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MENTAL HEALTH SELECT COMMITTEE

Members present:

Mr JP Kelly MP—Chair
Ms AB King MP
Dr A MacMahon MP
Mrs MF McMahon MP
Mr R Molhoek MP
Dr CAC Rowan MP

Staff present:

Dr A Beem—Acting Committee Secretary
Ms R Pye—Committee Support Officer

PRIVATE HEARING—INQUIRY INTO THE OPPORTUNITIES TO IMPROVE MENTAL HEALTH OUTCOMES FOR QUEENSLANDERS

TRANSCRIPT OF PROCEEDINGS

(In camera)

FRIDAY, 29 APRIL 2022

Brisbane

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The committee met in private at 11.49 am.

CHAIR: Good morning. I now declare this private hearing of the Mental Health Select Committee open. I would like to respectfully acknowledge the traditional custodians of the land on which we meet today and pay our respects to elders past and present. I would like to introduce the members of the committee who are here. I am Joe Kelly, the chair and member for Greenslopes. Also present are Mr Rob Molhoek, the member for Southport and deputy chair; Ms Ali King, the member for Pumicestone; Mrs Melissa McMahon, the member for Macalister; Dr Christian Rowan, the member for Moggill; and Dr Amy MacMahon, the member for South Brisbane.

The purpose of today's private hearing with Mr David Murray is to assist the committee in its inquiry into the opportunities to improve mental health outcomes for Queenslanders. The committee values your participation in today's hearing. It is integral to the committee's inquiry to understanding the lived experiences of mental health and perspectives on Queensland's mental health service system. While this is a private hearing, it is still a formal proceeding of the parliament and is subject to the Legislative Assembly's standing rules and orders. This private hearing is being recorded by Hansard and a transcript will be provided to you for review. The committee does not intend to publish these proceedings; however, should the committee later wish to publish any part of your evidence, we are required to seek your views before doing so, in accordance with schedule 3 of the standing orders.

We understand that you will be sharing some personal stories with us today. The committee has taken a trauma informed approach to public hearings where it is hearing from people about their lived experience of mental ill health in a personal capacity. There is a qualified psychologist available to support you today if you desire. If today's hearing raises any issues with you and you would like to access the qualified psychologist, please let the secretariat know. I now welcome Mr David Murray.

MURRAY, Mr David, Private capacity

CHAIR: David, I invite you to make a brief opening statement to the committee and then we will ask you some questions. I should note that we have received and read your submission.

Mr Murray: If it goes on too long, feel free to tell me to stop. I would like to thank the chair and all the members for inviting me to address the Mental Health Select Committee. I hope my contribution can be of some benefit to the Queensland community. I have collated and forwarded some additional documents for the committee which I will make reference to in this statement.

In my initial submission I described some of the impacts on my family's mental health due to the death of my 15-year-old son, Ewan. From the latest reporting period, 396 children died between the ages of zero and 17 years, of which 118 were school-age children—that is, five to 17 years old. These figures appear to have been similar since 2016. From this, it is reasonable to assume that annually around 400 families in Queensland have gone through the same sort of tragedy that my family suffered.

I have been asked to speak to the committee about my lived experienced. I welcome any questions on this matter after I have made my statement. If there is a single thing that I hope the committee can appreciate, it is the devastating loss of meaning that has enveloped so many aspects of my life. This is a part of my suffering that I find very difficult to accept. I hope I can eventually process this and find some meaning within this suffering.

Part of this process would be to somehow reduce the burden for the next 400 families who lose a child. One way I can see this is improving how employers and institutions within Queensland and the Commonwealth respond to these families. I have included a detailed document on my initial interactions in how I had to deal with Education Queensland as I was leaving the profession—and I will leave it at that. That is document A. I would like to see the next 118 families who lose a child get the same humane treatment we received from my son's school, along with my daughter who was at the same school, after his death.

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I live in Brisbane and as a result my family has access to counselling services and psychiatric treatment. This committee is for the whole of Queensland. If I was in the regions or outback Queensland and I had lost a child, I believe that necessary support would be much harder to find. I know of an individual in the electorate of Ms Amanda Camm, the member for Whitsunday.

