




Speech By
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MEMBER FOR MACALISTER

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LEGAL AFFAIRS AND COMMUNITY SAFETY COMMITTEE

Report, Motion to Taken Note

 **Mrs McMAHON** (Macalister—ALP) (3.35 pm): I rise to speak to the 47th report of the Legal Affairs and Community Safety Committee, the examination of the Queensland Audit Office report No. 2 of 2017-18 titled *Managing the mental health of Queensland police employees*. This report was tabled in this House in October 2017. In considering this report the committee made one recommendation: that the House note the content of the report.

From the outset, I would like to say that this report is clearly of interest to me for a number of reasons, not the least of which is I am a former serving police officer and the spouse of a current serving police officer. It is for this reason that I would specifically like to bring a couple of points raised in the Audit Office's report to the attention of members here. Before I do, I would like to point out what this Audit Office report does not contain. It does not go towards identifying the causes of mental health issues within the QPS. Its starting point is the high incidence of mental health issues and the service's strategy and response or, in some instances, the lack thereof.

Firstly, members should understand how disproportionately overrepresented first responders are in mental health statistics, particularly in cases of depression, anxiety and post-traumatic stress disorder. For males, the serious mental disorder claim rate is seven times higher than the average rate for all occupations. For females in the job, the rate is 16 times higher. For those experienced in dealing with uniformed personnel these figures would not be surprising. I have lost count of the number of funerals I have attended of uniformed colleagues who lost their own personal battles.

At the time the Audit Office was compiling this report there was no consolidated mental health and wellbeing strategy within the QPS, although I do note that concurrent to this report the QPS was developing its Our People Matter strategy and a discussion paper was available for the Audit Office to provide some comment on.

There are a few areas within the report that I would like to comment on; firstly, the level of trust that officers have with reporting mechanisms within QPS support services. I do note that recommendation No. 2 involves the QPS being required to understand and address the mistrust that some employees have within that mental health framework. For those who are not familiar, the support services primarily available and known to police officers are the peer support officers, the PSOs, and human services officers, the HSOs. Peer support officers are fellow police colleagues who have done a four-day course. The report found that officers were generally positive of the over 770 PSOs within the service, but it found that the QPS was unable to track whether those PSOs had completed required training or annual professional development. This would be concerning.

The other component is the human service officers, some 24 qualified psychologists or social workers spread throughout Queensland. These were a bit more problematic. The report found that some employees did not trust the role of HSOs, believing that the HSOs would report confidential

information to management and thereby damage their career prospects. Again this is problematic, but I do understand that this is a trust issue and it will take some time to work through. I again note recommendation No. 2, which has been adopted and implemented by the QPS.

As the member for Toohey said, this is about the stigma of mental illness and how management and even peers respond to the occurrence of mental illness within the workplace. I certainly had firsthand experience. When I returned to the police after a stint with the army, that stint had resulted in a diagnosis of an adjustment disorder. I will not spend my time here critiquing the medical classification review board in the army—I will leave that for another time. Upon advising my QPS supervisor of this diagnosis, my accoutrements, my firearms, were removed from my control and I was sent for further and ongoing testing. Despite being deemed suitable to continue within the QPS, I was in no doubt that my service file was marked 'not fit for operational duty'. That is from there the stalling of a career.

The other point I would like to raise is the disparity between the support services offered to general duties officers and specialist officers. Those who do the plain-clothes jobs, those who go to the crime scenes on a regular basis, would often get screening and would often get support, but it was different for general duties officers, who are the bulk of our service. I note recommendation 6 is that the QPS will commit to improving monitoring the mental health of our general duties officers.