troublesome. My response was a blunt refusal. I did not particularly like the bloke but I was annoyed as I was being asked to complain by an inspector, a boss in the station.

The job of staff management was being passed on to someone that the senior police thought could bear the brunt of the other operational police's disapproval when they discovered it was I, Jann making the complaint. The inspector was a coward. What a set up!

Trauma, conflict, I would respond to by engaging in something else more to my comfort. Redfern has music of its own kind. There was a strong sense of community in the Block that later would be dismantled as political entities managed to have the buildings destroyed and make people move out to the suburbs. I think it was called 'cleaning up the Block'. Well let's clean up ... oh dear. Anyway there was dirt in the Block, just the same as there is in many white communities, perhaps not as public. I would nurse a baby and heave from the stomach when I smelt its nappy, but when I would have a chat to the local nurses they would reassure me that they were keeping a close eye on the mother and the baby. That nursing facility is no longer located on the Block in Redfern; another part of the cleaning up process. I talked to a young woman, not at any length partly because she was a heroin addict and had a large infected abscess close to her left eye. You could almost smell the pus in it.

The young woman thought if she shot up in her eye she would get more effect from the drug. The needles would be unclean because the needle exchange facility was no longer allowed to distribute clean needles. I hope she did not lose her sight. So the area was operating well in that health workers, police, community workers, anyone who did understand, had a place to meet those vulnerable people who really needed help. But as the area was cleaned up and people dispersed, those who needed help became lost and dying somewhere in the wilderness of the outer city suburbs. For example, one day I took a young woman to the drug detox clinic. She was in a very violent domestic situation. She packed and came in the police car with me. I remember the community being in fear of the man beating her. She didn't stay twenty-four hours. But helping people in this community was not an overnight process. I could and would meet her again and again; then, when the consistency and trust was established, change would take place.

I remember a young man; he had the loveliest smiling face and a great engaging personality. We often laughed and talked. I watched him slowly deteriorate. When I returned to the Block after being away for two years, I stopped to talk to him but he did not know me. His friends stood and looked at me and turned their fingers around in a circular motion indicating he was 'gone in the head'. I was, and am still, deeply saddened by the memory.

You can't shut down when you work in traumatic areas. I wrote in my diary:

Whenever I feel helpless and unsure I can think of suicidal thoughts, they are a nuisance! I am not going to commit suicide but I do find the going tough. I would very much like some easier times, some time out. I keep myself in a routine at work and at home, just living in the day and waiting for the depression to pass. But this has been a big week.

The Block in Redfern is a disputed territory. Every time I see a media exposé or report a riot I think of the enormous cost to everyone involved. I mean *everyone* involved: the police, the community, and the ones whose hearts are connected to the land, including mine.

In my first weeks again back at Redfern, my boss sent me to the police academy to put chairs on the lawn for a ceremony. My boss had attended the police college at Manly while I had been teaching at the same location. After putting out some of the chairs, I got into the police bus with a sergeant and constable. An armed hold-up alarm went off at the Commonwealth Bank in Redfern Street, Redfern. It was around 9 am. The sergeant wasn't keen to go to the job but I insisted. The options were, put out chairs or do police work. I was almost gleeful to have a proper, worthy diversion.

At the bank we parked near the bus stop. There were many people waiting for a bus outside the front doors of the bank. They caught the buses to Botany from the central Redfern stop. I put my hand on the front door and it moved to open, so I knew we possibly had an armed hold-up in progress. The front door should not be ajar before opening time. The sergeant saw me and walked away from the front door and around the people waiting for the bus. He asked them all to move away from the front of the bank. He started directing people as if they were traffic. I looked around to find him and he wasn't there. I was about to go in on my own.

A junior officer had a radio and I yelled to her. She was next to the front door as I entered the bank. 'Confirmed armed hold-up', I yelled. I entered the bank, knelt down near a counter and began negotiating with an offender who was holding a hostage. The offender was armed with a knife, though I didn't know it at the time. The sergeant never entered the bank and later loudly protested he could not assist because he could not get his revolver out of his holster. He was never approached later about his lack of action. I spoke to the offender for a short time and another sergeant entered behind me.

I knew I had another sergeant, not the one I was working with as back up. Then a person with their hands up approached me, who later turned out to be the hostage. The sergeant was now in the bank with me and I heard the offender move. The back-up sergeant immediately took off out of the bank and coordinated the arrest of the offender who was trying to escape. The sergeant, who finally had backed me up, could not have disliked me more. He had a history of embarrassing me, once pinning up some traffic ticket I had written out incorrectly. But when called upon, he was there. He disliked me and used to embarrass me in the station, but all was forgiven that day.

Other police arrested the offender at the back of the bank. I arrived back at the police station and walked up to the detectives' office and spoke to the victim in front of other police. The victim was in shock and I explained why I had held my revolver at him in the bank. I explained that I did this because I didn't know whether he was the offender or the victim.