CHAIR: She is not here today.

Mr Murray: She has been waiting six weeks for a psychiatric appointment and it was conducted via teleconference. That is the kind of pressure the system is under. I attended a hearing on 12 April during which Melissa McMahon, the member for Macalister, questioned Tony James about support for individuals who were dealing with tragic circumstances outside of work. Mr James advised such individuals to speak to their employers and unions. I did both and presented a special leave policy to them that could have helped. Neither party appeared, from my perspective, to be aware of this policy. What is more, when we tried to utilise it for my wife it was not accepted as it did not appear in her EBA. She was working in a hospital next to people who could have this leave but she could not. That was odd. That is document B.

With reference to my initial submission and point 4—accepting there is a problem and a path to a solution—I would hope that the committee could consider advising setting up a consultation body to create policies to help families who have lost a child. This would include the families and other experts. I put two documents in there. I have done a bit of work with the charity I am involved with at the University of Queensland. You can peruse that in your own time.

Finally, I do not wish to blame any individual for my predicament. Virtually every person I have spoken to at an official level has shown empathy and I believe them. If this is true, we can say that most individuals have the qualities to identify, empathise and intervene promptly when a person is suffering. It is therefore reasonable to expect an organisation would amplify these individual qualities. What is counterintuitive is that there appears to be a dilution or removal of these ethical qualities at an organisational level. By that I mean that organisations cannot identify, nor empathise, nor have the will or ability to act upon genuine tragedies in their midst.

CHAIR: Thank you for sharing your submission and your story here today. It never gets any easier. Could you take us through The Compassionate Friends and the role of The Compassionate Friends?

Mr Murray: That is a peer-to-peer support group that is for parents who have lost children. I think there is probably a gap somewhere where they are feeling like people do not understand. It was set up by a priest in the UK a long time ago. They have meetings, and parents will sit in together and just talk and share experiences. I got involved with them a little bit just to try to see if we could improve how things were done for parents—put a bit of pressure on various organisations. They are based in Greenslopes, funnily enough.

CHAIR: I should declare an interest then.

Mr Murray: They did actually move from New Farm. I got them involved with Skattle, which is another organisation. I got told about that when we first went to counselling after my son Ewan died. It was just a good guidance counsellor in a school who said, 'By the way, these guys deal with problems like you're having.' That was luck. My son could have been at another school and I would have been dealing with something else. With The Compassionate Friends, that is what their job is to do. I think they are trying to fill a gap within the healthcare system from the ground up as opposed to from the top down.

CHAIR: I guess that was the purpose of my question. You talked about the need for the committee to look at recommending something around a working party or something to investigate what supports could be better provided to people who go through the loss of a child. Would you see The Compassionate Friends as being a model or part of the solution? Is there more that needs to be done?

Mr Murray: This is the difficult thing when you are dealing with human psychology. What might work for me might not work for someone else. You are probably going to need a suite of policies. Some people want to go back to work because they want to forget about stuff and throw themselves back into work. Some people need additional time off. Some people might need reduced interaction with work. I think you need to get all the stakeholders in and look at the evidence. That is one of the reasons I set up the link with the University of Queensland. You have great universities in Brisbane and across the state. James Cook is up there in—sorry, I forget where James Cook University is.

Mrs McMAHON: It is everywhere.

Mr Murray: You have all these wonderful universities and all these supersmart people. The evidence is out there. Best practice evidence is out there somewhere. I think the peer-to-peer support is part of the solution for some people, but for other people it is very hard to open up. It is very hard to open up about these matters so that might not be the way. I think the world is a better place for them to exist in.

Mrs McMAHON: Thank you very much, Mr Murray, for coming in with your submission and your follow-up. There are two areas I want to look at. Firstly, you mentioned The Compassionate Friends peer-to-peer group and specifically for parents. I was wondering, in your work within that organisation or other similar ones, whether there is a similar organisation for children—the siblings of those who have died.

