

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

POST-TRAUMATIC STRESS DISORDER

Motion

MR P.B. WATSON (Albany) [4.02 pm]: I move —

That this house —

- (a) recognises the effects of post-traumatic stress disorder on Western Australians who have given service to the state and this country;
- (b) recognises and supports the need to raise awareness of the symptoms and effects of PTSD in the wider Western Australian community; and
- (c) formally declares the last Friday in June each year as “Invisible Wounds: PTSD Awareness Day” and encourages Western Australians to support events dedicated to marking this day.

I would like to thank the Partners of Veterans Association group who have come here today: Sandra Cross, president; Kerryn McDonnell, secretary; Gloria Fox; Jude Firth; Lyn Wesson; and Ros Whitney. These ladies wrote to every state and federal member of Parliament asking for a day to be put aside each year for “Invisible Wounds: PTSD Awareness Day”.

Many members are already familiar with post-traumatic stress disorder syndrome; however, the establishment and official sanction through Parliament of a PTSD awareness day will help immensely. Partners and veterans wrote letters to members of Parliament asking for a bipartisan approach to establish the last Friday in June as “Invisible Wounds: PTSD Awareness Day”. The motion calls to recognise the effect of PTSD on Western Australians who have given service to this state and this country. This includes veterans from World War II, the Korean War, Vietnam, Iraq and Afghanistan, and lesser-known conflicts and peacekeeping missions in Namibia, Cambodia, Rwanda, Somalia, Bougainville and East Timor. Others affected by PTSD are currently serving defence personnel, police officers, emergency services personnel, prison officers and ambulance officers.

The second part of the motion calls for us to recognise and support the need to raise awareness of the symptoms and effects of PTSD within the Western Australian community. PTSD affects many members of the community, including victims of crime, especially violent crime such as sexual and other assaults; witnesses to extreme events; road trauma; violence and natural disasters.

The symptoms of PTSD are usually hidden—invisible. Symptoms include feelings of despair, hopelessness, anxiety, emotional numbness, guilt, depression and anger. It affects thoughts with persistent re-experiences and nightmares. It affects behaviours and results in sufferers being unable to focus, avoiding people and places, and having disturbed sleep. Often people with PTSD do not seek help until physical symptoms develop, such as gastric problems and heart palpitations. Sometimes people with PTSD self-medicate with alcohol or other drugs, which brings with it other problems. PTSD is a hidden condition, and as a first step we need to raise awareness.

I talked to the ladies from the Partners of Veterans Association group who have come here today, and they told me that it is usually not until quite a few years later that people, mostly men, realise that they have these symptoms. For sufferers, it is often between the ages of 45 and 50 years—after they have lived their lives and brought up their children and all of a sudden the pressures of work ease—that they find what is happening to them hard to accept.

There are various ways of looking at this problem. We had the big fire in Albany last year or the year before.

Mr J.M. Francis: The Black Cat Creek fire.

Mr P.B. WATSON: Yes, minister, the Black Cat Creek fire. I know people who were involved with that fire who are still having problems coming to terms with what happened to them on that day. Even though there are lots of safeguards and people who can help, many people were affected. The person I spoke to about this did not go to see anyone: “I am a tough guy and I will be okay.” Since I spoke to him, I have managed to get him to seek help. I think back to my father who was in World War II. When I was young, I was very keen on war comics and things like that and I would ask my father what the war was like. He would never tell me. One Anzac Day I asked him why he never went to Anzac Day ceremonies and why he would never tell me what war was like. He then said that he would tell me what war is like. He said, “When your best mate takes off from the airport strip, and a Stuka comes in and blows him out of the air, and you have to put all his remains in a plastic bag to send back to his wife—that is what war is about.” I never asked him about war again after that. People handle it in different ways. I went to the Somme last year and saw the conditions that young Australians went through during that campaign. When they came back to Australia, they had nothing like the services available today. I talked to the ladies today about Vietnam. It is not only those who go to war who suffer; the women today told me they too

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

have PTSD because they are living with it, and their children have PTSD also because they are living in that environment. This is something that needs more recognition.

The third part of the motion is about formally declaring the last Friday in June each year “Invisible Wounds: PTSD Awareness Day” and encouraging Western Australians to support events dedicated to marking this day. Officially recognising such a day enables groups like the Partners of Veterans Association and other support groups to hold awareness-raising events in the wider community for health professionals and sufferers and their families. In the United States, PTSD Awareness Day was established in 2010 by a US Senate resolution proposed by a senator from North Dakota after the suicide of army national guard staff sergeant, Joe Biel, who had just completed his second tour of Iraq. The date 27 June was chosen for PTSD Awareness Day because it was Sergeant Biel’s birthday. PTSD Awareness Day has grown to be an important day in the US national calendar, especially among veterans groups, but also for the wider community. In the US many PTSD groups use the motto “Visible Honor for Invisible Wounds” to show that PTSD is not a sign of weakness, and that sufferers should not be ashamed of seeking help. In the United Kingdom, PTSD awareness groups have started a petition to the UK government to establish a PTSD awareness day because of the rise in the numbers of veterans and civilians diagnosed with PTSD.

How widespread is PTSD? The “Invisible Wounds” motto says it all. Accurate figures on PTSD are hard to come by. There are estimates that one to 10 per cent of veterans who saw operational service are affected. A 1995 US study estimated that one to three per cent of the general population had diagnosable PTSD. If that is accurate and at the lower end of the scale, as many as 100 000 people in Western Australia have diagnosable post-traumatic stress disorder. The difficulty with measuring the extent of PTSD in our community is compounded by other conditions. The *Medical Journal of Australia* states that most patients with PTSD are likely to present with depression, anxiety and other mood disorders, and substance abuse and abuse of their by-products. These difficulties are why we desperately need an awareness day. If it is held at the same time every year, it can grow and become more well known and hopefully motivate and support people with hidden PTSD to seek help.

The following case study illustrates how difficult PTSD is to deal with. It is an interview with Vietnam veteran Cliff Evans. Cliff was an Australian crewman on an evacuation helicopter, often under fire and confronted with the horrific injuries of the soldiers they rescued. He was 19 years old when he went to Vietnam in 1966. When he returned, the war was still going and they were not supposed to talk about their experiences. He did not realise he had a problem until 28 years after he left Vietnam. Others had told him that he had a problem, but he did not trust or believe them. He became unemotional and turned off. He cut himself off from his family, avoided crowds and was irritable and on edge. He found it so difficult to trust anyone that eventually he was unable to find work. He coped by drinking heavily and did not discover he had PTSD until he developed irritable bowel syndrome, reflux and an ulcer. He was worried about stomach cancer and went to a doctor. As luck would have it, the doctor was a veteran and recognised the symptoms of PTSD. Cliff reluctantly agreed to some counselling but, as he said, “I didn’t want to drag up the past so I stopped going.” He thought he could cope, but before long he became suicidal and had to be admitted to hospital for detoxification and rehabilitation. He received a combination of drug and behavioural therapy. He was especially grateful for one treatment that reduced his nightmares. Previously, he was waking two to three times a night and had not slept properly for the previous 28 years. In his own words, “Recognising PTSD is important. Many veterans go to a doctor, get nowhere, then opt out of the system.” We have to change the system. There are probably many people with PTSD hidden in the community. Should we give our doctors more training to find these problems? If such a large number of people have this issue, it is very important that we do that. Often veterans move away from cities to country towns. I have that issue in Albany. A lot of veterans who have issues move to Albany and get a small property on the south coast, but they do not mix with the community. They may even be living in garages, sheds or the hills. When they need help, it can be useful if other veterans tell them the name of a sympathetic doctor. They support each other.

That interview was done in 1997. Things have improved. Knowledge, especially among those in the medical profession, has improved but it must improve more. We read about PTSD more often in our papers and see the stories on television. Just last week in *The West Australian*, we read about the courage of former Special Air Service patrol commander Stuart Bonner when he told the story of his own battle. The week before that in *The Sunday Times*, Geoff Evans, a veteran of Afghanistan, also with great courage, shared his problems with the world in an effort to help others who had not yet started their personal road to recovery.

It is appropriate that, as we approach the centenary of the beginning of World War I and, next year, the centenary of the Anzacs, we introduce this motion. The horrific nature of modern warfare during World War I shattered a whole generation of young men and, subsequently, their families back home. It shattered them physically, but

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

many soldiers came home with invisible wounds. Some were able to successfully hide these wounds for decades, with only their wives knowing of the sweats and nightmares in the small hours of the morning. The medical profession sought answers, diagnosing shell shock, which was mistakenly thought to be caused by the compression of air from heavy shelling causing brain damage. However, treatment for those few who received it was often misdirected.

We have come a long way since then, but we have further to travel. We need a designated day. We need the “Invisible Wounds: PTSD Awareness Day” to raise awareness and to support sufferers and their families and encourage further research for better treatment. I would like to congratulate the ladies from the Partners of Veterans Association Western Australia. I am looking at their motto—“You are not alone. Friendship, Loyalty, Peace, Happiness, Contentment”. These ladies have lived with PTSD. They have seen it happen; they have seen how it affects them. As they said to me this morning, they have it too, because when the husband has it, the wife has it; and when the wife and the husband have it, it affects the child. I congratulate these ladies on their foresight and courage in writing to every member of state Parliament. I applaud them and wish them the best of luck in their future work. I sincerely commend this motion to the house and call on all members to support it.

MR M. McGOWAN (Rockingham — Leader of the Opposition) [4.15 pm]: At the outset, I thank the ladies from the Partners of Veterans Association Western Australia in the Speaker’s gallery for bringing this matter to the attention of members of Parliament. In particular, I acknowledge Sandra Cross, the president, and Kerryn McDonnell, the secretary, and the other members present today whom I met in the courtyard earlier and who presented a very good case to the press this morning. I also acknowledge the member for Albany, the shadow Minister for Veterans, for bringing this matter before Parliament and for the very dignified and reasonable way in which he put the case on this issue. I also indicate to members of the government that I have written to both the Premier and the Leader of the National Party seeking support on this issue. We have raised this issue in Parliament today to seek support so that we can achieve this outcome in a bipartisan manner. The Partners of Veterans Association will have the knowledge that it has done something significant to advance the interests of veterans and other people in the service of our community and ensure that there is some recognition at a national level for people who suffer from post-traumatic stress disorder across Australia, particularly in Western Australia. I suspect that if we are successful today, this matter will be adopted nationally. From small things, large things grow. I acknowledge all those people who have had some involvement in getting this issue to this point today. In the United States, there is an awareness day for PTSD, but no state in Australia has yet put in place such an initiative. It is the case that Western Australia can lead the way in this important matter. As I indicated, if we pass this motion, I suspect that Parliaments across Australia will rush to follow the Western Australian Parliament’s example.

Post-traumatic stress disorder is a hidden condition; hence, the name that has been arrived at—“Invisible Wounds: PTSD Awareness Day”. Many people who suffer from PTSD do not seek help. Sometimes they do not realise that what they are suffering from is PTSD. It is a condition that goes undiagnosed in many people in our community. The member for Albany has covered many of the symptoms and the people at risk of PTSD, and I am sure other members will wish to talk about those sorts of issues. It is particularly common amongst veterans of our Defence Force. Of course, World War II, World War I and the wars in Korea, Vietnam and Afghanistan are the conflicts in which our country has been involved that spring to mind, but there are also other lesser-known conflicts and peacekeeping missions in Namibia, Cambodia, Rwanda, Somalia, Bougainville and East Timor. At any one point in time, the Australian Defence Force is engaged in all sorts of peacekeeping and other operations around the world. A few years ago I recall that Australian defence forces were involved in those sorts of operations in 30 separate locations around the world. As we speak, many defence personnel are involved in actions and operations that could potentially lead to this disorder. In my community of Rockingham, the most significant Navy community in the country, many serving Navy personnel are engaged in actions and operations that are very unpleasant. There is no doubt that for many of them, hidden mental consequences that need recognition may become apparent in the future.

Police officers in our community also often suffer from PTSD, along with emergency services personnel. Police officers are often the first people to confront the consequences of serious car accidents and other incidents in which people suffer grievous wounds or perhaps are killed. Naturally, that will have consequences for many people. As I said, emergency services personnel, including those who fight fires, those who voluntarily fight fires and those ambulance personnel who come across horrific scenes that the rest of us could not possibly imagine often suffer from PTSD as well. Prison officers are confronted with significant incidents in which their lives are sometimes endangered or under threat. All of those people in our community, many of whom are state government employees, deserve recognition if they suffer from this disorder. PTSD also affects members of the broader community, such as victims of crime, especially those who suffer from violent crime, serious sexual

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

assaults and other offences and those who witness family members being killed or murdered or dying in car accidents and the like. Unfortunately, it happens every day, even in Western Australia. People have to continue to live with those sorts of incidents in their minds and deal with the consequences of those incidents sometimes for many decades after that event.

