

**EDUCATION AND HEALTH
STANDING COMMITTEE**

**INQUIRY INTO MENTAL HEALTH IMPACTS OF
FIFO WORK ARRANGEMENTS**

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
MONDAY, 3 NOVEMBER 2014**

SESSION ONE

Members

Dr G.G. Jacobs (Chair)
Ms R. Saffioti (Deputy Chair)
Mr R.F. Johnson
Ms J.M. Freeman
Mr M.J. Cowper

Hearing commenced at 10.11 am**Ms GEORGIE HARMAN****Chief Executive Officer, beyondblue, examined:**

The CHAIR: On behalf of the Education and Health Standing Committee, which is a joint committee of the lower house of Parliament, I would like to thank you for your appearance before us today. The purpose of the hearing is to gather evidence for our inquiry into the mental health impacts of fly in, fly out work arrangements. I am Graham Jacobs, the Chairman. On my left is Murray Cowper, on his left is Rob Johnson, on his left is Rita Saffioti and on her left is Janine Freeman.

This hearing is a formal procedure of Parliament and therefore commands the same respect given to the proceedings of the house itself. Even though the committee is not asking witnesses to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. You have agreed to provide evidence to the committee in Western Australia by electronic means from a location outside the state. Uniform defamation laws were enacted across Australia in 2005. This means that even though you are outside Western Australia, your evidence will still be protected by the defence of absolute privilege against actions in defamation. If you refer to any document or documents during your evidence, it would assist Hansard if you could provide the full title for the record.

Before we proceed, Georgie, we would like to ask you a few questions. Have you completed the “Details of Witness” form?

Ms Harman: Yes, I have.

The CHAIR: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

Ms Harman: Yes, I do.

The CHAIR: Did you receive and read the information for witness sheet provided with the “Details of Witness” form today?

Ms Harman: Yes to both.

The CHAIR: Do you have any questions in relation to being a witness at today’s hearing?

Ms Harman: No, I do not.

The CHAIR: This will be a public hearing, so there will be some press behind the very big screen on which you appear. Georgie, I would like to kick off with a question about the prevalence, if you like, of mental illness in FIFO workers. Would you believe that those rates or prevalence, which is the total number of cases of a condition in any given population in a specific time, is higher, the same or lower in FIFO workers compared with other industries involved in the workplace?

[10.15 am]

Ms Harman: It is a very, very good question and one that is very difficult to give a black and white answer to because we lack prevalence data in real time, especially around the prevalence of mental illness more generally but when you get down into specific population groups or workforces, it becomes even more troubling. What I can say is that we know that today about one in five Australian workers are living with depression and/or anxiety, which are mental illnesses that beyondblue is most concerned with because of our mandate. We know also that there are certain industries, especially those businesses or industries which are male-dominated, are more likely to

have a higher prevalence of mental illness such as depression and anxiety. If you take one of the worst outcomes of mental illness, which is suicide, we know there is a very strong link between untreated depression, in particular, and suicide. We know that male-dominated industries have a higher rate of suicide reported amongst them but the difficulty we have is that quite often that data is not official. It is a series of anecdotal reports and then the information that organisations like beyondblue gather. But research and data is an area where we have highlighted in our submission that we as a country need to do a lot more work on.

Ms J.M. FREEMAN: When you say it is anecdotal and what beyondblue gathers, how do you gather that information? Do you get phone calls or are you doing it through that sort of aspect of gathering data?

Ms Harman: We engage very heavily with the community every day through a range of means. We get calls to our support service, which is a 24/7 telephone support service, but, more importantly, we do get phone calls and letters. I wish they were less regular. We are also going around the country at the moment on a national roadshow. We have been on the road for about eight months now. We are halfway through. We have been up to WA. Unfortunately, we were not able to stop off at major mining centres but we are coming back. The level of sharing that we receive from both families and businesses as we travel around the country is great. We are doing a lot of work through our Heads Up initiative with businesses and the mining industry is no different. It is one of the quite active partners in that initiative at the moment. We hear from employers who say, “We are coming to you because we have lost someone to suicide and we want employees to come to us before someone suicides. We want people to come to us because they recognise that this is a fundamental part of running a good business.”