Mr Murray: I am glad you asked that. I have a meeting with UQ after this. One of the things we tried to set up was some research into what siblings need. From my point of view, if my daughter was okay, I was okay. If my daughter was collapsed or had started to emotionally fall apart, I think that would have been the end of me. If your kids are alright, it is one way to focus. I think there are organisations. I do not want to say as I cannot back it up with evidence. There are organisations out there that I know are specifically for children who have lost parents, but this idea of losing siblings—it is hard. Then you move into the areas of where you have cancer organisations where obviously there might be more support of the family because of—

Mrs McMAHON: Not necessarily.

Mr Murray: Again, I do not want to—I have never been in that situation, but I do know of some places where, because the families have been involved for a while with treatment, they have built relationships that way.

Mrs McMAHON: The other area I wanted to look at and was, I think, key in your submission and something that is within the committee's remit to specifically look at is some of those areas around the industrial relations aspect of work. I note that within Queensland government organisations, and most private organisations, where there is a physical injury that affects a person to do their work there is often a return-to-work plan, a rehabilitation plan, a gradual return to work. Your evidence would indicate that where there is a potential mental health injury or mental health incident—and in your case the death of a child—that it is pretty clear-cut within an EB what you are entitled to and that there is no gradual return-to-work plan. Is that the kind of thing that you would like to see: a mental health return-to-work plan that is just as robust as a physical return-to-work plan?

Mr Murray: Yes and no. What I am always worried about in this area is very highly prescriptive plans. That is what concerns me with mental health—highly prescriptive—because you do not know what is going to be around the corner. I accept what you are saying. I felt like there was nothing there. I think the only conversation I had was that two to three years after I started working someone may have mentioned something. Perhaps a back-to-work plan might not have been suitable for me because I was working with children. This is why I am giving a more complex answer. I had this thing that—and I do not mind telling you—if I saw a spreadsheet with a date on, I was terrified of seeing a spreadsheet with my son's birthday on it. I literally was—I remember saying to them at work, 'I just don't want to do these spreadsheets,' and they were like, 'Well, you do need to.' I am laughing. I should not be laughing, but I am laughing at the irony of, 'Well, you need to do the spreadsheets.' It is the one thing I asked them can I not do.

Mrs McMAHON: With a physical return-to-work plan, there would be a physio or a rehab specialist that would work with you. If you had a case manager or a psychologist who was working with you to a negotiated return, is that the kind of flexibility, where it is not necessarily prescribed but it is something that is negotiated between the employer, your advocate, someone who is familiar with your case?

Mr Murray: You need someone to go in to bat for you—you really do—because you clearly are not in the right mind to do that yourself. What you are saying would be good. I feel like someone in the organisation—that would be the Department of Education or whatever it is—could have gone in to bat. We are talking about large organisations. If you look at some of the mining companies, they have some things in place. Some of these bigger organisations can probably afford to do it.

In terms of myself, what was really weird was that once I went off work I was paid by QSuper. I was dealing with QSuper; I was never dealing with Education Queensland. I did speak to one psychologist on the phone from QSuper, but that was not my workplace. Do you know what I mean? I do not what case load this person had. I did email a psychologist at Education Queensland, but she got back to me three days late and said that, sorry, she was at a conference on mental health or something, so it was not timely. I was quite desperate. Yes, I think that would be a good idea. You need someone to deal with it within an organisation.

I just want to add this: if you have a good boss, it is great. He will probably deal with it as well as he possibly can. My wife had a pretty good boss where she worked. She works for Queensland Health. If you do not have a boss who perhaps—well, we have all had bad bosses; I do not think I am saying anything controversial when I say that. But if you take a boss who has no empathy and is very procedural and says, 'This has to be done. Yes, I know you are crying in the toilets trying to pull yourself together, but I still need these spreadsheets done because they are so important,' then you are probably going to go downhill very quickly. Whoever you have needs to have the authority to intercede there. Am I making sense when I say that? You can tell the deputy principal to back off, but if you do, you are going to get reprimanded.