It is the centenary of the commencement of the First World War this year and the Anzac centenary next year. PTSD has a particular resonance in light of those events and the impact of the First World War on Australia, and Western Australia in particular. The Western Australian 11th Battalion was one of the first to begin mustering in 1914, a few weeks after war was declared on 4 August 1914. Those men, along with the later mustering of the 10th Light Horse Regiment, landed and fought at Gallipoli. Many of those soldiers who served both there and in other theatres, particularly in France and Belgium, were evacuated back to Britain first and then Australia with all sorts of wounds and injuries, some of them horrific, and a range of other illnesses. Once back in hospitals, medical centres and casualty clearing stations, as they were called, they were often diagnosed with conditions that were described in medical reports of individual soldiers—bear in mind that this was 100 years ago—as disorderly action of the heart, a dilated heart, neurasthenia, debility, exhaustion or even malnutrition. Sometimes the treatment that was prescribed was simply known as rest. The shattered generation returned from the First World War. Efforts were made by the medical profession to understand the apparently new condition. In the First World War, PTSD was often referred to as shell shock. I will go into that later. We can understand entirely why that term was used in light of the nature of the conflict at that time, which still exists. Young people, men predominantly, were trying to cope in an environment that was inhuman, one they had never before experienced and one that they could never prepare themselves for.

However, the condition PTSD was not new. In 490 BC, the ancient Greek historian Herodotus wrote of traumatic blindness in a warrior at the Battle of Marathon, even though the soldier was wounded in no part of his body. The Battle of Marathon was between the Greeks and the Persians. Herodotus chronicled that particular conflict. Without realising it, he chronicled the modern term PTSD. Samuel Pepys, a diarist, wrote of experiences in the Great Fire of London in 1666 and spoke of the aftermath for himself of being unable to sleep. He said —

Both sleeping and waking, and such fear of fire in my heart that I took little rest.

He wrote of “dreams of fire and falling down of houses”.

In 1678, Swiss military physicians documented detailed symptoms of so-called “nostalgia” in soldiers that had all the hallmarks of PTSD. In the 1600s, German doctors called the condition “heimweh”, otherwise known as homesickness. Spanish doctors at the time called it “estar roto”, which literally means “to be broken”. During the American Civil War, the most violent conflict in American history, where over 600 000 Americans died as a result of the development of modern weaponry and modern styles of fighting, military doctors noted many soldiers with paralysis, tremors and severe palpitations, also called “soldier’s heart” or “exhausted heart”. Unfortunately, the army—I assume the Union Army but perhaps the Confederacy as well—took two actions. They tried to screen recruits to eliminate those believed to be susceptible to psychiatric conditions, not realising that the nature of war was causing the condition. They mustered the extreme cases out of the army and put them on trains with no supervision, the name of their home state or town pinned to their tunics. Others were left to wander the countryside, some to eventually die of starvation or exposure.

The first army to determine that mental collapse was a direct result of war and to see it as a legitimate medical condition was the Russian Army in 1905. World War I, by virtue of the sheer numbers involved, produced tens of millions of casualties, and shell shock, as I mentioned earlier, was the term that was coined. It was believed that shell shock, which we now know as PTSD, was caused by the concussion of artillery, bringing sudden pressure to bear on the brain and therefore damaging it. Unfortunately, even after the war, it was believed that suffering these symptoms indicated a weak character, even though we know that in terms of bravery, virtually no other conflict has paralleled the performance of soldiers in the First World War, yet many who endured years of horror were found or thought to be of weak character because they suffered mental trauma after the event.

World War II saw diagnoses of combat fatigue or combat exhaustion and this again led to the mistaken belief that a rest away from the front was all that was needed to cure it. Even in relatively modern times, post-Vietnam, when PTSD was beginning to be identified and treated for what it is, it still held a stigma. In the United States, the Research Triangle Institute did a study in 1990 that estimated that 830 000 US Vietnam veterans had full or partial PTSD, yet only 55 119 had filed a claim. To make matters worse, the adjudication boards only approved 28 411 claimants, clearly not believing the others despite the fact that Vietnam was a very, very harsh conflict on those who served. It was very difficult and long, with long tours of duty and long periods in conflict, often in circumstances in which soldiers were unaware of who their enemy was. Many veterans returned from Vietnam

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

suffering from PTSD due to the nature and the difficulty of that conflict, but, again, although it was beginning to be recognised, it was not fully recognised at that time.

For many veterans, it is a disconnect between their war experiences and home that brings out PTSD and brings it to the fore. Erich Maria Remarque, the author of *All Quiet on the Western Front* and a veteran of the German Army in World War I, wrote in his book —

Now if we go back we will be weary, broken, burnt out, rootless and without hope. We will not be able to find our way anymore.

And men will not understand us ... We will be superfluous even to ourselves, we will grow older, a few will adapt themselves, some others will merely submit, and most will be bewildered; ...

Edmund Wilson, another writer at the time, characterised the difficulties of returned servicemen by saying simply, “Our whole world is poisoned now.” One Western Australian who tried to make sense of his world after the horrors of war was Victoria Cross recipient Hugo Throssell. Hugo Throssell, a famous Western Australian, was the son of a former Premier, George Throssell. In 1914 Hugo Throssell joined the 10th Light Horse Regiment. He was sent to Gallipoli and was awarded the Victoria Cross for exceptional bravery. He met and fell in love with Katharine Susannah Pritchard, later to become a famous Australian author, whilst he recovered from his wounds in London. Having survived the war, he was feted as a hero; however, he declared, with much consternation I might add, that the war had made him into a pacifist, and he embraced the cause of socialism as a means to end wars forever. Shunned by Western Australian society in the 1920s and suffering from what was clearly PTSD, with severe headaches and nervousness, he was eventually unable to find work and was on the verge of bankruptcy.

[Member’s time extended.]

Mr M. McGOWAN: Believing that his wife and young son would be better off without him and assuming they would receive his war pension, he committed suicide in 1933.

Another Western Australian, Martin O’Meara, won his Victoria Cross at Pozieres in August 1916, showing utter contempt for danger. He returned to Western Australia 1918, had a nervous breakdown and lived from then on in various psychiatric facilities, eventually passing away in what was then the Claremont Mental Hospital at the age of 50.

There are many heartbreaking stories from all wars, just as there are tragedies involving other people with PTSD—police, prison officers, fire and emergency services personnel, ambulance officers, nurses, victims of crime and those who suffer the many and varied forms of trauma. We need this motion to pass through this house for the thousands of people in our community who need the help that increased awareness, and I might add recognition, will bring. Western Australia can lead the nation by declaring an official “Invisible Wounds: PTSD Awareness Day” on the last Friday in June every year. We need to make sure that the Parliament and those of us elected to this house send the message—it is a symbolic message—to the people who suffer from these wounds every day, day in, day out, and every night in their dreams, that it is okay, that it is not their fault and that we recognise that there are things that are beyond our control. It is an important message to make sure that people do not feel guilt or responsibility or shame about things that are beyond their control. It is also important for their families to know that they can talk, console and work with their family members and have the authority of the Parliament of Western Australia, and I expect all Parliaments of this country, in saying, “It’s okay; it’s not your fault. People recognise that and appreciate you for what you have done for us.” On behalf of all members of the opposition, I once again thank the people who brought this issue before us, and I thank the member for Albany. I commend this motion to the house and I hope it is supported.

MS M.M. QUIRK (Girrawheen) [4.37 pm]: I commend this motion, and I thank the member for Albany for moving it. Post-traumatic stress disorder, or critical incident stress, is an important issue and it needs a broader understanding within the community, and discussion through an annual day would be helpful in this regard. In one context, I think more of us need to be trained in psychological first aid to deal with post-traumatic stress disorder. Setting aside a special day will go a long way towards the objective of greater understanding.

It was because of that lack of understanding and the need for better public policy responses that the Community Development and Justice Standing Committee, ably chaired by the then member for Joondalup, Tony O’Gorman, undertook an inquiry in the last Parliament into the PTSD of first responders. Sadly, that report was tabled in Parliament in September 2012 and we are yet to receive a government response to it. There are some excellent recommendations in that report, and it is really appalling that those recommendations have not been responded to by government. When we set up that inquiry, we contemplated that we would principally be dealing with the impact of major disasters, but it became apparent that whether the cause of PTSD, or critical

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

incident stress, was a catastrophic event such as a disaster, an earthquake, a flood, bushfires or even something more routine for emergency workers, the way PTSD presents itself is very similar and how it needs to be addressed is much the same. The committee heard evidence from Dr Rob Gordon, who for 18 years was the clinical director of the Victorian Department of Human Services' critical incident stress program. He gave evidence that the key issue for emergency agency staff is what is called in psychology "arousal"—the effect of adrenaline on staff when confronted by a critical incident. He said —

I think we should understand and treat that in the same sort of way that we should understand and treat infection control if we were dealing with an epidemic. I think we have very good understanding of the importance of sterile care and decontamination and so on, but I would like to say I think we are at the pre-Pasteur stage of understanding arousal and stress. We know there is a problem, but we are still really working out what is required.

As I said on the tabling of that report, that inquiry went for over a year and we visited first responders to 9/11 in New York, first responders to Hurricane Katrina in New Orleans, first responders to the Christchurch earthquake in New Zealand, first responders to the floods in Brisbane and first responders to the bushfires in Margaret River. The committee heard stories about ordinary people doing extraordinary things in what were trying, unpredictable and very dangerous circumstances. We heard many stories of how the death of a child has had a profound impact on a first responder, even years after the event. We heard of ethical dilemmas and decisions having to be made on the spot as to who to rescue and who to leave behind. That is a decision that no-one should have to make. We heard of situations in which first responders had to leave their own homes and families, also victims, to go elsewhere and save others.

I firmly believe we are extraordinarily lucky in Western Australia to have the calibre of first responders that we have—police and firefighters, both career and volunteer; ambulance drivers; child protection workers; and volunteers in non-government agencies such as Red Cross. They are collectively a courageous and selfless lot. It goes without saying that I include our veterans—those who have served in past conflicts and those who are currently in the Australian Defence Force. We cannot take these people for granted. We must value them.

In the course of the Community Development and Justice Standing Committee inquiry, we were fortunate to speak to a wonderful psychiatrist at Mount Sinai Medical Center in New York. He was a young doctor who accidentally fell into the role of assisting 9/11 first responders, and this has now become his life's work, with many patients still battling what they had to deal with on that day and during the months of recovery effort. What really impressed us about him was that the account of his work was done with great humility and self-deprecation. He told us that, if anything, more than 10 years on, the problem with those workers was escalating and getting worse because at the time few people were willing to listen to the issues.

Of course, there are home-grown examples. Our committee heard from Dave Matthews, a former police officer who, in 1989, was called to a domestic dispute in which a man was threatening to kill people with a knife. After trying to negotiate, Dave shot the man, who died instantly. In his evidence, Mr Matthews said that he soldiered on until 1994, when he was again involved in a siege in which a person was shot and killed by the tactical response group. After that, Mr Matthews recounts, "I was an absolute mess." His long struggle subsequently and his treatment within Western Australia Police reads like a how-not-to guide for managers. I am gratified that Mr Matthews recently received an ex gratia payment, but no money could adequately compensate him for the way he was treated over a prolonged period. I suspect my colleague the member for Midland might talk about some of these issues shortly.

The committee's inquiries in other jurisdictions demonstrate that these large disasters have taught us how to address PTSD and how to build some level of resilience in our emergency workers. We know that although a traumatic event might not be able to be prevented, the impact on the individual first responders can be mitigated if agencies provide resources and train managers and families how to act thoughtfully in dealing with the personnel.

We acknowledge that the human psyche cannot be continually assaulted by trauma without there being inevitable consequences. We know that PTSD can manifest itself many months and often years after a traumatic event. It affects different people in different ways and there should be sufficient flexibility to allow for this. We also found that it was unfortunately common for the symptoms of PTSD to be misinterpreted by ill-informed managers not adequately trained to identify the symptoms and act appropriately. We know that these symptoms can include increased alcohol or drug consumption, marital breakdown, belligerent and challenging behaviours at work and insomnia. Repeated exposure can compound the damage. The oft-cited example is prolonged exposure over many years to road trauma, yet that is encountered, in particular by our volunteers in regional WA and our long-serving police and firefighters in the city.