Mr R.F. JOHNSON: When are you coming back to WA, particularly the top end, where the mining companies are?

Ms Harman: We were in WA in June. We travelled up the WA coast. We went to Onslow, Karratha and Port Hedland. At the time it was not feasible, as I said, to visit mining operations in towns in the Pilbara. Since then we have been approached by a number of parties who said, “Please come back and we would like to work with you on a special Pilbara, in particular, mini roadshow.” We are working with a number of local stakeholders at the moment. If we can get the funding together, we will be relying on support from community groups in terms of infrastructure but also looking for financial support from the companies that we will be working for. We are hoping to come back up in March next year—March 2015.

Mr R.F. JOHNSON: We as a committee are looking into mental health issues in general, apart from the specific FIFO suicides or what we are told are FIFO suicides, but we have not as yet been able to establish that there is more prevalence in suicides for FIFO workers than there are in the general community, for instance. We are hoping to find out exactly how many suicides there have been and the reasons for the suicides. In general terms, a lot of people have said, “Well, it is because people are away from their friends and families, their loved ones, they are away from their support groups, their peers, who would normally help them if they have problems, particularly mental health problems.” As you say, one in five males in the workforce is suffering from depression. That is a pretty horrific statistic, in my view. Just looking at the Parliament alone, that means one in five in our institution would be suffering from depression, and I hope it is not me.

The CHAIR: It could be one of us.

Mr R.F. JOHNSON: It could be one of us here around the table. We have two ladies but you say it is more prevalent in men in the workforce than females. Also, some people have said they feel that it would be better served and there would be less depression and fewer suicides if there were more females working FIFO so there was more of a balance between male and female and not just a lot of blokes who try to be a bit macho and all the rest of it. Have you found any of that in your experience in the job that you are doing?

Ms Harman: Again, my response to this would be very unscientifically based. This is part of the problem that we have; we just do not have the data. We know that more women are living with anxiety, for example, than men. We believe that more men are living with depression than women. We know that men die by far greater rates of suicide than women do. There are a whole range of quite complex factors that contribute to that. The workplaces that I have worked in or that I have been in contact with or that I have worked with that are mentally healthy are organisations which generally have a good gender balance but, more importantly—I do not think it comes down to gender because I have seen some fantastic workplaces that are male dominated—it comes down to leadership. It comes down to leaders of businesses actually saying, “The mental wellbeing of our workforce is just as important as the occupational health and safety and physical wellbeing of our workforce.” We need to step up. We need to start talking about this as an issue because at the end of the day, it does affect one in five of us. You are absolutely right. This is an issue not about others; it is actually an issue for a lot of us as a community. We need to build into our business mechanisms, policies, procedures and initiatives that actually are no different to how we would implement an OHS plan. My key message today is a callout to all businesses in WA, whether they are mining or not, to actually start taking this stuff seriously, to recognise that depression is the leading cause of disability in Australia right now and it is not going to get any better unless we start talking about it and unless we start acting upon it and breaking down the stigma and discrimination that still prevents people from talking about it but, more importantly, putting their hands up and saying, “I’m struggling.”

Mr M.J. COWPER: As someone who has lived in the Pilbara and Kimberley for many years, I am particularly familiar with the blokey nature of mining operations, in particular, in the north. That is changing, of course, but I note here with interest your submission, talking about the Heads Up program and you are trying to encourage those employers to provide better support for the workers. When they return them, when they fly back to all parts of Australia, particularly the south west of Western Australia, do you have any experience with any additional complications that are posted with the nature of the fly in, fly out because it not only affects the worker itself but it goes beyond that to the entire family unit?

