

30 January 2022

Chair of the Committee

My name is David Murray. On 30 December 2014, my son Ewan died suddenly due to an autoimmune encephalitis cause by a reaction to a chest infection. He had just turned fifteen. For his immediate family, my daughter, wife, and I it was devastating. As you can imagine events of this nature have ramifications for mental health immediately after the event and are ongoing. Though not a technical term I would liken his to an extreme “mental injury” which leaves wounded individuals emotionally distraught, cognitively debilitated and completely disorientated. This state is slowly absorbed into your life. This comes with the price of changing fundamental aspects of your personality and relationships with the people you are closest to.

I believe that any family who find themselves in this position are facing almost impossible challenges to maintain their sanity, ability to function as a family and to remain engaged with study and/or employment. A poor response from an employer, school, or state government body can have an enormous impact on a grieving family.

My employer at the time Education Queensland (EQ), and my wife was employed by Queensland Health, and we were not dealt with appropriately by either employer. I was designated as totally and permanently disabled by QSuper and resigned from EQ. I have met with the Minister of Education and the President of the Queensland Teachers' Union to discuss my treatment as an employee. I have spoken my local and federal members of parliament. I would like to go on the record and state that Duncan Pegg, who is sadly deceased, was very sympathetic. I believe most of the people I have spoken to, do believe that more can be done but there does not appear to be any momentum or interest in finding how to do this.

In recent years I have decided to try and work in improving how bereaved families are treated. I have collaborated with The Compassionate Friends Queensland and Skattle to connect the Bereavement Service at the Children's Hospital Queensland (this is where Ewan died) and Education Queensland. I have also set up connections with the University of Queensland to study various aspect of losing a child through various research projects, in the hope of providing evidence for policy change.

In this submission, I would like to concentrate on the loss of a school aged children and its impact on the bereaved family in terms of mental health. Losing a younger child or adult child is equally horrific but I would not feel I am in the position to fully understand the challenges of a family who find themselves in such a position.

I have broken the submission into five sections.

1. Leave

Bereavement Leave for losing a child in Queensland and the rest of Australia is currently 2 days ([Fairwork Australia](#)). This is the one point I feel is easiest for every reasonable person to agree on, is that it is far too short. Further to this I do believe by not giving parents who have lost a child additional time away from the workplace will lead to poor mental health outcomes. A Queensland government employee who is affected by a Domestic Violence (DV) scenario is allowed 10 days of leave ([Domestic Violence Leave QLD](#)). I am genuinely happy that individuals finding themselves in a DV scenario are being supported in Queensland. I have witnessed terrible effect of violence towards woman in my own

extended family. That said, two people in the same office, one of which has suffered from domestic violence and the other has lost a child will find themselves being treated quite differently at an official level. A simple search will show that parents who lose a child will suffer disproportionately compared to most disadvantaged groups throughout the rest of their lives ([Long term Effects of the Death of a Child](#)). With this in mind I have previously outlined a hypothetical scenario to my former employer and union at the highest levels. I never been given a direct answer to the questions it poses.

A female primary school teacher tragically loses a 6-year-old child in the middle of a teaching term. She takes two days off and returns to the classroom teaching children of a similar age to the child she has lost. Does anyone think this is a good policy for the teacher's mental health, her school community and family? The answer is clearly no, so why is this the policy?

2. Communication

State institutions will respond to grieving families in positive and negative manners. They need to learn from their mistakes and build upon their successes. There is no recording of this information. This is troubling as the culture for collecting and collating data is entrenched in these intuitions. I know that information was not recorded on my son's death at any level in education above the school after I submitted a RTI on the matter. My child died of an adverse reaction to a chest infection. Currently we are in the middle of a pandemic of a respiratory infection causing adverse reactions in a significant percentage of the infected population. I would be interested to know if the Education Department does officially communicate with the public or private health systems on these matters and vice versa. This lack of recording and sharing information can be demonstrated with this example. My daughter went to the same school as my son, and she was treated with dignity and respect, along with the rest of the family by her school. However, no one in EQ at any level above the school seemed particularly interested in capturing this good practice. This is a major issue. Poor responses to a grieving family are not being recorded by the appropriate organisations and acted upon to be rectified for future deaths. Any good and dignified responses are not recorded and therefore cannot be used for subsequent deaths. Since my son died at Queensland Academy of Creative Industries two other children have also died. Sadly, the death of school aged children is not as uncommon as one would like to think. With my work with the Compassionate Friends Queensland, I have heard sad stories of how bereaved parents and siblings were treated by schools and other institutions. It is incredibly disheartening to think that all your suffering and the lessons learned will not be of use for families in the future. It is also deeply hurtful to think that your child can die, and no one believes it is worth recording how an institution chooses to deal with the situation. The lack of official interest does not help a person's mental health.