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

One of the controversies about PTSD is how to deal with it. There is an argument amongst professionals whether to debrief shortly after the incident with critical incident stress debriefing or to engage in psychological first aid. I think that psychological first aid is winning the battle at the moment. It is a process that involves humane support and practical help to fellow human beings suffering from serious crisis events. This covers both social and psychological support.

In 2009, the World Health Organization's Mental Health Global Action Programme's guidelines development group evaluated the evidence for both psychological first aid and critical incident stress debriefing and concluded that psychological first aid was the preferable treatment for people in severe distress. We were told throughout the evidence to the committee that anyone can be trained to give psychological first aid, be it the supervisors of the first responders, family members or the community more generally. For example, we heard a story that schoolchildren in the West Bank in Israel, who were frequently having to take shelter because of bombing and various raids, were given resilience training and some psychological first-aid training so that they could cope with this constant onslaught of bombing at their school.

One of the things about a day like "Invisible Wounds: PTSD Awareness Day" is that it would enable people to discuss this very important issue in our community and how we can roll out psychological first aid throughout the community and address the various serious problems of psychological first aid. As I said, it is great that we now understand we need to go softly, softly and not reinforce the wounds by insisting that straight after an incident or a series of incidents we compel the person to relive the horror of what they were exposed to.

I want to conclude by briefly saying that I am most concerned that the government has not responded to this committee report, which has something like 25 recommendations. I have to say, Minister for Emergency Services, who I can see sitting here, that the Department of Fire and Emergency Services has certainly met some of these recommendations; it is just that there has not yet been a formal acknowledgement of that. For example, Ron Wingate, the chaplain at the Department of Fire and Emergency Services, now has a colleague. I know that the peer support program, which is incredibly important, has been relaunched and has been given more resources. We are yet to find out what has happened in WA Police. I commend these recommendations. I understand it is one of the first studies by a parliamentary committee in Australia to address this very important issue.

On behalf of all of those affected by PTSD, I thank the Partners of Veterans Association for raising this key issue and wanting to mark the day, the last Friday in June, as Invisible Wounds Day. I thought that day was Red Nose Day, but maybe that is the week before. It is a truly excellent idea. The association's advocacy on behalf of not only veterans and currently serving Australian Defence Force personnel, but also the first responders that I have mentioned—police, fire and rescue personnel, casualty staff and ambulance drivers—is a really wonderful initiative. The toll of trauma is higher than most of us know, and as a community we must act in concert to assist in healing these invisible wounds.

MRS M.H. ROBERTS (Midland) [4.49 pm]: I thank the member for Albany for the excellent motion that he moved today on the matter of post-traumatic stress disorder. I notice that in paragraph (a) the member asks the house to recognise the effects of PTSD on Western Australians who have given service to this state and country.

Amongst those Western Australians who have given service to this state are our state's police officers, and I want to focus most of my contribution today on those people. In part (b) of the motion, the member for Albany calls upon the house to recognise and support the need to raise awareness of the symptoms and effects of post-traumatic stress disorder within the wider Western Australian community—something I wholeheartedly support. Part (c) of the motion asks this Parliament to —

formally declare the last Friday in June each year as "Invisible Wounds: PTSD Awareness Day", and encourage Western Australians to support events dedicated to marking this day.

All members who have so far spoken in this debate have made excellent speeches and outlined the impacts of PTSD and how, to some extent, for a long time it was unrecognised by the community. Sadly, it has been my experience that there are still those in the community who like to brush aside this issue because there is no obvious physical evidence of injury such as a broken leg, spinal injury or a bullet wound to a part of one's body. It seems that there are some people in the community who are still not really aware of its effects. Indeed, for a lot of police officers who join the Western Australian police force, an issue like PTSD is one of the last things on their minds. Never for a moment do they think they will fall victim to it. Having spoken to a number of police officers who have been forced to retire as medically unfit, all have said to me that they never expected this would happen in their lives. They never expected that as a result of becoming a police officer they would suffer from such crippling PTSD.

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

As part of my contribution this afternoon, I want to enlighten the house on the conditions for police officers in this state. This is probably not the first time I have raised this issue over the years, and when we were last in opposition I highlighted a number of anomalies in that as so-called employees—I will not get into the whole debate about whether police officers are actually employees—police officers had historically been treated differently from other parts of the government workforce. Previously when in opposition I raised the issue of occupational health and safety coverage for police officers, and the fact that prior to 2001, I believe there were only two categories of government employees—that is, people in government employ or paid out of the public purse—who were not covered by occupational health and safety coverage. One group, interestingly enough, was the workers here at Parliament House, and the other was the police officers of this state. I did not understand for a very long time why occupational health and safety coverage could not be provided for police officers, but there seemed to be a view—even shared by the top echelons of the Western Australian police force—that occupational health and safety legislation should not apply to police officers. Occupational health and safety legislation only became law in relatively recent times for other people in this state; I think Hon Yvonne Henderson brought that legislation before Parliament in about 1983 or 1984. At that time, one of the exemptions made was for police officers.

I took the very strong view that police needed coverage, and indeed we moved a private members' bill from opposition prior to 2001—I think Dr Gallop presented that bill to the house—and we took up the case for police officers to have occupational health and safety coverage. A lot of lip-service had been paid to that over the years, but it had never actually happened. I was delighted, once we got into government in 2001, to provide that occupational health and safety coverage for police officers. I noted in doing so that, yes, it was dangerous work, but a lot of work in the community is dangerous, yet those other people had coverage. Police officers in other states were covered by occupational health and safety legislation, so my clear argument was: why could police officers in WA not have it? Firefighters and other workers who work in hazardous conditions had occupational health and safety coverage so why could it not apply to police officers?

I think we can now look back and say, “What a non-argument that was; why was it ever so?” But I want to highlight to this house today that the same situation really applies to workers' compensation. Police, as I understand it, are the only workforce in this state that does not have workers' compensation; other police officers, with the exception of maybe the Northern Territory and one other state, have some form of workers' compensation. No-one who joins the police force—just like when anyone joins any occupation—ever thinks they will be the one who needs to put in a workers' compensation claim. I highlight that this is not a new issue. I am not really interested in anyone on the government side who has sat there for six years saying, “Why didn't you fix this when you were in government?” I fixed, and we fixed as a government, a number of things for police and made a number of improvements; I count principal amongst them the occupational health and safety coverage. We did not get around to doing anything about medically retired officers prior to 2008, but this is not about political pointscoreing; this is about a here-and-now issue—people are suffering here and now—and it is about recognising that this group of people has been, effectively, treated very shabbily by the government and have not had proper recognition for their service. They also do not get proper recognition for the injuries they sustained as police officers. There is no dignity in the current process whereby officers are forcibly medically retired.

I note that my colleague Hon Kate Doust asked some questions on the number of police officers who were being forced into this situation each year, and the Attorney General representing the Minister for Police responded on 27 November 2012. Hon Kate Doust asked —

- (4) Since 2002, how many police officers retired 'medically unfit' did so for reasons related to —
 - (a) physically impairment or injury;
 - (b) mental impairment, stress, depression, post-traumatic stress or other psychological impairment; or
 - (c) disease or illness other than (4)(b)?

The answer to part (c) was —

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

But the answer to part (a)—physical impairment or injury—was 88; and the answer to part (b) was 203. The vast majority of those officers forced to retire as medically unfit fell into the category of mental impairment, stress, depression, post-traumatic stress or other psychological impairment.

The member for Girrawheen ably pointed out some of the kinds of situations police officers can find themselves in. One of the things that has been highlighted to me by officers who find themselves in this unenviable situation is that sometimes it is not just the one big event; it is not just that they have been in a siege situation when

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

perhaps they have had to use their firearm, or a particular road crash when they have seen children who have been severely injured or killed; sometimes it is just the accumulation of events, as has been found in the armed services. One of the messages that must get out to the community is that these mental injuries, shall we call them, are just as real as physical injuries. The impact they have on one's life is just as real as being shot or bludgeoned.

Firstly, I am absolutely delighted that the member for Albany has brought this matter forward and we can at last focus on post-traumatic stress disorder. Secondly, I want to see a continued focus on PTSD, particularly with regard to police officers. Protections need to be put in place for those currently serving, and something needs to be done to provide for those who have been retired medically unfit from the police force with PTSD with some proper dignity and appropriate compensation. Many officers say that no amount of money will appropriately compensate them for the situation that they find themselves in, but some compensation would clearly be in order. Most people in the community would be shocked to realise that once a police officer has been forced to retire medically unfit, they get no further support; there is nothing ongoing for them. In most instances they are not fit enough to take up another job. Many find themselves unable to pay their mortgage or rent, which is hard especially when they have been the primary breadwinner. After having been a police officer for perhaps 20 or 30 years, for the first time in their lives they are forced onto Centrelink payments. When asked how they feel, they say that they feel discarded and depressed. Within the police force, these issues are still taboo topics for a lot of people. Little snide remarks are made about letting the team down, and there can also be a bit of innuendo or derogatory comments. These sick and injured officers feel as though they are being discarded without any form of compensation.

A group of medically retired police officers has been raising these issues for a couple of years now. I recall that at each of the last two WA Police Union conferences they tried to raise this issue. Indeed, at the last conference that the member for Hillarys was at—my recollection is that it was June 2012—the Premier addressed the WA Police Union conference, and despite the issue having recently been in the media at that time, the Premier said that he was unaware of it and that he would get back to them. One of those officers asked the Premier whether he would be prepared to introduce a workers' compensation scheme for police and to deal with the issue of medically retired police officers. The Premier basically pleaded ignorance at that time and said that he would get back to them. So far the Premier's government has not got back to them at all. I understood that these retired officers also wrote to the Minister for Police towards the end of last year, and potentially on occasions before that. I am aware that last year they asked the Minister for Police to institute a moratorium on the forced retirement of police officers on medical grounds. They said they were not interested in anymore platitudes about how the government would have to get it right and it would take time. These officers feel betrayed, abandoned and despondent. In many cases, they have run out of funds, they have had to sell their house, their marital relationship has broken down, and they have found themselves in an enormous number of embarrassing situations from a largely financial point of view.

I want to place side by side with this, the fact that last November the government decided that it could find funds to retire nearly 200 police officers as part of a public service redundancy program. The media reported that around 200 officers got payouts of around \$200 000. The Barnett government was able to find money to retire a large number of public servants—amongst those public servants, it found the money to retire about 200 police officers, each of whom received about \$200 000. I note in contrast that the 20 or so officers who will no doubt be forced to retire medically unfit this year will not get the \$200 000 payout that these other officers received. I highlight that inequity. The payouts vary, but on average those 200 officers were each given about \$200 000. The police commissioner and the police minister commented on 26 November that those officers were no longer front-line ready. The philosophy behind this is that the 200 officers who are not front-line ready—who are not able to jump fences and catch crooks any longer—are encouraged out the door, and engaged in their place are a range of new recruits who are front-line ready and can jump fences, chase crooks and deal with all such issues. In order to encourage those people out the door, they were given a golden handshake.

[Member's time extended.]

Mrs M.H. ROBERTS: However, there is no such golden handshake from government for those officers who serve loyally the public of Western Australia in the police force of Western Australia for lengthy periods. I refer to those who turn out at all hours of the day or night, who break up fights, who attend horrendous road crashes, who go to horrific murder scenes, who get involved in a range of incidents that most of us would hope to never see in our lives, yet these people are pushed out the door without a proper compensation arrangement. That is clearly wrong.

One of this government's responses is to say that police officers have much more generous sick leave entitlements compared with other public sector employees. Although that is true, it is also necessary and it

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

occurs in other states. There has forever been this belief that police are special—that they are an exception. Yes, they have more extensive sick leave capacity, but, of course, they need to because these officers work on the front line. We want these people out there involved in car chases; breaking up fights in the pubs, night spots and the like; chasing crooks and a range of other dangerous activities. If in the course of those activities they get their teeth smashed out, their nose punched in, their leg broken or a bullet wound to some part of their body, of course they need to be able to go on extended sick leave and to get their full pay and entitlements over that period. They can only get that sick leave with the sign-off of the commissioner; it is not as though there are no checks or balances on the total amount of sick leave they can have. Just because they have that rightful entitlement does not mean that they should be denied a proper workers' compensation system.