As I walked out of the detectives' office, my boss, a superintendent, bumped into me at the top of the stairs and said, 'what are you doing back here? You're supposed to be putting the chairs out at the academy'. It was obvious that he didn't know what had been going on in his command during the last hour. I was speechless. I was never offered any debrief or support for my actions. The arresting officer who had previously made a point of ridiculing me at Redfern vocally supported my actions in the bank to others in the station. Relief at last!

Several months later, an administrative officer at Redfern came down the stairs and told me there was a file in my pigeonhole – I should look at. It turned out to be an assistant commissioner’s commendation for bravery. It was never formally presented. I feel that I should clearly point out this type of management was not uniquely visited on me. It was not personal in that I wasn’t the only person disliked, treated inappropriately, cruelly or ignorantly. There were many of us and the behaviour continues in the institution today. Ethical minefields

As the challenges of operational police work were impacting on my moral compass I applied for the Sir Vincent Fairfax leadership award and won one of the fifteen very generous scholarships! I believed that if I was mixing with people who spoke ethics I might successfully find someone who was going to help me work out my own ethical ‘mind’ field. During this period the psychiatrist and I had moved on, and apparently I was not bipolar. The psychiatric medication stopped. I recorded in my diary:

Newness means there is plenty of space to be developed, given shape moulded. The newness is a feeling of oddness with normalness. Where do I go from here? I am going to enjoy the company of others and experience flexibility freedom and a lack of fear. I will travel and feel secure in myself. I will relax.

iii. Workplace culture and management practices

Redfern: in my policing career, a boss said to me, 'Jann, you are not a team player'. Now that comment hurt a lot. I did not respect the person who said it but I also did not know what bit of me was not a team player. I had to be a team player. What did it mean? I wonder if corrupt police officers are ‘team players’? I guess I was not quite the right fit. Perhaps I was not amenable enough. The extremes of policing can be unique. One hot morning I was in the busy inner corridor of the police station when a young policeman, with a few years’ service, seemed nervous but walked straight up to me, deliberately talking at me. He was talking too much.

He confided to me that he was going to shoot an Aboriginal down at the Block. He did not indicate anyone specifically but I felt that he was overwhelmed and losing control. We recently had colleagues injured during a riot. I did not have a close working relationship with him but I did believe he was asking me for help. I was

shocked by what he was saying, but I liked the young man. He was not a bully. He was not cruel. He was suffering post-traumatic stress disorder. Neither of us felt the boss at the time was approachable.

I spoke to the district commander, and told him that people at Redfern were highly stressed and suffering from post-traumatic stress disorder. At this time, I was doubtless showing signs of stress and fatigue myself. I was swearing, gesticulating and was obviously highly agitated. The chief superintendent, a former prosecutor, asked what was wrong with me. I told him that a fellow officer had informed me he was going to shoot an Aboriginal if he was not helped. He then asked me a number of very intrusive personal questions and told me I was having a nervous breakdown. This was the first time I had ever considered, with heartfelt desperation, that I should immediately resign from the police.

I told this to another constable, _____, who helped me, by listening with compassion, not to resign that day. My real support was always located in the lower ranks: police who actually worked with me or for me or had heard from other police that I worked honourably. The region commander then asked to see me secretly at Hurstville. When I arrived there, I saw a Redfern police sergeant in the outer office and I knew the meeting was not going to be a secret. As a result of that meeting and with subsequent pressure, the minister at the time, Paul Whelan, asked for an internal report on Redfern.

A sergeant, other police, and I completed a report on the problems at Redfern. We were taken out of the command and sent to Hurstville Police Station to compile the report. The report was printed in multiple bound copies and handed to the regional commander and subsequently became lost when the minister requested it. To my knowledge the minister never received it. The report was not the first on Redfern, or the last. The same issues would be raised again and again. The media frenzy always remains in the same character of voice. All these voices are platitudes to a community, which gains nothing but public exposure, oh, and some new buildings.

The lauded television series that I cannot watch should be called *Vauchuse Now* not *Redfern Now* and be about some other, white community. The public exposure of the

personal is said to be freedom of speech. It is always very painful, personal exposure particularly when vulnerable people are displayed on television. I found much beauty in the Redfern area. These media images of the very venerable people I have known and relate to still deeply offend and hurt me today.

At this point, generations have been affected by overdoses of heroin injected into the arms of people (family members), and the community calls that debate the needle debate. Well, it's not a needle debate. It is an individual police officer's life experience to reach down and lift a cold, overdosed body with the ambulance officer or morgue personnel. They touch the leathery skin and they wonder if that young man or woman has hepatitis or HIV and whether they will too, succumb through virus exchange by touching that person. At the same time, they feel sad. They think 'another death'. They think of someone they know who has a drug problem and they talk about the official statistics, that week or month or season, of drug-related deaths in the Block area. The talk is official because their hearts are heavily laden.

Not fitting into the police work or station at Redfern gave me a promotion and I got a job at The Rocks. The promotion was very temporary and I was very badly received as I was replacing a much-liked sergeant who had a very ill young family member, although no one told me that until many years later. But death follows you everywhere when you are an operational cop.