3. QSuper

Losing a child is worse than losing a parent. Both my wife and I lost a parent after my son died. I love my father as much as my wife loved her mother but losing Ewan shattered us. It has been recognised by mental health experts that complicated grief is a genuine issue (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3075805/>). Psychologists have more clearly defined this phenomenon with additions to the DSM-5 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3075805/>).

I think claiming that losing a child is more likely to cause a person to feel the prolonged and extreme grief is reasonable. I referred earlier in my submission as being designated as TPD. I was diagnosed as having Post Traumatic Stress Disorder and Major Depressive Disorder due to grief I was experiencing and extremely traumatic way I witnessed my son's death. I would not claim to be unique in experiencing this sort of decline in my mental health after losing a child. I believe it would be an expectation. QSuper are the major income protection and life insurance body in the state. I was genuinely surprised that they were not more aware of what bereaved parents were going through. Again, I realise I am not the first person to have suffered such a loss. QSuper were incredibly difficult to deal with. They did not communicate with Education Queensland and this did contribute to a demise in my mental health. My psychiatrist would attest to this.

4. Accepting there is a problem and a path to a solution

As of September 2021, there are approximately 285,000 people employed by the [Queensland government](#). This is a considerable proportion of the state's workforce. As both my wife and I had/have been employed by the state we have seen numerous worthy policies introduced to address various social health issues. The emphasis on mental health has been welcomed but neither of us appeared to gain the benefit from a newly enlightened employers and state organisations. Changing policy in and around how the death of a child is addressed is a realistic change that could bring positive outcomes in a relatively short time. Thankfully, the child death rate is low. Most employees, managers, and directors all genuinely would like to help parents in these tragic scenarios as they will usually have children of their own. In short, the will is there to help. In consultation with grieving parents, mental health experts, medical insurers, and industrial relations policy experts a world class policy suite can be created to lower the adverse mental health effects on grieving parents within Queensland. In other words, the upfront cost will be low due to the small numbers of people involved when compared to an issue such as domestic violence or bullying in the workplace. Employers and managers will have clear guidance on how best to help their employees. This will reduce the adverse mental health effects on state employees dealing with grieving families. The state's biggest insurer will be able to reduce the cost of underwriting people such as myself. The state will not lose skilled members of the workforce (e.g., maths/science teachers) and the burden on state medical resources will be reduced with earlier intervention. There are fundamental questions they the Queensland state as an employers need to ask:

- What is the reasonable amount of assistance that should be offered to bereaved parents as employees?
- How long should this assistance be offered?
- How flexible should this assistance be? You may find a parent needs to work initially and then requires time off, they may need time off and be graduated back to work or may need to alter working arrangements over a number of years.
- If a bereaved employee is not being managed appropriately is the hierarchy prepared to act to protect the employee? This may include punitive action to line managers who are incapable of showing the appropriate empathy.
- Are employers prepared to act to protect the employee from themselves. I am aware of certain bereaved parents overworking and damaging social relations at work with other employees and having to walk away from their jobs. I know it is

hard but that is why managers earn more money and have more status as they have taken on responsibility to make complex decisions.

I have not mentioned that I worked as a RAAF reservist when my son died. The treatment I received from this organisation compared to how I was treated by EQ was vastly different. The RAAF called every month, sent me to a welfare officer and when they finally when I had to relinquish by active position, I was advised on best how to do this with honesty and dignity.

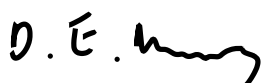
5. Aim of submission and additional information

The emotional pain and mental health consequences of losing a child can only be address by the individual parents involved. They are in a very precarious position and at the very least it should be the role of state organisations and employers not add to a grieving family's burden. I have tried to engage with various bodies and to connect various stakeholders to enable this to occur. I do not feel I have made considerable progress in this area. This is much bigger than any individual and I would like to see the Queensland state become much better in this area. I am not the first person to lose a child, nor will I be the last. I do not want other families to additionally suffer because policies are not re-designed to reduce the impact on their mental health after experiencing such a terrible loss.

I do have other documents to support this submission if the committee wishes to review them. I can also connect the committee to various individuals and organisations that work in this area.

Thank you for your time and consideration.

Kind Regards



David Murray

Mobile: [REDACTED]

Email: [REDACTED]

Address: [REDACTED]