I support the call from the retired officers group for a moratorium while the government sorts this out. This needs to be sorted out urgently. The current government has given some lip-service to this matter in recent years. I understand that the group requested a meeting with the police minister last year, who declined to meet with them. I think they met instead with one of her staff members. These people have served the community well. I know that various officers from that group who have been affected have spoken with a number of members of Parliament. They want to get some proper recognition. They are concerned, of course, about not only the situation they have been in themselves, but also that later this year, next year and the year after, officers who are currently performing duties in the Western Australian police service will find themselves in exactly the same vulnerable position, and they will have to look at whether they can afford to buy necessities for their children and pay their mortgage or rent and whether they will have to join the Centrelink queue. I received some comments from those officers that when they heard that able people were getting a \$200 000 payout from WA Police for a voluntary redundancy scheme, it was a further kick in the guts for them. I expect that some of those people who took that voluntary redundancy may well indeed move into a retirement phase, but a lot of them can move into other jobs. There is also a feeling amongst some officers who are forcibly medically retired that perhaps they could do another job within the public service, but these people are currently pushed out by the system and they are left with nowhere to go. They have no representation because they are no longer members of the Western Australian Police Union. They are vulnerable and feel incredibly betrayed. The time has certainly come to recognise this. Part of the reason nothing has occurred to this point is that there has not been proper recognition of post-traumatic stress disorder, just as previously there was not proper recognition of the need for occupational health and safety to apply to the police force. I think that a lot of people in the higher echelons of the police force may well have the attitude that people need to harden up a bit or have a stiff upper lip and just get on with the job. That is exactly what a lot of these officers did year in, year out; they pushed themselves and pushed themselves, and they kept going out there day after day, doing what is often a very difficult and dangerous job. Eventually, it became too much for them. They genuinely suffer from post-traumatic stress disorder. For some it is brought on or exacerbated by particular traumatic events and for others by the accumulation of a number of events in their time working for the Western Australian police force.

This is an issue that I will continue to take up until such time as a proper system is in place to deal with medically retired police officers. Again, I commend the member for Albany for bringing this issue forward. It has provided me with the opportunity to raise the issues that police officers deal with that are very real and, indeed, very similar to the suffering of those in the armed services. It gives us an opportunity to recognise PTSD. Proper community awareness of the symptoms and what is involved is absolutely essential. I only hope that the government will listen to this plea and that there will be some movement—not over time, not over a period of years, but very quickly. I found it quite confronting to meet with officers who have found themselves in this position. It is hard to see grown men cry or be on the verge of tears. It is hard to listen to them talk about their family situation and the betrayal that they have felt. I think that most members of the public would have a lot of empathy for these officers and would want to see their taxes pay workers' compensation to them.

MR P. PAPALIA (Warnbro) [5.15 pm]: I rise, like all the speakers, I imagine, to support the member for Albany's motion. I will return to the wording of the motion to, in a way, recalibrate where I will focus. I acknowledge the member for Midland's contribution, particularly the damage that has been done to many police officers who are suffering from post-traumatic stress disorder. I support her argument. I think that the motion today, though, in many respects—this does not in any way reduce my support for the member for Midland's suggestions that we should do more for those police officers—is something that the government can consider and support without any controversy, probably by focusing on the wording that the member for Albany read in earlier. The member for Albany's motion proposes three things. First —

That this house —

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

... recognises the effects of post-traumatic stress disorder on Western Australians who have given service to the state and this country;

Without question that is something that everyone can acknowledge, and the house should recognise that without any great deliberation. Secondly, the motion states —

... recognises and supports the need to raise awareness of the symptoms and effects of PTSD in the wider Western Australian community; and

Again, that is not really controversial. It easily encompasses what the member for Midland said, but setting that aside, I think that there is no problem in the call for the house to recognise and support the need to raise awareness of the symptoms of PTSD. Finally, the motion states —

... formally declares the last Friday in June each year as “Invisible Wounds: PTSD Awareness Day” and encourages Western Australians to support events dedicated to marking this day.

I recognise that the government may have some response with regard to liaising with other governments, but I would like to place on the record my awareness of the work that the Partners of Veterans Association Western Australia has done in researching available dates. As the government is no doubt aware, government members and members on this side regularly wear ribbons and buttons and all manner of things to try to recognise specific causes. The Partners of Veterans Association, as I understand it, did a lot of research to identify an available date that might suit this event, which is where that timing has come from. Therefore, it is not something that was just thrown out there and may conflict with other causes. In fact, I think the association has done a lot of de-confliction on our behalf. I urge the government not to immediately respond with the view that it has to consult necessarily too much. I understand that the government may already have a response, but I put on the record that the Partners of Veterans Association has done a lot of work.

That leads me into acknowledging the efforts of the Partners of Veterans Association. Like all the members who preceded me in speaking to this motion, I will take a moment to acknowledge the efforts of the Partners of Veterans Association—Sandra and all the ladies. There is a bit of history. I must give some accolades to the member for West Swan for having introduced me to the ladies from the association. It was in August last year—a long time ago—when some of us shared a very pleasant lunch in the members’ dining room and discussed ways in which we might pursue raising awareness of post-traumatic stress disorder, its symptoms and its impact on the community, how the association might help with that and how we could assist the association. That happened way back in August. Subsequently, members of the association, of their own accord, organised and conducted a PTSD awareness forum in November last year for which they hit a few of us up for funding, and that was very welcome. They took that action themselves; they are very proactive and are not sitting around. This is not a small thing; it is a serious attempt by the association to have a positive impact, and I think it is a great initiative. I commend the association for not only this initiative, but also all the other work it has been doing. I thank the association’s members for bringing it to our attention.

My interest in post-traumatic stress disorder and the impact of exposure to things, particularly in war, that results in very bad outcomes is personal, and it is actually related to this place. I guess it is a very apt way of acknowledging how real an issue this is and how very immediate it is for all of us. A few months after I had been first elected to this place in 2007, I was contacted by a young fellow who had served with me during my second time in Iraq in 2003. He was a young diver in the Navy clearance diving team, and he had injured himself in Iraq, although he had not been wounded. Over time, in the course of his service, I think his injury was aggravated. By the time he came to see me in 2007, his whole life had spiralled out of control. He had been injured in the course of service in Iraq and had aggravated previous injuries, and he had been deemed unfit to be a diver. When people in the military have achieved a qualification, regardless of what it is, and are then precluded through physical incapacity from pursuing that profession, that can have a massive detrimental impact on their mental health. It did in this case. This young fellow was physically unfit to be a diver and he eventually left the military. His marriage broke up and he became estranged from his family. Sadly, by the time I saw him, he was pretty much isolated from all his support mechanisms. Having gone from a very tight-knit community of people who recognise the calibre of individuals involved in that activity, he went to being on his own, isolated, unfit, treated for physical injuries and incapable of finding work. All his emotional supports had evaporated. When I saw him, he was seeking my assistance to get his physical injuries recognised by the Department of Veterans’ Affairs. That was not too big a deal; I could see he had a pretty good case, and I knew a very good counsellor to whom I could refer him. Even I, as a lay person, could easily identify that he was suffering a lot more than just his physical injuries. When I spoke to that counsellor, I asked that he seek appropriate assistance from another professional to assist that young fellow and ensure he received counselling. I heard from the young lad once after that when he told me he had been successful in getting his gold card in recognition of his injuries,

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

and I did not hear from him again. I did not hear of him again until 2010 when I received a phone call from someone I had never heard of. He told me that he was the young fellow's mate and, like him, he had been suffering from military associated injuries and post-traumatic stress disorder. He was an ex-soldier and told me the young fellow I had served with in Iraq had killed himself. The problem I think was that regardless of his physical injuries being recognised and his receiving a minimal amount of compensation and support, he never recovered psychologically. It was quite confronting at the time because I was the last person he had sought assistance from within the former divers' community, and I knew that. Clearly, I had let him down. I had not got to the point at which I managed to get him some assistance, or at least intervene adequately and stop him from killing himself.

That got me pretty motivated to talk to a few other former clearance divers. I had served in the fine Special Air Service regiment in the late 1980s and early 1990s and I had lost friends in the Black Hawk disaster of 12 June 1996. I had seen the consequences of that when the business community and other support people in Perth established the wonderful Special Air Service Resources Trust. I went to functions with them and discussed the matter, and I have supported them subsequently as much as I could over the years. It became a magnificent organisation. I was aware that it had been established initially to support the families and children of people who had died in that aircraft crash. It then expanded and over time it established, I think, at last count, about four trusts because its initial body was incapable of dealing with PTSD; it was not established for that purpose. That trust has evolved into a body that recognises PTSD fully. One of the people on the trust is James McMahan, the Commissioner for Corrective Services, and the wonderful Anne Edwards. The core part of their activity is now aimed at treating mental illness, not just physical illness, and trying to anticipate it and prevent it from progressing. That is a serious part of their effort.

Having encountered them when this young fellow killed himself, I became very aware that we did not have anything like that in my ex-service community, so I sought assistance from a few others. In March 2011, a group of us got together with some representatives of the SAS Resources Trust and we took their advice. Peter Blaxell, former Supreme Court Judge, who was at the time still a judge, gave us a lot of advice about how the SAS Resources Trust was established and had got going. We got ourselves organised, and by 2012 we had established the Navy Clearance Diver Trust with the express purpose of dealing with all the sorts of things the original SAS Resources Trust was established for—supporting families and loved ones and children left without fathers as well as incorporating the target of tackling PTSD among that community.

About a week ago, I was at another trust launch—the Australian Defence Force Assistance Trust, which is similar to the SAS Resources Trust and the divers trust, but designed to cover the entire Australian Defence Force. I think that is a big challenge. I went along. At that trust function were the SAS Resources Trust chair, Peter Blaxell; Sue Murphy, our Navy Clearance Diver Trust chair and Steve Pilmore, executive officer of the Commando Welfare Trust—the commandos also have a trust. James McMahan was also on a panel with them. It is interesting because they were launching a similar body to support people, and at the end of a discussion questions were taken. I asked a question, but I was not very articulate; I did not convey it very well because it sounded pretty confronting. I asked them their view of a story that emerged on the east coast of Australia earlier this year involving Joe Hildebrand, a journalist, commentator and public identity, who was accused of criticising ex-servicemen with PTSD, although he did not really criticise them; I think he was misinterpreted. He appeared on a show in which he had commented about a judgement by a magistrate in Townsville. He wrote —

In a case that has become somewhat infamous, Townsville magistrate Ross Mack told a former soldier who pleaded guilty to punching a man in the head last year that “public generosity” for servicemen suffering PTSD was being eroded because of people citing it as a reason for committing crime.

The Courier-Mail reported that it was one of five PTSD-related incidents before the courts since 2012. One involved a soldier who attacked a police officer, another who attacked four of his comrades in arms.

I raised that matter—I am not sure the members of the panel were all that familiar with the case—to make a point. I asked: are you aware of this case and what is your view of it? That was probably not the right place to ask it because they were trying to illicit sympathy from a big group for this cohort of people. I raised the matter in that environment because I think the problem is that a lot of the men and women who suffer PTSD will not be easy to love. They will not be people we feel a great deal of sympathy for because when we encounter them, they have done some pretty nasty stuff. In all likelihood, they have committed crimes. Often, they are violent. Not surprisingly, when someone who has been trained to commit violent acts on an enemy is immersed in the sickness of post-traumatic stress disorder, it can result in some violent activity; it can result in some really horrible stuff.

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

Last week I was at Hakea Prison in my capacity as shadow Minister for Corrective Services and I had this on my mind. I was in the unit that looks after people who have a serious mental illness and there was a young bloke who was an Iraqi-Australian. He had served with the Australian forces in our unit in Baghdad as an interpreter. He was clearly damaged psychologically. I should not tell much about his case, but he was suffering from a serious mental illness—quite obviously post-traumatic stress disorder. He had been in prison and all manner of horrible things had happened to him. He had gone through a war, obviously. He was in Hakea—this is pertinent—because he had been involved in a domestic violence situation. It is not an easy thing to feel sympathy for these people, but we have to overcome that. The awareness of the illness has to be such that we can appreciate that sometimes these people will do things that do not make them easy to love.

I asked the superintendent how many ex-military people suffering from PTSD were in Hakea Prison. He could not tell me off the top of his head, but he said that there were at least five or six. He knew different individuals and he gave me examples of the sorts of behaviours they exhibited, what they had encountered in their service and the sort of damage they had suffered.

[Member's time extended.]