Ms Harman: Absolutely. Our whole philosophy is that you do not carve people up into body parts or you do not carve people up into compartmentalised parts of their lives. At the end of the day, we all live lives and we all have experiences across our lives, whether that is at work, home, working remotely, coming home from working remotely, that actually all form part of a whole. Beyondblue’s philosophy is that we need to look at the whole person; we need to look at all of their needs; we need to look at whether they have a job in which they feel as if they are in control, they are consulted with and they work for an employer where if they are struggling, they can say, “I’m struggling and I need some help”, and they know that their career is not going to suffer as a result of that disclosure; and when they go home, their partners and their kids are aware of the struggles and isolation and social dislocation that they may or may not have been feeling whilst they have been working remotely and that the family themselves are seen as part of that whole life. Again, beyondblue has a range of services and supports available for families of FIFO workers, whether that will be in parenting, in becoming a parent for the first time, in our 24/7 support line or in our online peer support forum. Again, it is about looking at all of these lives, not as little bits but actually seeing the person and their family as a whole unit and looking out at the whole of that unit.

Mr M.J. COWPER: Is it beyondblue’s experience, or have you come across the phenomenon, whereby some of these blokey-type workers are coming back to their families and perhaps insulating them from the nature of their work practices in order to perhaps protect the family unit? Is that an issue that you have experienced at all?

Ms Harman: It is not one that I have personally experienced; it is one that I have heard of anecdotally. What I hear more of is workers coming back to their family units and either struggling to reintegrate into normal family life, perhaps cultures and practices such as heavy drinking

continue when they return home. The wife or the partner may struggle themselves with the worker coming back into normal family life, having got used to weeks on end of living quite independently and getting on and managing. So again, those normal and healthy tensions that we all feel in all parts of our relationships, in all parts of our lives, are not unique to the fly in, fly out worker thing. I just think that the situation in which people are absent from home and they try to reintegrate is not necessarily something that—we just need to be realistic about this and we need to be honest about the fact that this is not as straightforward as it might seem and we need to put around these people and these family units as much support as we can and make them aware of the information and advice and support that is out there so if they are experiencing problems, whether it is in terms of their mental health or their relationships, they can reach out and get some help.

Mr M.J. COWPER: One final question. If you apply for certain jobs—for instance, the police force anywhere in Australia does an aptitude test as to whether or not that person may or may not be suited to that particular type of employ—do you think there is some scope for those people who are going to work fly in, fly out as opposed to those living and working in those remote towns?

Ms Harman: I would need to think a little more carefully about this. The idea of screening people in and out of work is sometimes a bit of a vexed issue. I think there is absolutely nothing wrong and I would support absolutely fundamentally the idea that through a recruitment process, the environment, the limitations of the job, the expectations of the role, the conditions, the physical remuneration, whatever those conditions are, are spelt out very, very clearly and that there is potentially some more intensive, for want of a better word, “screening” of candidates for these types of roles. What the form of that screening looks like, I am not willing to comment at this stage. There is a thing in this country called the Disability Discrimination Act and we would not want people with mental illnesses to be screened out of jobs that they are more than capable of doing.

[10.30 am]

Ms J.M. FREEMAN: Or the jobs may create when they are there. So, there is an assumption that mental illness is a long-term issue, not something that is an illness that you get better from or —

Mr M.J. COWPER: I was not referring to mental illness. I was referring to those people who have an aptitude for a particular role.

Ms J.M. FREEMAN: Given your roadshow, and you said you were getting anecdotal feedback from different people and communities, can you just give us—obviously, it is not a scientific-based assessment, but any sort of feedback on what you have heard about rosters and what are the better suited rosters for people in fly in, fly out?

Ms Harman: Look, I do not think I am going to be able to comment on that. I was not actually on that roadshow. I can come back to the committee if that is useful, out of session, through a further written communication and we can provide you with some more evidence-based anecdotes than I am able to give today —

Ms J.M. FREEMAN: And on accommodation. Those two things would be great if you could come back with that.

The CHAIR: Thanks, Georgie; would you just clarify what you are going to provide for us?