Dr ROWAN: Thank you, David, for your submission and your testimony here today. Following on from the member for Macalister and also the member for Greenslopes and what you said before about that flexibility of support, we had some testimony also in Kingaroy from a father who had lost his son as well. What I am trying to ask around the complexity of this area is the best way of trying to pull it together in relation to an advisory committee or process through, let's say, the Mental Health Commission or somewhere else to consider all the aspects of providing support to people. It is almost like case management support for families around a range of things. As you said before, some people will need particular supports and not others. There is the secondary trauma and the emotional support that is needed for families, but there is also the workplace issues that you have talked about for families. When we talk about your individual circumstances and others, how do we get to a system process where some of those conversations can be thought about, considering the complexity of, say, EB arrangements supporting people who might be public sector employees or people who might be in the private sector but also the additional emotional and health supports for that secondary trauma which exists within families as a result of an unexpected death?

Mr Murray: It is a good question and I have pondered on it. I do not think there is a simple answer. First of all, I think you need to establish how much support an employer can reasonably give. What is reasonable here? At the moment I do not think it is reasonable. The second thing is that, like you say, we do not know what we do not know. There are some unknowns out there. That is why I was saying that you might need to start from the ground up with this where you go, 'Okay, I know it is 400 families a year, but it will affect the broader communities and some good stuff will come out of it.' That is why you want to involve all these various stakeholders. It will probably be people like yourself who know how the system works, how the state works: 'Yes, we can do that, but we cannot do that'; 'Yes, actually, I think if we get these two organisations together, we can do that.' You are going to need all that. You will need people to understand the processes of getting things done, and that is politicians and bureaucrats. You also need the expert knowledge of what is the best practice and you need to speak to the people involved. I do not really have an answer for you. I am not trying to be truculent or difficult or not answer your question; I just think that would be a great place to start.

For example—and I will try to be very brief with this—the way my son's school dealt with his death was to place a monument there, a nice little wall. We have no rancour towards that school at all. They were not perfect; no-one can be perfect in a situation like that. No-one seemed interested in capturing that best practice. That probably made me more—you can probably tell in my voice now—annoyed than anything else: 'My kid has died and you are not actually interested in the aftermath and what was done.' I know other people, as within the charity or other people we have spoken to, who lose kids and say that the school does not want to act upon it. No-one seems to know or the teachers do not know in the school and that kind of thing.

Capture best practice. We are all obsessed with capturing bad practice all the time. It would be nice to capture some good practice. Are you a medical doctor? Yes. Your profession captures good practice, do you not? You learn and you improve. They call it a Bayesian model, where you improve all the time. I am thinking that as you get more evidence you will improve the system. Have I answered your question?

Dr ROWAN: You have, thank you.

Mr MOLHOEK: David, I add my thanks to that of the committee for you appearing. I am interested to know what support your wife and daughter have received along the way and how they are doing. How old is your daughter now?

Mr Murray: I appreciate you asking that question. This is what I think is really important, as I said before, where the school dealt with my daughter. She was doing the International Baccalaureate. I will not bore you with all the details of it. She was at the Queensland Academies Creative Industries. They carefully let her get on with things until she had her exams at the end of year 12. She passed, she went to university, she got honours now and she was working down in Sydney with an amazing company. She did see a clinical psychologist, and that was through the psychiatrist that I see; he put me onto that clinical psychologist.

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My wife sees a counsellor from Skattle regularly. My wife, ironically—I do not know if 'ironic' is the right word—worked with two people who lost kids, and I think that was helpful to her. I mean, when she could go in they just knew, if that makes any sense. If she was having a bad day, they just knew. Probably to be fair to my wife, she is probably a little bit more stoic than me. She is still suffering now. It is an arduous, long journey and we have recognised that now.

We are thankful that my daughter seems to be coping with things reasonably well. I will not name names here. She was at Griffith and we sent her to a very eminent counsellor/psychologist. That was doing more harm than good. You just have to shop around. It sounds terrible, but you have to shop around to find that fit. That was the thing that we did. Once we got her this really good clinical psychologist, it has been very helpful to her.