Mr P. PAPALIA: Hakea is a big prison, with around 900 prisoners now. It is the remand prison, so it is where people go prior to being sentenced. The minister may have some more knowledge of it, but I suspect that, like most mental illnesses, we will not have good data in Western Australia. That does not make us an orphan. I suspect that most states in the country would not have that data. Interestingly, in Queensland from 2012 to 2013, there were five PTSD-related incidents before the courts. A degree of cynicism had already occupied the minds of the court officers. The magistrate was already sick of it, and the president of the Queensland RSL, Chris McHugh, echoed the magistrate's sentiments. The RSL president did not say, "That's true; they can be pretty nasty and it can be pretty bad." He did not defend them. I am not saying that people who commit violent acts and break the law should be defended, but a degree of understanding is needed. It is a degree of understanding that will have to counter what I suspect will be a growing number of incidents of this type that will reach the courts. That is not to say that all people who suffer from PTSD will come before the courts. In fact, the vast majority do not get that far. Sadly, a lot of them will end up like that young diver from Iraq and will not make it anywhere. They will end the problem themselves. However, a lot of people will continue to suffer and will continue to push through without reaching out for support.

This is a wonderful initiative. The thing we can do is raise awareness. It is the biggest thing that all the trusts do. They help the kids who have lost their dads, and that is a wonderful thing; that is brilliant. However, they also do a lot of other work. One of the greatest contributions that those trusts make is through their mere existence. It is incredibly valuable to know that a group has been established for people who may encounter this illness, and this group will care about them, without even knowing them, and take action to help them. The awareness that this group, which has no connection necessarily to these people, cares about them is probably more valuable than money. That is a great thing. The Partners of Veterans Association Western Australia is doing exactly the same thing. It is a wonderful effort, and it is to be commended and supported.

We have a brilliant opportunity today, thanks to the member for Albany bringing this motion to Parliament. I understand that there may be some deliberation about coordination, but the problem with trying to coordinate with agencies in other jurisdictions is that procrastination could set in and the bureaucracy could take over, not intentionally, necessarily, and we could still be deliberating about this in a year's time. I think the government has an opportunity to lead the way in this country.

Mr M. McGowan: The Parliament.

Mr P. PAPALIA: Yes; sorry. The Parliament has the opportunity, with the support of the government, because we on this side cannot do it alone, to support the initiatives in the three components of the motion. In particular, declaring an "Invisible Wounds: PTSD Awareness Day" and encouraging Western Australians to support events dedicated to marking this day will elevate the awareness of the challenge. It will elevate the awareness of the illness and it will help to overcome some of the prejudice which has already developed and which I believe will only be magnified over time as more individuals fall foul of the law as a consequence of their illness. It is a serious matter and this is a great opportunity. I certainly commend the motion and support it entirely, and I seek support from the other side of the house.

MR W.J. JOHNSTON (Cannington) [5.36 pm]: The member for West Swan was supposed to rise, but she has left the chamber on parliamentary duties. I want to make some brief remarks on this motion. I note that the motion moved by the member for Albany states —

That this house —

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

- (a) recognises the effects of post-traumatic stress disorder on Western Australians who have given service to the state and this country;
- (b) recognises and supports the need to raise awareness of the symptoms and effects of PTSD in the wider Western Australian community; and
- (c) formally declares the last Friday in June each year as “Invisible Wounds: PTSD Awareness Day” and encourages Western Australians to support events dedicated to marking this day.

I acknowledge the work of the ladies from the Partners of Veterans Association Western Australia, whom I met with recently to discuss their plan to have a day recognised around the country. In Western Australia, we are more advanced in that discussion, and the advanced state of that discussion is reflected in the motion we are debating today.

I want to make a contribution on this topic on the basis of my personal experience. Recently during debate on the Mental Health Bill, I pointed out that my father was a PTSD sufferer following his service during World War II. PTSD was not given that name when I was a kid; my father’s symptoms were called war neurosis. I have explained previously—I will not go into detail now—the circumstances that led to my father’s death in 1965 when I was a two-year-old. I want to point out that PTSD has effects beyond the person who suffers from the illness. The effect on me was that I grew up in a house without a father because of the circumstances of his illness. During the debate on the Mental Health Bill, I pointed out that one of the problems that my mother confronted in raising us—I am the youngest of eight kids—was that when my dad’s illness overcame him at certain times in his life, he would go to Concord Repatriation General Hospital in Sydney. Before I was born, my family lived on a farm outside Gunnedah in northern New South Wales and from 1959 we lived in Canberra. He would go down on the train to Concord and be treated at the veterans’ hospital and come back a couple of weeks later and my mum would have no idea of what happened while he was away. My family endured the various symptoms that my father had. My eldest sister is 12 years older than I am. When my father died, my sister Mary was 15 years old and I was two years old, and my mum had to raise eight children as a war widow. My mum became the secretary of the War Widows’ Guild of Australia in Canberra, and she was also on the national executive of the War Widows’ Guild. I do not hear from the War Widows’ Guild anymore, and I am not sure of the role that it plays in society anymore, but it was very important for my mum in taking us through the period from childhood to adulthood. The guild provided great comfort to my mum, who was a very strong woman and other war widows often relied on her. I recall my mother telling me that it is was the women who relied entirely on their husbands who suffered the most when things went wrong. She emphasised to all her kids that women need to be independent, to stand up and to have their own resilience. My mother was a role model for that.

In my inaugural speech in this place, I spoke about Legacy and the help it gave to my family when I was a kid. Going to the Easter camp each year gave me a great opportunity to interact with other kids who had had similar experiences to mine, and to meet legatees who were often ex-servicemen and to meet servicemen. I remember a cook who used to come to the Legacy camp every year. He was only a young bloke from Kapooka, not Duntroon. He would cook for the kids at the camp every Easter. He broke his back in an accident during his military service, but he would still come along to cook for us with a big brace on his back. In the 1960s and 1970s, medical care was a lot different from today’s. I got on famously well with him.

Obviously PTSD deeply affects the people suffering from the illness, but it also affects other people. Perhaps every Liberal in the chamber will now say, “That explains Bill Johnston’s personality.”

Mr M. McGowan: Not just the Liberals.

Mr W.J. JOHNSTON: Ha-ha! Thank you, my leader.

The effects of PTSD are very broad. Once upon time, PTSD was not discussed in public. Now, it is something that we need to, and do, talk about more and more. During the Mental Health Bill debate, I explained that I did not know the detailed circumstances of my father’s death until I was 18 years old when my mother gave me a copy of the coroner’s report and I read it for the first time. These are genuinely emotional things for people directly impacted by PTSD. I listened intently to the member for Warnbro’s contribution, and I imagine the member for Churchlands will say something as well. I expect that the member for Churchlands’ contribution will provide a lot of insight.

The member for Albany has a particular interest in military commemorations. I understand Albany is the place where Australian servicemen, except Western Australian servicemen, departed for the World War I. Naturally, the member for Albany has a particular interest in these matters and it is great that he has brought this interest to the attention of the chamber. I really appreciate that the Labor Party has endorsed the member for Albany’s motion. I imagine the government will not oppose this motion. I know the Minister for Corrective Services was

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

previously in the chamber, and he is back now. I think the minister's presence here is important, as it is a clear demonstration of government support for what we are doing with this motion. There are always technical arguments about dates, but let us cut through those and concentrate on the real issue—let us have a day that recognises PTSD.

We celebrate Remembrance Day in Australia in November, which is actually the day in 2008 I gave my inaugural speech in this place, but the day that we note the servicemen's contribution is Anzac Day. I am not aware of other countries that do not celebrate their nation's military service on Remembrance Day. In that, we are unique.

Mr M. McGowan: What about New Zealand?

Mr W.J. JOHNSTON: Yes—Australia and New Zealand. Of course, New Zealanders always get cranky about Australians having purloined the Anzac legacy, when it is just as important to New Zealand as it is to Australia. It is worth remembering that once upon a time New Zealanders could come to Australia without a passport. Now they come to Australia, and they are not even given permanent resident status. How we treat New Zealanders is a debate for another day.

I think the Parliament of Western Australia declaring a day to note the services of the living that also notes their suffering is a very important contribution. Many people serve our country and we are all justifiably proud of their service. Servicemen and servicewomen have done a great job since before Australia became a nation. Visit the National War Memorial in Canberra—which I point out is a war memorial, not a museum. A lot of people coming to Australia, and even some Australians, do not contemplate that there is an importance difference between the two. Even though the memorial holds museum pieces, it is not a museum; it is a memorial. There is a war museum in England. Australia does not have a war museum; we have a memorial to the people who gave service. This motion is to set aside one day, "Invisible Wounds: PTSD Awareness Day", to acknowledge people's service, and from that service their suffering from PTSD.

I have concentrated on my experience and questions of military service in this debate, but I acknowledge that the Partners of Veterans Association intends that this day should extend to others including police officers, fire service members, ambulance officer and those the Americans call "first responders" who also suffer from PTSD as a result of their dramatic careers. This is a great motion, and I hope that Parliament sees fit to support it. I do not expect there to be any shirking of the responsibilities of the Parliament. I congratulate the Partners of Veterans Association for its work and commend the member for Albany for this motion.

MS R. SAFFIOTI (West Swan) [5.49 pm]: I want to make a very brief contribution to this debate. Unlike many of my colleagues, I do not have personal experience of post-traumatic stress disorder to share with the Parliament but I do want to talk about the work of the Partners of Veterans Association and my involvement with it. It is a very energetic and committed group led by Sandra Cross. I have known Sandra for a number of years. It is through Sandra that I have really been able to understand exactly what post-traumatic stress disorder is and understand the impact it has on families of people around Australia from different occupations, particularly families whose loved ones have been involved in conflict and war.

Post-traumatic stress disorder affects many parts of our community, whether it is returned servicemen and servicewomen or emergency services personnel, but in particular returned servicemen and servicewomen who return from conflict and war and try to adjust to "normal society" after the experiences they have gone through. I understand that the symptoms are varied and wide. It has taken years to realise the significant impact it has on people returning from conflicts and war. This motion seeks to —

- (a) recognise the effects of post-traumatic stress disorder on Western Australians who have given service to this state and this country;
- (b) recognise and support the need to raise awareness of PTSD ...; and
- (c) formally declare the last Friday in June each year as "Invisible Wounds: PTSD Awareness Day" ...

As the member for Warnbro has outlined, this motion moved by the Labor Party is not controversial. I hope it gets the support of both sides of the house. I understand that there have been some discussions at the back of the chamber about the day that will be set aside to recognise PTSD, but it is important that everyone in this chamber accepts, understands and supports it.

As I said, I have spent a lot of time with Sandra and members of the association. I have been down to their little office on Lord Street, and had a beautiful morning tea, which I still recall. We also had lunch up here last year.

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

As someone with no family members who have experienced PTSD, I did not understand the impact it can have not only on the person coming back from conflict or war, but also on the partners and families. The key thing that I learnt through my involvement with the association is the impact it has on the entire family, not just a few months after people return. It has an impact for years or decades, or in many instances for the rest of people's lives. The things that we do on a day-to-day basis become very difficult for the families of people coping with PTSD. I will not retell all the stories—I did not ask Sandra for permission—but I have heard some of the stories directly, outlining some of the everyday battles. As I said, we go about our normal everyday lives and do what we do, go where we go, experience life and take basic things for granted but these families are struggling to deal with all that. As I said, they struggle not just for a week but for decades. I want to acknowledge and congratulate the support of the partners in this situation. They have far more patience than I would have. What they have been through and what they continue to do to support their families and partners is incredible. They are very patient compared with how I would cope in that situation.

Raising awareness of this condition is very important. There would be a lot of people like me who, if they do not sit down and listen to the stories of people like Sandra, Kerryn, Gloria, Jude, Lyn and Ros, would have absolutely no idea about the effect of PTSD. We are fortunate in Parliament, and I am fortunate in the Labor Party, to have colleagues such as the member for Warnbro and the member for Willagee, who unfortunately could not be here this evening because he had a prior appointment, to understand and realise exactly what overseas conflict is all about. Raising the awareness of PTSD and having a special day of awareness is vitally important because we are not only looking at what happened post-Vietnam and post other battles, but also as more and more soldiers come home from the most recent battles, which in themselves present challenging situations, this is becoming an issue of greater importance.

Last year the Partners of Veterans Association ran an awareness day. Again, I pay tribute to an organisation that pretty much runs on not much. It has a very tiny office. It organised a seminar in November to raise awareness. It approached all of us to help promote it and make this an issue for serious policy debate and recognition. Again, I take my hat off to the association for all the work it does on behalf of the families of returned servicemen and servicewomen.