Ms Harman: I will come back out of session in writing to the committee with any evidence, anecdotal or otherwise, that we have been able to gather through our National Roadshow on rosters of remote working and any accommodation issues.

Ms R. SAFFIOTI: Rita here, Georgie. Just following on from that question from Janine in relation to rosters, would it be accurate to say that social dislocation is one of the key factors that lead to mental illness or exacerbate any mental illness issues?

Ms Harman: It does not help. We know that the reasons behind their diagnosis or them developing an illness and the risk factors around them are quite unique for every individual. There is a common

theme though. We know that there are social factors such as social isolation and good healthy relationships —

[Video link dropped out from 10.32 to 10.34 am.]

Ms R. SAFFIOTI: Georgie, back to the question. We got interrupted just after the words “social isolation”. Basically, social isolation is a key factor in relation to mental illness, but you were also elaborating on that.

Ms Harman: Absolutely. The other factors are, you know, biological and in some mental illness there is a genetic link. But for many people those do not actually come out. They come out through stressors in life, such as job insecurity, financial stress, relationship breakdowns—the parts of life that happen to all of us from time to time—and that your propensity to develop a mental illness is quite often triggered by such events. It is a range of factors, but I would say that the combination of a lot of these factors do reside in the fly in, fly out workforce in terms of the environment in which they work, the stressors around relationships, job security is perhaps becoming more of an issue and, you know, the idea of the reality of social isolation and lack of community interaction, which we know are very, very strong protective factors.

Ms J.M. FREEMAN: Georgie, you talked about obviously there is environmental and then there is genetic and then there is family sort of stuff. Can I ask you about cultural aspects of mental illness and depression? One of the reasons I ask this is because I was recently speaking to someone who practises in the field and his comment—and this is very anecdotal, because he made this comment to me—was that if you look at the suicide rates in Greece, they are very low, but in the Greek community in Melbourne they are as high as the rest of Australia. I thought that was a really interesting aspect of looking at a culture, almost like is there some sort of trigger or some sort of threshold where, not that it becomes acceptable, but that it becomes a form of stress relief or something like that? I am searching for my words, but I just found that really a compelling type of analysis in terms of culture and depression.

Ms Harman: Yes. Look, international comparisons on suicide rates are really tricky because you are not comparing apples with apples, basically. The way in which suicides are recorded as deaths in countries around the world is remarkably different. It is quite dangerous actually to compare countries to countries. However, let us talk about a culture that actually creates resilience in people and prevents suicide. It is one in which communities talk openly about suicide. We have this saying in our sector that “suicide is everybody’s business”. I think there is nothing truer than that. It sounds like a bit of a platitude, but whether you see someone sitting in a bus stop crying or you see someone acting strangely that you care about and you notice some changes in their behaviours, whether we are close to that person or not, we all know intuitively, I think, whether that person is not doing well. So, our front-line workers in terms of suicide prevention are quite often hairdressers and people who actually sit with complete strangers and have conversations, so that is what I mean when I say “suicide is everybody’s business”. If there is a culture where it is okay to talk about suicide, where suicide is not stigmatised to the extent that people feel ashamed and that people are feeling able to reach out for help when they really do consider that life may not be worth living, and we have a culture that when those conversations happen, the person on the receiving end is not judgemental and just says, “Right, let us get you some help”, those are the kinds of cultures that I think are incredibly conducive to reducing the suicide rate and preventing suicide.

We have to understand that when someone is in such a state of distress where suicide is actually potentially a reality for them or an option for them, we need to remember that that person is not being themselves. Their mental illness or their distress is causing them to behave in such a way that they cannot see any other alternative. We all know that there are always alternatives. But when a person gets to the stage where they genuinely feel that their family is better off without them, we have to ask ourselves: what happened before that point and what were the points that we could have intervened as a society? Because we know that a lot of people who attempt suicide are not even in

contact with health services, for example. We have to see this as not a health issue as such, but a community issue. That is why we are very interested in talking to employers, in particular, and why the Heads Up initiative is so important. We all spend a lot of time at work.

