




Speech By
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MEMBER FOR GREGORY

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WORKERS' COMPENSATION AND REHABILITATION AND OTHER LEGISLATION AMENDMENT BILL

 **Mr MILLAR** (Gregory—LNP) (3.14 pm): I rise to speak in support of this bill, which will essentially create a special category of workers compensation for first responders suffering from post-traumatic stress disorder due to trauma exposure suffered in the course of their work duties.

First responders are a very special category of workers. Most Queenslanders recognise this and are very grateful for the work they do. In the context of this bill, first responder employment categories will include police, ambulance, child safety, youth justice and corrective service officers. In addition, fire service officers, members of the SES, and members of the rural fire brigade, including fire wardens and volunteer firefighters, will also be included in this bill. Last but not least, the changes will cover doctors and nurses working in emergency and trauma care, acute care, critical care and high-dependency care.

I think most Queenslanders would agree that these employees face heightened risks of PTSD as part of their daily duties. By its nature, PTSD can occur from exposure to a single traumatic event. For instance, many first responders to the Granville train disaster in New South Wales in 1977 struggled with PTSD following the rescue and recovery operation to assist victims. PTSD can also develop over time from repeated exposure to smaller events. As the medical community and wider society have developed a fuller understanding of how PTSD occurs and how it can demolish the lives of sufferers, there has been wider acceptance that victims should be afforded every assistance. This must include cases where PTSD develops as part of a worker or volunteer doing their job.

It is not uncommon for the media to celebrate a supposed increased awareness or understanding in Australia about mental illness, but can I say that I find that commentary greatly overblown. Restricting my comments to occupational PTSD, victims of this illness will struggle alone. They will also struggle to arrive at a diagnosis because the illness can deprive them of insight into the triggers and patterns of their behaviour. Often the first time they seek help is when they reach an actual crisis point: a mental breakdown, nervous collapse or even suicide attempt.

For my constituents in the seat of Gregory, there is no easy access to care for a loved one suffering from such a crisis. This is reflected in the devastating small numbers of residential beds available to Queenslanders requiring residential treatment for that type of psychiatric episode. Take as an example the Central Highlands, an area the size of the state of Tasmania with a population of approximately 28,600 people. In the last parliament, in 2019 I asked the then Labor health minister how many hospital beds were available for Central Highlands patients requiring in-hospital suicide watch or treatment. The answer was that they could be admitted to the Emerald Hospital general ward. Even then the health minister could see that this could be only a very short stay—so what then?

There are 23 dedicated adult mental health beds at the Rockhampton Hospital. These beds have to treat all mental health patients requiring inpatient care and attention for all of Central Queensland—the cities of Rockhampton, Gladstone, all hinterland towns and the entire population west of the Great Divide, all the way to the borders with the Northern Territory and South Australia. There are 23 beds in

total. To get an inpatient place in Central Queensland, patients suffering a crisis due to occupational PTSD will be 'competing' in a triage system against patients suffering from a crisis due to every other kind of mental health issue. In short, for all our so-called increased awareness, we are still not funding mental health care adequately. It is not care if you cannot access it.

Because of the time it can take to get a diagnosis, it is not uncommon for PTSD sufferers to self-medicate through the use of alcohol and drugs or prescription drugs, so how easy will it be for occupational PTSD sufferers to access residential drug and alcohol rehabilitation in Queensland? The answer to a question on notice asked by the member for Southport reveals that there are only 674 dedicated beds for residential drug and alcohol rehabilitation in all of Queensland. That is about one in 7,700—very bad odds indeed. So how would a sufferer of occupational PTSD who develops a related addiction problem go getting a place in residential rehabilitation?

With the exception of Mount Isa, there are zero beds west of the coast. That is not west of the Great Divide; that is west of the coastal cities like Cairns, Townsville, Rockhampton and Mackay. That number again is zero. For people in the Central Highlands, the Central West and South West, that is zero. The 19 beds in Rockhampton and the 10 in Mackay are supposed to fulfil the needs of the entire population of Central Queensland from the coast to the borders, including beds for our Closing the Gap goals.

I welcome this bill. It is just the first step in helping sufferers of occupational PTSD. It will help them because it directly addresses the problems they face in securing workers compensation. The *Courier-Mail* last month reported that psychiatric injuries were 10 times more likely to be rejected by WorkCover than physical injuries. To quote the report, data released under the Right to Information Act shows more than half of the WorkCover psychological injury claims in Queensland in the 2019-20 financial were rejected. In contrast, the rejection rate for physical injury claims was around 4.9 per cent. Under the current WorkCover system, workers must prove the psychological injury and that it has been caused by the duties they have undertaken in the course of their work. This is a very high hurdle, particularly given the long time frames that can be involved for PTSD. Also, the nature of the psychological trauma means it can consume most of the victim's energy and functional capacity.

I welcome the fact that this bill reverses the onus of proof. It means that it will be assumed that a first responder's PTSD injury was caused by their job, unless the employer can prove otherwise. In taking this approach, the Queensland government is to be commended, but they must watch this step with a real effort to ensure that sufferers of occupational PTSD are able to access the treatments they need to recover.

Like I said, we have zero beds in Western Queensland and the Central Highlands when it comes to treatment. Those beds are on the coast in cities like Rockhampton and Mackay. To get a person from a place like Emerald or Alpha admitted into one of those beds is incredibly hard. The next step is to make sure we have the beds available for those people to assess what they need to recover. I commend this bill to the House.