The member for Albany, who moved this motion—I congratulate him for doing so—passed on some comments from the member for Willagee, which unfortunately the member for Willagee could not read so I will do so on his behalf. I want to quickly highlight some of the comments that he made in this place in the past. I do so to acknowledge the fact that he could not be here and put them on the record in this debate. He said —

A great deal of study has been done and there is a great deal more to be done. I say to the members of this chamber: be very, very clear about what is going on because 2 600 veterans who will suffer PTSD as a result of the conflicts in Afghanistan and Iraq has a far greater multiplier effect on their families and communities than just that 2 600 people. The Brain and Mind Research Institute in Sydney conducted a longitudinal research study of Vietnam veterans 36 years after the end of the conflict. It did an exhaustive study with 1 000 Vietnam veterans picked with the support of the Department of Defence, and under the tutelage of Professor Brian O'Toole, the director of the Brain and Mind Research Institute—part of the University of Sydney, which does some fantastic work ... Severe and recurrent depression will present 40 times greater in veteran communities than in the general population. Imagine that—one group of people is 40 times more likely to contract severe, recurrent depression over a long period of time.

...

Not only are veterans directly affected by this mental illness and then transferring it through various interactions over many years to their partners, but their children, who are the subjects of the current study being conducted by the ... Institute, are also affected.

The member for Willagee went on to present more detailed information from the research institute. He highlighted the fact that as more people return from Afghanistan, the issue continues to be of greater importance and we need to be far more aware of PTSD.

That was a brief contribution. Again, I acknowledge the outstanding work of the Partners of Veterans Association, a small, committed but very energetic group, which continues to raise this issue with the general public. Prior to meeting the group and meeting Sandra, I had very little awareness of PTSD. Now I have far greater awareness of the absolute impact that PTSD can have on the entire family and how we as a society need to better accept and understand that and support the families.

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

MR D.A. TEMPLEMAN (Mandurah) [5.59 pm]: I will be very brief. I would like to make a contribution and acknowledge the representatives from the Partners of Veterans Association in the Speaker's gallery this evening, who have been very patiently listening to the debate on the motion moved by the member for Albany, which seeks to ensure that this Parliament, and ultimately the wider community, acknowledges the effects of post-traumatic stress disorder on Western Australians who served and have given service to the state and their country. This motion also recognises the need to raise awareness of the symptoms of PTSD within the wider community and also requests that we support the declaration of the last Friday in June to be known as "Invisible Wounds: PTSD Awareness Day".

It is very important that when this sort of motion is brought before the house, we understand the reasons behind it. I recall a number of previous motions that have come before this house calling upon the need to recognise various issues during my time in this place, which is now coming up to 14 years, but this motion moved by the member for Albany is very significant. I am not at all an expert on the impact of post-traumatic stress disorder on its sufferers and their families and I can only offer my appreciation of the difficulties and the challenges that such a disorder may bring for those people. When a motion such as this is moved, I would hope that we would get strong bipartisan support for what is being proposed. As we know, men and women have been called to duty, and indeed have been called through their professions, by the Australian government to serve this country in campaigns, with the support of the Australian people. There needs to be recognition that this has, and continues to have, an impact on those who come back from campaigns and their families. The speakers tonight have outlined the range of challenges that many families face when a loved one returns from service and suffers symptoms of this particular phenomenon. I am sure this nation wants to be known as a country that recognises the tremendous sacrifice that men and women have made and continue to make when they serve, but also what happens to them when they return, and we always hope and pray that they return safely. As the member for West Swan highlighted in the statistic she gave on behalf of the member for Willagee, we are talking about significant numbers of Australian men and women being impacted by this particular disorder. If we can, as a Parliament, acknowledge and recognise the impact this disorder has on, obviously, the sufferers, but also their families and extended families, it will be a small thing we can do. We should do it willingly and as a means of genuinely recognising this disorder and the impact it has on families, and I ask that this chamber does that.

Just so the representatives in the gallery are aware, we may not get to vote on this motion tonight as part of this process. However, I can assure them that if we do not get to a vote, it is because there are many members who wish to speak on this matter and who wish to acknowledge the motion and comment on what has been proposed. I hope the representatives will understand that that is one of the processes of the Parliament. We will possibly not get to a vote, but that does not mean that this motion will lapse. I am sure from the opposition's perspective we will attempt to have this motion concluded if not tonight, then very, very soon in the near future.

I am very fortunate to live in a community in the Peel region. Mandurah has now been my home for 27 years, which is over half of my life. In the Peel region we have the largest Returned and Services League branch outside the Perth metropolitan area. We also have the largest Vietnam Veterans Association outside the metropolitan area and I can stand corrected, but I think our branch is still the largest in Western Australia. Why would any returned service man or woman not decide to move to a place such as Mandurah with their family to enjoy the wonderful lifestyle it offers? However, in my community there are many, many men and women who suffer of post-traumatic stress disorder. That means there are many families in my community of Mandurah and the Peel region who also suffer the effects of this disorder. I will not go into the details that many other members have gone into about the challenges and stresses that families and sufferers experience every day; however, as the member for Mandurah, a member of the Peel region community and a person who lives with wonderful people in the neighbourhoods and communities I represent, I want to acknowledge the work that the Partners of Veterans Association of Australia has been able to achieve so far. I also want to acknowledge the other organisations that support our returned service men and women.

I plead with the government and all members of this place to understand the importance of this motion. At some stage when we come to a determination on it, I hope it will be done with the greatest respect and dignity that it deserves, and that the aspirations of the Partners of Veterans Association as epitomised, if you like, by the key three elements of this motion tonight are recognised and achieved, remembering that the third of those three key elements, which I read out at the beginning of my contribution, is to have a day declared for the whole community to support activities and events dedicated to marking the importance of understanding the effects of post-traumatic stress disorder. With that, I would also like to thank and recognise the contributions of all members who have made a contribution so far tonight and I would like to particularly recognise the contributions to this debate, and to their country, of the members of the opposition and the government who themselves are returned servicemen; I do not think we have any returned servicewomen in the chamber. I also thank the member

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

for Albany for having the foresight to move this motion before the house for debate and determination after we were all contacted, I think, by the association.

MR J.M. FRANCIS (Jandakot — Minister for Emergency Services) [6.10 pm]: I begin by acknowledging the efforts of Partners of Veterans Association of Western Australia for bringing this issue to the attention of this chamber. I also acknowledge the member for Albany for moving this motion, and I place on record my and government members' appreciation of everyone who was involved in bringing this issue into the light of the public. I must say that when I first met the ladies from the Partners of Veterans Association—I hope they do not mind me saying this—they reminded me very much of my mother, Robyn.

Mr P.B. Watson: They are not that old, minister!

Mr J.M. FRANCIS: I would like to be personally indulgent and acknowledge my mother, Robyn, who today is spending her third week in a row nursing my father in a Sydney hospital. My poor mother, Robyn, has lived with the stress and anxiety of being the only child to a father who served in the Navy in World War II and the wife of my dad, Charlie, a totally and permanently incapacitated Vietnam veteran who has asbestosis and significant heart issues, and, as I said, is at the moment in a Sydney hospital. On 17 June 1968, my dad was an engineer on HMAS *Hobart* when one of his best mates, Chief Petty Officer Raymond Hunt, was killed instantly when a United States missile hit. When we talk about post-traumatic stress disorder, we think about the things that people have to live with for the rest of their lives. Chief Petty Officer Hunt was aged 27—a Geraldton boy, who through alphabetical order and precedence of service is the first name of Western Australians on the Vietnam Veteran's Memorial at Kings Park. After going through all of that, my poor mum had to live with the stress and worry of her only son spending a number of years at sea in the Navy and disappear for months at a time underwater on submarines without being able to contact me. If I can be selfish and indulgent, I want to thank my mum whose father, husband and son spent cumulatively 60 years in the Royal Australian Navy. I can only say to the partners of veterans that I understand totally the sacrifice, contribution and impact that being a partner of a veteran has on someone.

Having said all of that, the government supports what is being done here. There has been some toing and froing in the last two hours about the actual day that should or could be chosen to recognise this condition. The government thinks that it is a significant issue in the community not only for veterans of the armed forces but also those who work in other areas of service to the community, which I will mention shortly. We do note that the last Friday in June is Red Nose Day, so the solution we have come up with at the moment, member for Albany, is that there are enough members of the government keen to speak on this motion so that by the time we finish tonight and come back in the near future —

Mr P.B. Watson: Not too long.

Mr J.M. FRANCIS: Not too long into the very near future, we should be able to, in consultation with other organisations, including obviously the partners of veterans, be able to lock down a day, rather than a date, because we never know what anniversary or public holiday it might fall on. All of those things have to be considered, and, at short notice, we cannot make that commitment other than say that we are wholeheartedly committed to resolving the matter very shortly.

Post-traumatic stress disorder is complex. The focus of treatment depends on a number of personal factors. There are a number of models for treatment of trauma. It is worth speaking about these things, because while the actual illness has been around for hundreds of years, it has only been in recent history that we have recognised it as post-traumatic stress disorder. It is a prevalent disorder in the Australian community, routinely associated with high rates of anxiety, depression and substance disorders and abuse. As I said, it is not a new problem. History reveals, and the Leader of the Opposition touched on this, that negative reactions to traumatic events have been known for thousands of years, and only the name, which was coined in 1980 post-traumatic stress disorder, is new. The Greeks and Shakespeare wrote about it and, as the Leader of the Opposition said, during the American Civil War, it was known as soldier's heart. In World War I, it was known as shell shock and during World War II the terms used for it were combat neurosis, combat fatigue or combat exhaustion. Common symptoms of trauma include anger, anxiety, depression and guilt—guilt not only for having taken someone else's life as a serviceman but also survivor's guilt, when a person may be one of a few who have been left behind while others have lost their lives. They spend the rest of their lives life thinking that perhaps they may not have had as many people close to them and “if only it had been me”. Survivor's guilt is also a common symptom of PTSD.

One of the leading clinicians in the area, Mardi Horowitz, described trauma as an experience that is by its very nature overwhelming. People who suffer from post-traumatic stress disorder often suffer from nightmares, flashbacks, have difficulty sleeping and feel emotionally numb. These symptoms can significantly impair a

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

person's daily life. Treatment involves a combination of counselling and lifestyle strategies. Medication may assist in reducing high levels of stress or ease the depression related to post-traumatic stress disorder. Veterans with PTSD can affect those who live with or who are closest to them, such as partners, children or other family members. Family members supporting a veteran with mental health concerns can also find that their own wellbeing is affected. It can have a multiplying effect. I note that the member for West Swan quoted an excerpt from *Hansard* from the member for Willagee, who put a number of somewhere around 2 600 from recent conflicts.

Mr P. Papalia: I think he was talking about the Special Air Service in that speech. Remember it is bigger than that. It is 35 000 plus.

Mr P.B. Watson: He was talking about 26 000 from Afghanistan, taking it as 10 per cent.

Mr J.M. FRANCIS: I see. So if we look at Western Australia being roughly 10 per cent of the Australian population, that is a significant number of people just in that conflict alone in the state of Western Australia, without mentioning the large number of Defence Force groups that are based here in Western Australia. They include, obviously, the Special Air Services regiment, submarine squadron, half of the Navy's major fleet units and a clearance diving team. There is a significant weighting in defence in the state of Western Australia. There are a lot of people who come here—I am one of them—to serve with the Defence Force and stay in Western Australia because it is obviously one of those places people cannot help but love.

PTSD is not something that applies to veterans only during wartime, although obviously the likelihood that a person will be exposed to something that will trigger a post-traumatic stress disorder is more likely to occur during wartime. A couple of very good friends of mine served aboard a submarine that dived off the coast of Sydney in 1986, leaving two of their crew members external to the pressure hull. They were never found and to this day my friends struggle with that. They struggle with leaving people behind almost, to some degree, as a complex of being a survivor. I know, as the member for Warnbro would know, of incidents within the Navy where people have been significantly injured in patrol boats. A lot of confronting events occur simply from serving in the Defence Forces when not on active service. A very good friend of mine was diagnosed with post-traumatic stress disorder following an incident, in which I was also involved, aboard a submarine. It can happen. As I said, it is not limited to the Defence Forces. I have the privilege of being the Minister for Emergency Services and also the Minister for Corrective Services. As the Minister for Emergency Services, I visit not only career fire stations but also fire and rescue stations. The member for Albany would know, because he lives in a fairly isolated town, that fire and rescue services volunteers attend road crashes regularly, and as the first responders to a crash are confronted with some very horrific scenes.

Mr P.B. Watson: Sometimes they know the victims.