I did not really want my daughter to be medicated particularly. If she needed to be, of course, that would be a thing, but we really wanted my daughter to somehow try to transcend this better than we knew we could. My wife and I know now that life is going to be a lot less sweet than it was. We just miss him dearly. We cry. My wife cries. We have a little cry. My wife could not come here today and sit in front of you—that is not the way she is—but she cares for patients in a hospital. She is a very hands-on sort of person. She just keeps going and keeps moving.

When she tried to get the EBA—I will deal very quickly with this—we looked after my mother-in-law with motor neurone disease. She got put in a home. Ewan died and then my mother-in-law died. My wife had just had enough and she tried to get some extended leave from work and that is when we pushed this EBA thing. They said, 'No, it can't happen.' She went off with QSuper and used some of that. I do not have time to explain all the intricacies of that, but she hates all that bureaucracy. My wife just gets on with it a bit more. She would rather just not interact with it. But, you know—

Mr MOLHOEK: In the earlier stages, though, was there support or counselling available through Medicare or through other sources? How quickly and how soon in your journey were you able to get good help?

Mr Murray: I went hard. I wanted to go hard and early because that is what I read was the best way to deal with it. We went to Skattle originally as a family. It was family therapy, which is actually quite interesting. That is a good note to add to what I am saying, because you are going to have to deal with it as a family. My wife has kept on with the counselling service there and my daughter moved on to different things. We went very early with the counselling. To be honest, probably out of the pair of them—I kept going to work because I thought I should for them. I could not deal with it, mate. I had what they call a mental breakdown. I lost the plot. I think my wife is a bit more stoic than me, to be perfectly honest. She gets on with it. I do not know; she is tougher than me. It was very early on in the piece. I think that was important, particularly for my daughter, to go hard and go early. But it has to be a decent counsellor/psychiatrist/psychologist. If you do not get a decent one, you can do more harm than good.

Mr MOLHOEK: There are good and bad.

Mr Murray: Yes.

CHAIR: We are running out of time and I want to see if the member for South Brisbane has a final question.

Dr MacMAHON: Could you elaborate on the research that you are doing with UQ?

Mr Murray: I am having a meeting with them at three o'clock so I could give you an update. I am happy to send you whatever, if the committee is interested. First of all, it is looking at how siblings are treated when they have lost a sibling, because their parents go AWOL for a bit. That is the truth of the matter. Emotionally you go AWOL. My daughter supported me more in the first two weeks than I was supporting her, which is to my daughter's credit. We did some research on that. We also did some research where we were just asking parents about their experience within organisations and the organisational response to it. That is what I have a meeting about today, to see what they have found. That was last year.

To add a note to that, sometimes I get annoyed because why am I doing this? That is the thing that I cannot figure out sometimes. In the grand scheme of things I am no-one. I do not understand why I am putting these pieces of the jigsaw puzzle together. Why am I talking to the bereavement service at the Children's Hospital? Why am I connecting them to Education Queensland? Why am I connecting them to Skattle and all these other people? I do not understand why this vacuum is there. I do not want to be an advocate for it. I really just want it all to go to bed and just forget—well, I do not want to forget about it but I cannot let it go. It is wrong; fundamentally, it is wrong.

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CHAIR: Thank you, David. I do not think in the committee's eyes you are no-one. You are someone who has given us a lot of really useful information that will certainly inform and be incorporated in our report going forward. I thank you for sharing your painful experiences. If you do want us to go on the public record so that you can say those nice things about your wife in public, we can do that as well.

Mr Murray: Before we finish, can I say one thing? I do not want to throw anyone under the bus because I have noticed this fear of taking responsibility. Once you start saying, 'It's your fault; you shouldn't have done this.' everyone just runs like cockroaches when you turn the lights on. They just hide from responsibility. At this point, can we not just sit down across parties—I do not care who it is—and move this forward so that Queensland is world class at it? Like in the education system, I want Queensland to have the best bereavement support service in the world.

CHAIR: Thank you for that. We greatly appreciate your time today. Thank you for sharing your difficult time. We wish you all the best.

The committee adjourned at 12.19 pm.