And so on a damp day when the body is damp, I noticed that this time as they lifted it up, they saw in the sudden, dreadful quiet of an inner city suburb, the family of users, the family of the deceased, or the kinship of the Block looking from the shadows of the broken buildings as another 'black' or 'needle' or 'drug user' problem was taken away. The political is the personal and the personal is the political. I wonder who said that. Police may not be able to articulate what it means when they work, but they are often, in our democratic community, the arms, the direct arms of the political. I am sure police action is linked to freedom of speech and I am sure it is democratically called for that people with such serious issues have a voice.

Of course there are exemptions to the rules but the police investigation into my 'connections or conversations with a criminal' was extraordinary; a brutal institutional

action cannibalising away at a loyal police officer, doubting the individual and, in the process, destroying talent. Not only mine but also during my time in the police there were many talented experienced senior and up-and-coming junior officers who were subjected to an abuse of power by a senior officer. They left defeated and experiencing an ongoing surrender as their lives, like mine, would not ever be the same.

All the investigators needed to do was ask a frightened policewoman, me, to check my personal and official diary as to my whereabouts at particular times. They never did this. I remember one investigating officer letting it be known in front of me in the police station, that he was off to carry out interviews in Brisbane about my case. How excited and important he felt. Why was I still at work? I should have been straight onto it myself, finding diaries and working out what had happened. I still feel I handled this situation poorly. But I felt overpowered, mentally, physically and emotionally. I remember leaving the police station one day during this period and a senior detective ran after me saying that they were concerned I was going to kill myself. They caused it, and then they make me a victim of their unrepentant and not-truthful-in-any-sense *concern*.

These same senior police had interfered in an active investigation I had made into a local café proprietor who had been seen carrying a pistol in the rear waist of his trousers. As a duty officer I had gone to the restaurant at Circular Quay and recorded all the numbers of the pistols in the business's safe with the consent of the owner. I was then told the next day to destroy all the evidence I had recorded. The commander at the Rocks, with his "offsider", said that the café proprietors were active informants and I was risking the relationship that other operational police had with these people. What it really meant was that someone had phoned the commander and I was being told not to investigate. This constitutes interfering in a police investigation but in this case it was my investigation. I was still the target caught in what is called a double bind further aggravation of mental health issues already existing. This is an example of senior officers destroying victimising their own work teams.

I did work as an Acting Inspector at The Rocks Police Station for twelve months during the early 2000. I could do the work, although there was no support for the role

by other officers. The idea was that if you were given the wages you should sort out everything for yourself. Sadly, those inner Sydney days at The Rocks were not as supportive as my earlier days in the police force.

My value systems and intellectual opinions and sometimes my behaviour, speaking my mind, just differed from mainstream policing. I was not, of course, the only police person in this situation. After I was investigated several times re association with criminals and other matters, which were based on a deep paranoia of my thesis research work, I had another serious nervous breakdown. This would finally lead within the next two years to my early retirement from the police service. I never let go of the surveillance activities that included watching corrupt police that I conducted in Task Force 2 later to be called the Licensed Gaming Investigation Squad (established as a result of the Lusher Royal Commission 1981). I commenced my doctoral research into police corruption, its prevention and organisational risks in 1996. I had the permission of the then commissioner but not the support of the middle ranks. The work was completed and published.

I looked at him and said, 'If you or the Commander of this police station come anywhere near my home, you will be trespassing. Stay away!' The senior detective may have meant well but I did not want the obligatory welfare check to occur. They were so concerned. There was no clear communication concerning the process of care. When I returned to the police station they had removed my revolver from the safe as they regarded that as a risk to me or to them, having to explain another police suicide.

The removal of my revolver was the final insult clearly identified as broken, no long suitable as a serving police officer. They had no idea of the tenacity of the woman they were dealing with. I was not going to kill myself – I was still going to be present, even if just to annoy them. My final statement to the NSW Police Service was the publication of a 'reader friendly' version of my doctoral thesis, the aim of which was to contribute to the prevention of corruption. Since my retirement I have committed myself to research in the field. My topic, Australian workers in the 21st century. I have published four non-fiction books in the following areas; police work, interstate trucking and shearing.

The role of the coroner in each state is crucial to discovering the very depths that front line police work can lead an officer towards. My concluding recommendation is that research be undertaken answering the following question:

Recommendation: Do coronial reports into the suicides of first responders provide insight into the mental health issue of first responders? Does the primary evidence, such as suicide notes, reveal the mental health issues of the deceased and are those issues related to their work?

Such detailed research work could indicate the causal factors and the prevention factors and, importantly, could indicate to families and friends that service to our communities is regarded as important.

Concluding comments:

I hope that your inquiry results in the NSW senior executive refusing to accept the practice of stigmatisation of mental illness in the work place. Speaking about mental health in the police work place is fraught and I hope that there is an end of silence around people suffering. The concept of mutual support is a practice that is a resource within the culture of police work.