Mr M.J. COWPER: Georgie, just interested to know what sort of things companies could do to make a mentally healthy environment for their workers. If you like, if you were a CEO and you were establishing a new mine site, let us say in the north west, what would you do to ensure that they have a mentally healthy workforce? Just walk us through some of the things that they are doing correctly or right in your view.

Ms Harman: The first thing I would do is to inculcate the values of the organisation into the policies and procedures of the organisation. I would talk openly about it as an issue. We believe in a mentally healthy workplace in our new mine and we are interested in attracting workers who work hard and that we look after. We look after your families and we do it in these kinds of ways. We have a very strong mental health policy that sits alongside and is integrated with our occupational health and safety policies and we take it just as seriously. We have an action plan that actually demonstrates to our workforce what we are doing in terms of building a mentally healthy workplace. Then in very practical terms we have not only your more traditional EAP-type support services but that you actively promote wellbeing in the workforce. You talk about getting sleep, getting exercise, getting time out to just smell the roses. But from a workplace perspective you talk about it openly. You have a policy and you train all your front-line workers and management into the signs and symptoms of mental illnesses and how to approach a colleague or a peer or a subordinate who you think may be in trouble, and then you have a very clear procedure through which to provide that person with support and return to work as quickly as possible should they need time off. Those are just some examples of both quite wellbeing-oriented and cultural aspects of building a mentally healthy workplace, but then far more practical and hard-nosed things like we will measure our performance in this area, we will have a policy and we will have procedures that are mentally healthy and that take into account the unique circumstances of mental illness.

The CHAIR: Georgie, following up from Murray's question, can you tell us a bit about this Heads Up program; where the Heads Up program came from; and what is the relevance of that? Maybe walk us through some of those things. You make reference in your submission that some people are doing this well.

Ms Harman: Absolutely. I have been working in mental health for about eight years now and wherever I go and wherever we talk about mental health in the workplace, generally at forums and speeches and gatherings, you have a queue of employers lining up at the end of the event saying, "We know this is the right thing to do. We know we have to do this from a legal perspective; just tell us what to do." beyondblue saw an opportunity here and were the recipient of some commonwealth funding specifically to tackle male suicide, and went to the commonwealth and said, "We have this idea and we would like to implement it." So, Heads Up is a national point of evidence-based advice, information and resources for any employer in Australia, whether they are big, small, medium, sole trader. That really just offers in one place a whole range of policy advice. It has policy templates.

[10.45 am]

It points people in the direction of existing materials, resources, training programs that, importantly, have all gone through the evidence filter. They are not just being sold on a shingle somewhere; they are actually run by credible organisations and individuals. Really, the website is structured around five areas: what to do as an employer, your roles and responsibilities as an employer; what to do as an employee, your roles and responsibilities as an employee, so how to look after yourself and how to look after others at work; legal and other responsibilities; and then a very strong resource element; and then, most importantly from my perspective because we are trying to not only get employers to pay attention to this stuff but more importantly to take action, an action plan that is

nested within this website, headsup.org.au, that you can access free and you can basically go in, put in some demographic information around your workforce and your business, and then you can work through the areas where you think you have the most to make progress in. You can record the areas in which you are already doing some stuff. It can actually tailor an individual work plan for your business. You can then circulate, promote, measure yourself against and monitor your performance against. Those are just some of the things that Heads Up does. That is a little bit about its genesis. We know that employers are recognising more and more and more, as I said, that this is not only the right thing to do, it is actually good for business. We have some independent research that we commissioned last year, released earlier this year, that shows that for every dollar invested in building a mentally healthy workplace, on average, a business will get a return of \$2.30. Those are incredibly good returns in terms of increasing presenteeism, reducing absenteeism and reducing workers' compensation claims.

The CHAIR: What would be the uptake from resource companies to a program such as you have described?