Mr J.M. FRANCIS: Absolutely, that can occur in a small country town, which makes it even more difficult for them. It is important that we do everything we can to assist them, through critical incident stress management, which is rapid counselling, so that they can get on top of possible side effects, such as emotional reactions. I am confident that the Department of Fire and Emergency Services deals with these things in a similar way. Career firefighters may have to go into a building and find the remains of someone who has lost their life in a fire, which is very confronting stuff.

Equally, prison officers and people who work in the Department of Corrective Services are at the front line and deal with very challenging situations. In the prison system in Western Australia there are still occurrences—hopefully, not too regularly—of people taking their own life, and prison officers are almost always the first people on the scene. There is violence towards prison officers. Lots of confronting issues arise in the prison system. I would expect cases of post-traumatic stress disorder among officers in the Department of Corrective Services and the Department of Fire and Emergency Services.

I can think of a further example in which another good mate of mine, who is a member of my volunteer fire brigade, was severely burnt about a year ago on a fire ground when a petrol tank exploded in his face. He is a trooper and could not wait to get back to start attending fires again, but obviously he and the rest of his crew needed some significant counselling about that event. Luckily he received the best possible treatment. I think he was treated by Dr Fiona Wood herself, the burns specialist, and he has made a full recovery, but we can never know what ongoing impacts these things can and do have on people.

I will not take too much time of the house because a number of members on this side of the house want to speak on this issue. I note also that post-traumatic stress disorder affects not only people who wear a uniform—members of the Australian Defence Force, and officers of the Department of Corrective Services and

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

Department of Fire and Emergency Services—but also the people they deal with, even prisoners, and people in everyday life. The member for Warnbro raised an interesting point. When he was in Hakea Prison last week, he asked the superintendent how many prisoners had served in the Australian Defence Force.

Mr P. Papalia: I asked him specifically whether anyone was suffering with PTSD.

Mr J.M. FRANCIS: And whether they had worn a defence uniform. That is interesting. We have tick-tacked, and the member for Warnbro and I might be able to do something on this front in a non-political sense, if he is interested. I asked the department how many veterans are incarcerated in Western Australia. Although there is no exact record kept of the number, the estimate as at today was approximately 50. Western Australia has 5 000 people behind bars, so those 50 veterans represent about one per cent of the prison population.

Mr P. Papalia: There are six on remand.

Mr J.M. FRANCIS: Whatever the number, I am going to ask the commissioner, who is well placed to help with this, to try to find out a little more about that cohort. I am certainly keen to talk to them on a personal level. I am extending an invitation to the member for Warnbro, if he is interested.

Mr P. Papalia: The opportunity exists to identify those who are suffering from PTSD and perhaps refer them to the new trust that Dr Ken Michael is chairing, the Australian Defence Force Assistance Trust, because that may be the sort of thing that it perhaps should be pursuing.

Mr J.M. FRANCIS: I think the member for Warnbro and I probably owe it to those veterans. Although we cannot excuse the behaviour for which they were remanded in the first place, we owe it to them, because they are veterans, to follow this up.

Mr P. Papalia: We need to find out what their situation is, and see if we can assist.

Mr J.M. FRANCIS: I am very happy to include the member for Warnbro in that process, if he is interested; in fact, it would be helpful if he was included in that process so that we can approach it with open and non-political minds.

It is a complex disorder, and nobody is immune from suffering the impact of post-traumatic stress disorder or having a member of their family who may be impacted by PTSD. It may be a non-uniformed member of the public, just walking home and seeing something that triggers PTSD within them. I do not want to talk about my personal experiences, but I have seen enough significantly disturbing events in my life as a civilian, more so than when I was wearing a uniform, to know that PTSD can happen to anyone. Once when I was driving a car, when I was probably 18 or 19 years old, I was second car at the lights on Pennant Hills Road in Sydney. The car in front of me, which was towing a trailer, ran the orange light. The car turned right onto Pennant Hills Road or Fairburn Avenue and the trailer, which was old and rusty, broke free of the car. The pointy bit of the trailer went through the back window of another car that was still going through a green light, and right in front of me a baby who would not have been three months' old was killed instantly. These are the things that stick in your head. Once again, in Sydney, in the mid-1990s, I was driving along Epping Road, North Ryde, and a motor bike came up the middle lane on my right. While the motorbike was in front of me, a Mercedes drifted across the lane and the motorcyclist, who was probably doing 60 or 70 kilometres an hour splitting the lanes, hit the car in front of me. I had to use all the brakes in the car not to run over the poor guy who had been riding the motorbike. He had significant injuries, and I suspect he did not survive. I can remember getting out of the car and calling 000 and thinking to myself that it was bad, and it was. I will not go into the details. Anyone in society can be exposed to events that can trigger post-traumatic stress disorder.

As a Parliament, as parliamentarians, and as members who represent electorates across the state of Western Australia, we owe it to people to acknowledge that this is a legitimate illness that can have long-lasting impacts on people. In particular, we acknowledge those people who have served the state, in the wording of the member for Albany's motion, in either the Australian Defence Force or in other services—and I mentioned my portfolios of fire and emergency services and corrective services, where officers are likely to be confronted with significantly challenging scenarios. I again thank the Department of Veterans for bringing this issue to the table and also the member for Albany. I acknowledge the contribution that members of the opposition have made, and I am sure that a number of members of the government also want to speak on this because they feel fairly passionately about it. I think I can say that the member for Albany has touched a nerve in raising this issue, and all credit to the member.

I place on the record, the government's determination to ensure we nut out a suitable day as soon as possible. It may well be the last Friday in June or the last Thursday in June—who knows. I am not criticising the member,

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

but I think we should probably de-conflict with Red Nose Day—this is my personal view—which is for SIDS and Kids.

Mr P.B. Watson: It is not on that Friday every year; it only conflicts this year.

Mr J.M. FRANCIS: I did check that while the member for Albany was on his feet, and it is the last Friday of June every year. Red Nose Day is not locked into a date, but a day. We will find a suitable day. We will nut it out and get it sorted out as soon as possible. Having said that, I will sit down so that other members can make a contribution.

All credit to the ladies from the Partners of Veterans Association, to people who have to live with other people who suffer from post-traumatic stress disorder, and to people who suffer from PTSD. Let us raise awareness of PTSD. It is another mental health issue that the community is growing to accept is real. It is not a cop-out. It is not an excuse. It is no longer suitable to say, "Toughen up! Get over it!" We need to acknowledge that PTSD has very real and lasting effects on people and is a cost to the community.

MR S.K. L'ESTRANGE (Churchlands) [6.30 pm]: I stand tonight in support of this motion along with the Minister for Corrective Services for our side of the house. I thank the member for Albany for bringing this motion to the chamber, and although the Partners of Veterans Association members who were here earlier have left, no doubt they will be keen to listen in or to read members' contributions this evening.

I will start by giving a bit of a soldier's account of this. It is not my own account; it is that of a soldier I knew quite well when I served in Afghanistan. It is interesting that the partners of veterans often have to bear the brunt of a fair bit when their husbands or wives go off to war. From my experience, my wife was left looking after a two-year-old boy who was quite a handful, and an eight-week premature baby who was in a St John of God hospital, so she had to do a fair bit in my absence. I must say that when I came back, although I had a relatively positive experience of service overseas, she had probably had a tougher time back home. Nevertheless, she did say to me that in the first few months after my return, she thought I was a bit hyper—a bit anxious; I thought I was fine. She also made the point that I could now get down to some serious work and help her on the home front!

While I was overseas, I served with a soldier, and I will read an extract from a book he wrote called *Exit Wounds: One Australian's War on Terror*. The prologue reads —

I am sitting in a small room in a special wing of a private hospital in Melbourne. It's a psychiatric ward. The nurses tell me when to shower and when to eat and they watch me as I take my medication. In the corridor a bedraggled woman, a fellow patient, tells me casually that she likes to cut herself—I've no idea how to respond. I'm told I'll be here for a week, locked in.

My overwhelming thoughts are that I shouldn't be here—I am a serving major general in the Australian Army. Generals are meant to be strong, to lead by example—they aren't paid to sit around in psychiatric wards. Not so long ago I was in charge of 1,500 Australian troops in Afghanistan and a thousand more in the wider region. Now, the only thing I'm able to manage on my own is a trip to the bathroom.

He goes on to say —

At the heart of my distress is a chronic case of PTSD, post-traumatic stress disorder, a debilitating condition that follows an event where a person witnesses injury or death, is threatened with injury or death, or inflicts it. Often, people with PTSD have persistent, frightening thoughts and memories. Nightmares and flashbacks are common. Sufferers often feel emotionally numb, especially towards people to whom they were once close. PTSD supplants all normal emotions, creating a state of anxiety and heightened awareness.

Major General Cantwell was my direct line boss when I was serving overseas, and he was a fine officer. He cared for the troops immensely, he got out as often as he could to see the soldiers at the remote bases, and whenever a soldier was seriously injured or had been killed, he was right up there, talking to, obviously, the survivors and/or wounded in the hospital. He was a commendable officer who really took to heart the, I suppose, discomfort and dangers that soldiers under his command faced. Although we often hear of generals as "armchair generals" and certainly their role is to be strategic leaders of a war effort, his experiences not only earlier in Iraq, but also later as a leader in Afghanistan certainly took a toll on him emotionally and psychologically and he has told us about it in *Exit Wounds*. I suppose it is an affliction—a mental illness—that can affect anybody, no matter whether it is a front-line soldier facing dangers every single day or a senior general commanding those troops.

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

For me this a very, very real and very, very commendable motion that made me think: okay, I understand what General Cantwell sees as being post-traumatic stress disorder, but I want to do a bit of research into what it is as well. Other members in this place have talked about what PTSD is, and I think the Leader of the Opposition may have quoted from beyondblue, which sees it as —

... a particular set of reactions that can develop in people who have been through a traumatic event. That is, they have experienced or witnessed an event which threatened their life or safety, or that of others around them, and led to feelings of intense fear, helplessness or horror.

Beyondblue sees it as an anxiety disorder that develops in some individuals who have been exposed to a traumatic event. It is important to note that not everyone who experiences a traumatic event will develop PTSD. It can be caused by a number of things, and although a lot of people in this place, including me in my introduction, have mentioned the aspect of serving in war, it can be brought on by any number of events in peacetime and in our community such as physical attacks, sexual assault, natural disasters like earthquakes, cyclones, tsunamis and bushfires, and motor vehicle accidents. Anybody can develop PTSD following a traumatic event, but people are at greater risk if the event involved deliberate harm or physical or sexual assault. Certain events heighten the possibility of PTSD kicking in.

I was interested to learn of the history of PTSD. The Leader of the Opposition gave us a good recitation of the history, but to add to what he had to say, in 1678 the Swiss physician Johannes Hofer used the term “nostalgia” to describe symptoms seen in Swiss troops that included melancholy, incessant thinking of home, disturbed sleep or insomnia, loss of appetite, anxiety and cardiac palpitations. It is interesting that a lot of the symptoms were being identified, as we learnt earlier, way back to the Battle of Marathon in 490 BC, right through the 1600s and on to the more recent conflicts in Vietnam, Iraq and Afghanistan and our soldiers’ involvement in East Timor and any number of conflicts, but also the tragic events we heard mentioned like the helicopter disaster in the 1990s. Obviously, the survivors of that suffered very badly from PTSD. The history is certainly there, and we acknowledge it as an issue that requires community support; I think it was officially acknowledged as PTSD in the 1980s.

How is this type of affliction diagnosed? A health professional may diagnose PTSD if a person has a number of symptoms in each of four areas, such as reliving the traumatic event, being overly alert or wound up, avoiding reminders of the event or feeling emotionally numb for one month or more. It may slip under the radar with some people; they may be suffering from it and are unable to communicate that to others, or it can become quite obvious. I think any effort to actually highlight this to the community can only help people suffering from it, and, particularly, the partners and families of those people.

I suppose that leads me to the symptoms of PTSD. What should we be letting the community know are the symptoms so that maybe loved ones are in a position to help those suffering from it do something about it? Beyondblue states —

A person with PTSD experiences four main types of difficulties.

- Re-living the traumatic event — The person relives the event through unwanted and recurring memories, often in the form of vivid images and nightmares. There may be intense emotional or physical reactions, such as sweating, heart palpitations or panic when reminded of the event.
- Being overly alert or wound up — The person experiences sleeping difficulties, irritability and lack of concentration, becoming easily startled and constantly on the lookout for signs of danger.
- Avoiding reminders of the event—The person deliberately avoids activities, places, people, thoughts or feelings associated with the event because they bring back painful memories.
- Feeling emotionally numb—The person loses interest in day-to-day activities, feels cut off and detached from friends and family, or feels emotionally flat and numb.

