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Education, Employment and Training Committee

**RE:** Workers' Compensation and Rehabilitation  
and Other Legislation Amendment Bill 2020

To the Committee members,

My name is Brian Ranse, I am a former Royal Australian Air Force (RAAF) member with 8 years full time service, Queensland Firefighter with ten years of paid service, several as a fire investigator and I have been a mine worker working in the Emergency Response field. I also have worked as a contractor to the United States Department of Defence for several years in Afghanistan. I now currently work as a legal assistant and assist a Barrister in Chambers whilst I complete my Bachelor of Law (graduating October 2021).

With this background, it has been with great interest that I have looked at and watched the proposed changes that this bill has proposed and the submissions that have been put forward. I feel the same as Dr Linda Crowley in her submission to the committee, in that this reform is long overdue.

Whilst I note that submissions in regard to this bill were due in September and November 2020, I request that you accept this letter/submission in regards to this matter as a late supplementary document for the committee's perusal, as a perspective from someone who has been diagnosed with PTSD and has been receiving treatment.

As noted above I have had a very diverse background, which also included a few years spent in professional sports in the United States, I have also been the President of a Local R.S.L sub-branch assisting Veterans with day to issues. After my years of service my family (wife and 6 Children) had pointed out that I had changed and these changes were causing a stress on my relationship with them, this led to me going to see my GP and then a Psychiatrist and being diagnosed with PTSD, this process of convincing me to go took some time.

I was very lucky that I was part of the ADF and through this entitled to assistance via the Department of Veterans Affairs (DVA). The system that DVA have set up has allowed for free treatment for all mental health conditions through non-liability health care<sup>1</sup>.

<sup>1</sup> <https://www.dva.gov.au/health-and-treatment/injury-or-health-treatments/mental-health-care/free-mental-health-care-veterans>

This has allowed me to receive free monthly (or as needed) visits to the treating psychiatrist, reduced fee (at times free) medications, and free access to a large support network via organisations such as mates 4 mates and open arms counselling along with many other benefits. This type of support is not limited to myself, but also available if required to my wife and children, as living with someone with PTSD/metal health condition at times can be quite trying.

When I was finally convinced by my family that not only I, but possibly they too needed help, I had been out of the RAAF for over 8 years and was quite successful to all outside based on appearances. I had a semi successful sporting career, was recognised by elements of the US department of defence for my contributions in Afghanistan, I was a community leader on multiple local committee's and had a promising career in the Queensland Fire Service. I do not need to go into details on what was happening to me. What I can say is that like so many veterans and others with mental health issues, I thought I was strong enough to get by on my own, I saw getting help as weakness, I tried to be like all those who had gone before me, including my own father who served as a Professional Fire Fighter for 43 years in N.S.W. It was remembering my own fathers' experiences and talking about them with my siblings and father that made me see two things, my issues had impacts on those around me and that it is ok to get help.

I can not say things have been all sunglasses and swimming pools since I got help, but not unlike a car that benefits from a mechanics eyes and ears when running rough, the DVA provided help has kept me and my family going, this year my wife and I will celebrate 26 years of being together.

The fact that DVA did not ask about how my mental health condition was caused, or how long it had been since I wore the RAAF uniform, was of enormous relief, as these two things I thought may have been a barrier to getting assistance. This showed me that my country valued what I did and what I may have gone through and they wanted to help me and my family. Therefore I am writing to you as a committee now, as this is a chance to show all first responders (regardless of how this legislation will classify them), that their state appreciates them.

I have read the 13 submissions provided along with the two supplementary submissions, I have also watched and read the transcripts of the December 2020 public hearing and feel that some things have not been clearly identified nor addressed sufficiently. I would therefore like to make the following recommendations.

### **Recommendations.**

1; This legalisation covers all forms of mental health issues and not just PTSD, as mentioned in the many submissions already received.

2; That this legislation operates retrospectively, Retrospective legislation may interfere with the rights and liberties of an individual under section 4(3)(g) of the Legislative Standards Act

1992(Qld) and if it has an adverse effect on rights and liberties, or imposes obligations, then a strong argument is required to justify that impact.

However, retrospective legislation may be justified if it is beneficial, curative, or validating in nature<sup>2</sup>. Historically, Parliamentary committees do not generally object to retrospective provisions that were beneficial to members of the community and only adverse to the State, such as provisions requiring the State to—

(a) pay subsidies to various members of the community or provide other forms of help; as seen in the Revenue and legislation bill 2006<sup>3</sup>.

Allowing this bill to operate retrospectively will allow those who have left the industry they may have once been in, or have an issue from employment 20 years ago that they finally want help with to come forward to seek such help, for example;

- A nurse worked in A & E for two years from 1998-2000 leaves after seeing a family friend brought in from an accident, in 2022 this former nurse who now an accountant sees this same friend and all those horrors from that night come back. She should be allowed treatment and assistance for this mental health issue.
- A police officer has been serving for twenty two years and in 2022 he feels like quitting because he has carried a burden in regards to an incident from his first 6 months and this has caused large amounts of anxiety that is now overwhelming. To lose this officer who has just started at the Academy and is training young recruits and passing on his years of experience would be a waste. Treatment for him may well save his career and help future officers, by allowing him to keep teaching them.

3: That the legislation clearly outlines that all treatment will not need to be paid for by the aggrieved/claimant, as per current DVA arrangements.

4; That the legislation states that a person only needs to have worked one day in the defined first responder role to allow for treatment to be covered, regardless of where they now live and/or work.

5; The Legislation clearly articulates that there is no need to show what caused the mental health issue if only seeking treatment, if seeking compensation on top of treatment then a normal burden of proof as per work cover standards maybe applied – similar to DVA standards in regard to mental health.

Thank you to the committee for taking the time to read this, I invite you to contact me on the above contact details should you require further expansion on anything above.

Regards  
Brian Ranse.

<sup>2</sup> [https://www.legislation.qld.gov.au/file/Leg\\_Info\\_publications\\_FLP\\_Retrospectivity.pdf](https://www.legislation.qld.gov.au/file/Leg_Info_publications_FLP_Retrospectivity.pdf)

<sup>3</sup> <https://www.parliament.qld.gov.au/documents/committees/SLC/2006/slcd0609t.pdf#page=35>