Ms Harman: We have had a number of players who have come to us. The example of us coming back to the Pilbara in March this year is a direct result of not only our presence in WA earlier in June this year, but also as a result of us talking directly with mining companies to say, "Right, what can we help you with?" We have got a longstanding relationship with some mining companies—for example, BHP Billiton—who are quite active in this space already and doing some good stuff but we know that there is a lot more to do and we want to help mining companies to do the best they can by their workforce.

The CHAIR: In the Heads Up program, what, if you like, feet on the ground, or what psychosocial supports in a program are actually put on the ground for workers in, say, a resource company's FIFO workforce both workplace and accommodation?

Ms Harman: It really depends on the company. I have heard of instances where—this is not necessarily just in WA; I have spent a bit of time with mining companies in New South Wales as well. Psychosocial needs are actually just as important quite often as treatment—so, having a safe, stable place to live. That is a healthy environment; having a job that you feel good about getting out of bed in the morning to do. That rewards you that you understand what you are there to do. You are not just left in the dark; you actually have a structured job and that you are given regular feedback about how you are doing in that job. Good, healthy relationships with not only your colleagues at work but also your bosses, your friends and family that you leave back home. The companies that take this stuff seriously and do it really well recognise all of those things. I have seen examples in companies of accommodation that is actually far more homely than some of the examples that we see, that has sporting programs, that has social clubs, that has incentives for staff to undertake physical activity. Basically, again, treat that person as a whole person and not just a person who comes to work, that we get the most out of and then send back to their family. At the end of the day, they will be far more productive and they will likely be more loyal and lasting employees.

Ms J.M. FREEMAN: I notice in your submission to us you talked about the Heads Up action plans. You talk about health and safety representatives integrating the Heads Up action plan as another component of existing safety management systems and messages. Based on your challenge to business and creating a mentally healthy culture, how do you think you could do that, knowing that over the years we have changed safety through legislation and regulations? What is beyondblue's position around legislation and regulation to support mental health in workplaces in terms of occ health and safety legislation and regulation?

Ms Harman: My view is that there is a pretty good regulatory and legislative framework that is already in existence. It is marrying that and getting the employers to actually recognise that that is part of the whole. For example, with the Heads Up initiative, it is not just beyondblue that is

powering that; it is a mentally healthy workplace alliance of government, business peaks, ourselves and some other NGO players but also, importantly, Comcare and Safe Work Australia. We are actually working with the regulators as well. They are doing some fantastic work in terms of a regulatory sense not only beating the big stick, but also encouraging their clients, for want of a better word, to actually see the benefits of obviously complying with the regulations but the benefits of doing so in terms of the business return.

Ms J.M. FREEMAN: There are two things I want to say. Given your roadshow into the north west and you are dealing only with Comcare, is beyondblue aware that in the mining industry, that that is governed by a different set of legislation and regulation than the stock standard occ health and safety legislation that deals with that? Have you seen or identified any problems in terms of working in that regulatory space?

Ms Harman: The answer to your first question, “Are we aware there are differences?” yes, we are. We not only work with Comcare but we work with Safe Work Australia. Obviously they work across the jurisdictions. That is my understanding. That is what they tell us anyway. I am not aware of any major issues, but if there are any major issues that you can make us aware of, we would be very happy to take them back to our colleagues and also —

Ms J.M. FREEMAN: For example, under the occ health and safety act in Western Australia we have a code of practice for working hours which takes into account things like fatigue and how you manage hours. That code of practice is not attached to the mine safety legislation. The code of practice for working hours has been adopted through the harmonisation process federally. It can be used as a guideline but it is not a code of practice that attaches to our mine safety legislation, as I understand it. There are those sorts of aspects, but the other example that I wanted to ask you about is under our mine safety act and our occ health and safety act in Western Australia, the accommodation on site for fly in, fly out workers is not covered by any occ health and safety legislation, it is just covered by public liability. Were you aware of that?

Ms Harman: No, I was not aware of that.