They are the symptoms. That means that many people who support sufferers of post-traumatic stress disorder may also go through trauma as a result. The effects are quite broad and extend to family, the medical support system, the economy and communities. Family members might find themselves constantly worrying about the welfare of the family member with PTSD. Some common reactions of family members may include sympathy, which can be negative because treating a person as an invalid may make them feel permanently unable to manage their own lives. Another common reaction of family members is negative feelings as the sufferer may appear different; their personality traits may not be the same as the person whom the family loved. That can obviously put pressure on the family. Avoidance is a symptom of post-traumatic stress disorder and also a reaction of family members. Depression is another common reaction; families lose hope that things will ever get

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

back to normal. A sense of responsibility for the family member with post-traumatic stress disorder can lead to guilt and anger if the person turns to alcohol or drugs or is irritable et cetera. PTSD can also cause health problems and leave family members feeling alienated and hurt.

A PTSD sufferer may stop participating in family life, which places psychological distance between the sufferer and the family. As we have heard from many examples of our recent involvement in conflict, children can be very badly affected. It can be very difficult for children to understand and deal with the fact that somebody whom they love has PTSD. Those effects can be quite damaging.

As I said, we have looked a lot at people who have been involved in conflict and war and who have then suffered from PTSD, but, as the minister and others have mentioned, other people in our community, such as police officers, emergency services personnel, State Emergency Service volunteers and ambulance officers, in their daily work in the service of others may be confronted at any stage on any day with a very tragic event that may result in them suffering from post-traumatic stress disorder. I read a book by a gentleman called Mark Whittaker called *Ordinary Australians and Their Extraordinary Acts of Courage: Brave*. It highlights different stories of ordinary Australians who do extraordinary acts of bravery. It is distressing to note that although all the stories in his book depict selfless heroism, the heroes must confront different degrees of anguish and psychological trauma after the event in which they were brave.

I will draw members' attention to one particular story. The Roundhouse Childcare Centre was made famous when the little girl Sophie Delezio was badly burned and injured when a car crashed into the centre. She and many other children were caught up in an awful tragedy. The car crashed into the childcare centre at high speed and landed on children and set fire to the building. Many brave adults swung into action to search through the black smoke while the car engine roared and the wheels spun on top of the children inside the centre. We can imagine that it would have been absolutely horrific. Black smoke would have been everywhere with a car's engine roaring and the wheels still going because the driver had had a seizure and his foot was still on the accelerator. The children had just been put to bed and the car landed on several of them and set fire to the building. As I said, many brave adults swung into action. They were people just going about their daily lives, including childcare workers and an observer out on the footpath who saw what happened. People rushed in and swung into action to search through that black smoke and the fire and to get underneath the car to try to pull kids out and get them to some degree of safety.

In his book, Mark Whittaker not only details witness accounts of that event, but also writes about the effect of the incident on the people who went in to help on that day. I will read an extract of this book that relates to those people. Whittaker writes —

When I speak to Andrew Anast eighteen months after the rescue, it still troubles him. He fears the worst for his kids. He dreams of disasters. He lives near the airport and looks at planes rocketing off and he hopes he doesn't see the day when one of the damn things comes down.

Most of the other men report no ongoing anxieties. Maybe they suffered a few lost nights sleep and a few bad dreams, but they say they're fine. Ian Cooper gets angry when a car speeds down the street. He wants to give the driver a good talking to.

Ray Garner couldn't sleep for three or four nights. He put that down to excess adrenaline, but says he's suffered no long-term effects. 'Every time I think about the two little feet under the car I get a bit emotional. But other than that ...'

Belinda Glynn worked as a night secretary at a legal firm. She packed herself off to work that night after the accident, thinking no one would believe her excuse. She 'lost it' towards the end of the week and rang a number given to her by the council for counselling, but the guy on the line didn't help. 'He just shut me down and said, "Look, I've got some important stuff I've got to deal with." I'm beginning to think now a counsellor wouldn't have acted like that.' Belinda developed repetitive strain injury. 'I don't know if that was how my body dealt with it. I couldn't use my arms.'

Kerry Griffiths got home on the night of the fire at about 7 pm and her son Liam almost recoiled at the sight of her, covered in soot and blood. Liam had a few problems over the coming months but they worked through them. Kerry became teary, couldn't sleep and was 'hyper-vigilant' around kids. Even today if a child gets too close to a road, she reacts.

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

There are many other stories of ordinary Australians who are forced into extraordinary situations in which they must act very bravely and put others before self. There are many examples in this book and I am sure that members in this place have heard and read of many other examples.

Turning to the motion, as I said at the beginning, member for Albany, I am very supportive of this motion. I acknowledge that it is important to make sure that we do this right. I also acknowledge the comments of the minister that we should get the date right so that we do not detract from another day of remembrance or recognition. I am sure that those details can be nipped out.

A lot of conversations in this room have been about people who have served in wars, but I wanted to highlight that it is broader than that. Post-traumatic stress disorder is a community concern for anyone confronted with a seriously traumatic experience. With that in mind, I think we should weigh up the advantages and disadvantages of how we go about recognising this. One of the advantages is that we help to remove the stigma associated with any mental health issues and as a result more people may seek help relating to post-traumatic stress disorder. As a by-product of that, it is possible that many people who otherwise would have committed suicide as a result of undiagnosed post-traumatic stress disorder may now have that diagnosed and be on the path to recovery more quickly. It could draw more attention to greater interest and investment in research for better ways to help people and it could raise the profile of post-traumatic stress disorder so that people can talk openly and publicly about it. Then I thought: what are the disadvantages of doing this?

[Member's time extended.]

Mr S.K. L'ESTRANGE: Whilst I am a supporter, it would be remiss of us not to try to reflect on some possible disadvantages. One is that it is an anxiety disorder and focusing on one type to the detriment of others could be problematic. We need to make sure that we couch it in the context of an overarching mental health strategy. As I mentioned earlier, PTSD is suffered by not only war veterans, yet there is a sense amongst some veteran groups and others that they own the illness. We have to be mindful of that so that any effort to recognise this debilitation covers the broad community and not only war veterans. We need to make sure that governments have the will and the money to fund the public call for more funding that will likely result from raising the public profile of PTSD.

I am sure that in this instance a day of recognition would not be too costly, so I do not see it as being a problem, but we want to make sure that that is taken care of. Of course, we do not want to detract from what we are trying to achieve by recognising a day to understand post-traumatic stress disorder by it just being another day where we wear a certain ribbon. There are so many days being created at the moment, as members know, and all for very worthwhile causes, but if we flood the community with too many days, we need to make sure that the messaging is right and that we pick a day that is right so the community will come on board with what the member for Albany is trying to achieve, because, as I said before, I think it is commendable.

I thank the member for Albany for the opportunity to speak on this important topic this evening, and, as I said at the start, I support this motion.

MR R.S. LOVE (Moore) [6.51 pm]: I rise to speak in support of this motion put forward by the member for Albany. Earlier today, I was approached by the Leader of the National Party, who had received communication from the Leader of the Opposition about this motion, and asked that I put on the record, here in the house, the support of the National Party for this motion, albeit taking on board the comments by the Minister for Emergency Services about the actual timing of the day and about working out a solution towards ensuring that the day is not only suitable but also one that can be widely accepted in the community. This is a very important topic for us to acknowledge.

I would also like to acknowledge the ladies who were here earlier today. Unfortunately, they are not here at present, but I am sure that they were very pleased to hear the support that has come from all sides of this house today for their cause, which has been ably put by the member for Albany. Post-traumatic stress disorder can, as we know, occur to anyone in the community, typically to those who have gone through a bad or traumatic experience, but especially, I suppose, those who have put themselves in harm's way in the course of service to the wider community. Of course, those people include servicemen, and I would like to acknowledge some of the speakers who have spoken today who have served our country in a variety of fields, and thank them for the wise words they have contributed to this motion.

Servicemen are, of course, the most obvious and the most numerous of the persons who may be affected by PTSD but, as has been highlighted earlier today, there are also others within the community, such as police and emergency services personnel, who may also have come across some shocking sights, especially when we think of ambulance officers and some of the things that they confront. Many of those people are volunteers in Western

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

Australia, and perhaps not skilled or trained to the extent of professional people. St John Ambulance, I believe, has some 4 500 volunteers in Western Australia, and each of those volunteers could potentially fall prey to this insidious condition.

The idea of having a recognition day would certainly help to raise community awareness of the condition. It is very important that it becomes known throughout the community, and there should be no stigma attached to anyone suffering from PTSD. It is a condition that is most likely a reaction to an external trauma, and it is something that we need to understand so that we can assist those persons affected. Sometimes it may not be easy; as has been highlighted earlier, some of the sufferers may be quite distressed by their condition and may be seemingly unpleasant to deal with at times. That is not their fault; it is a result of the condition and the trauma that they have gone through.

As regional members, National Party members will understand that it is often more difficult in our communities to get mental health treatments for any sort of condition, and PTSD would be no different. Because of that, I think we have a special understanding of the need for the whole community to understand this condition and to get behind the families and the sufferers.

Mr P.B. Watson: Member, a lot of the sufferers go to regional areas to get away from everything, and they go into isolated areas and communities. That's a problem, because they're too far away from help if they need it.

Mr R.S. LOVE: Indeed; the community where I live, a very small town called Badgingarra, has often attracted Vietnam veterans and others, and sometimes, obviously, they have come there with problems that they have been trying to get away from and, yes, they find that when they get there, there is no real professional support for their condition. But what they often do find is that there is a strong community, and it is that community that will gather around and help to assist them. It is unfortunate, sometimes, that as untrained people we do not recognise the symptoms that they might exhibit, and I think training for suicide prevention and other measures is a very important thing to get out to the country areas.

Mr P.B. Watson: And to the doctors, too.

Mr R.S. LOVE: To the doctors and medical professionals who are there. Oftentimes, even the workers in the region are not fully aware of these conditions, and are not fully aware of the services that could be on offer to help treat those conditions, if they are indeed available in those areas.

The motion states very well what needs to be said. It recognises the effects of this disorder in Western Australia and specifically mentions that it affects those people who have given service to the state and who deserve the respect and understanding of the people of this state and this country. It also sets out to recognise and support the need to raise awareness of the symptoms and the effects within the wider Western Australian community. Although proclaiming a day will not in itself do that, I certainly feel that the publicity and acceptance of that day will help to raise that awareness, and to shine a light on what is otherwise known as a hidden or invisible wound. That wound should not be left invisible; it should be known and recognised within the community.

It is particularly fitting to talk about this during the centenary year of the start of the Great War. It is difficult for us now to contemplate the scale of disruption that must have occurred as a result of that war. I believe that just under 10 per cent of the total population of Western Australia enlisted, and most of those people would have served overseas. Statistically, two-thirds of Australians who served in that war were casualties of some sort or other; the remaining one-third who were not listed as casualties may well have also suffered post-traumatic stress disorder, so it would not be out of the question to say that, in modern terms, pretty well 100 per cent of those people would have come back either physically or mentally affected in some way by their experiences. Given the scale of that disruption, it is very difficult to understand the effect it would have had on the community, and I think it goes some way towards understanding the importance that Anzac Day has for our country in recognising that conflict and the people who served in it.

PTSD has for too long gone unrecognised and has remained the invisible wound. I think this day will help to shed some light on that, and I thank the member for Albany for bringing this to the attention of the house, and I commend the motion to the house.

MR I.M. BRITZA (Morley) [6.59 pm]: I am aware that we have only a couple of minutes left, which means that I will be the next speaker whenever debate on this motion resumes. In the couple of minutes I have before we call it a day, I want to thank the member for Albany for bringing this motion before the house. I want to declare at the outset that this is not a political issue; to even remotely try to make it political is not, I feel, the intent of what the member wanted to do. I stand here realising that, although we are in government, it does not matter who is in government; post-traumatic stress disorder needs to be dealt with and recognised.

Extract from *Hansard*

[ASSEMBLY — Wednesday, 2 April 2014]

p1992b-2015a

Mr Peter Watson; Mr Mark McGowan; Ms Margaret Quirk; Mrs Michelle Roberts; Mr Paul Papalia; Mr Bill Johnston; Ms Rita Saffioti; Mr David Templeman; Mr Joe Francis; Mr Sean L'Estrange; Mr Shane Love; Mr Ian Britza

In 1995 I came into contact with the forensic squad of the Campbelltown police force and spent a whole day with them.

Debate adjourned, pursuant to standing orders.

House adjourned at 7.00 pm