Ms J.M. FREEMAN: In terms of those sorts of risk factors, isolation and those sorts of aspects, how important do you think in terms of the risk factors which you have identified around things like control, consulted, included, isolation, loneliness, family interaction, how important is the accommodation aspect of what is provided for mining workers?

Ms Harman: Again, I would say it is different for different people. I think some people really struggle in that situation or it would not help their mental resilience. Other people are resilient enough to cope with that. It is a difficult question to—I am not trying to squib the answer —

Ms J.M. FREEMAN: No, no, no; I do not want to talk about it as an individual basis, I want to talk about a safety system. If your safety system is in place to do that sort of isolation, if that safety system is in place for those people who are not resilient, because that is really who you are trying to ensure that you take away the risk factors—let us not talk about individuals; let us talk about the risk factors—then is it important that those things are included in accommodation when you are looking at accommodation from beyondblue’s point of view?

Ms Harman: From beyondblue’s perspective I think the environments in which we work are very important. I will probably just have to leave it there. I do not feel qualified enough and I do not have enough face-to-face experience in terms of visiting these sites to make a knowledgeable judgement. But you do hear things. There are shows on TV at the moment. Your physical environment is sometimes very important to your mental wellbeing. If there is an opportunity there for companies to take a leadership role and to say, “Look, let’s create places where we bring people here, we work them very hard, we pay them well”, part of our looking after their whole wellbeing is to give them an environment in which, when they leave work, is more conducive to relaxation, to interaction

with others, to connect people together as much as possible. I think there would be a great opportunity for leadership.

Ms J.M. FREEMAN: Can I just add to that: what you are saying is that that accommodation should in some way build those sorts of community–neighbourhood environments?

Ms Harman: There is a lot of work done about the physical environment and how it assists not only your wellbeing but your recovery as well. I am not just talking about mental illness; I am talking about hospital settings, for example, where hospitals have lots of light. There are areas where people can congregate and mix, cook together and talk. That is a very normal and healthy environment.

The CHAIR: Georgie, I think you used the words “homely environment” previously. It is in the homely environment that all those things could happen—de-stressing, communication, talking over issues with other workmates. The other issue that has been highlighted to the committee is that a communication system with family back home is so important. I think probably we would like you to keep this in mind when you visit some of these places: our legislation in Western Australia, both from a work safety issue and a Department of Mines and Petroleum safety division issue, the accommodation facilities do not come under the legislation. It almost stands outside the legislation. In fact, from talking to people like you, these homely environments, these environments, these accommodation facilities are so important. What we get is, “We look after these people when they are actually physically on the tools but when they go back to their accommodation, they do not come under our jurisdiction.” I would like to reflect back to this psychosocial support and all the things you have talked about in the Heads Up program. How do you deliver that program on the ground, if you like? You made reference to FMG as an example using a chaplaincy service. How do you see delivering all those good things in the Heads Up program on site, accommodation, and the workplace and accommodation side, to actually reduce the incidence of depression and those consequences?

Ms Harman: If you start with the leadership—if I take it from the macro and I go down—you start with the leadership. You have an executive of a company that says, “This is really important. We’re going to have it, we’re going to measure it and we’re going to report on it.” You then have your policies and procedures that support that leadership. In terms of how it looks on the ground, I have seen examples—again, not just unique to the mining industry but in a range of other industries where you have flexible working practices.

[11.00 am]

The CHAIR: Would you see a psychosocial support worker on the ground in an accommodation facility, for instance, as being important?

Ms Harman: Absolutely. We talk about psychosocial support. That can mean many things to many people. The idea that when you leave your workplace, as you say, you down tools and you go back to your environment where you put your head down at night knowing that there are mechanisms that you can access from that place as well is really important. We know with men in particular that, because of a range of factors and a greater reluctance to seek help, you need to create those structures and mechanisms in such a way that it feels okay to do that. Having peer workers that actually are miners themselves who have maybe struggled, been unwell, recovered and then have learnt through that and are either back at work or doing something else now or a peer in those kind of environments, who are quite open about telling their own stories and saying, “Look; I’m here to talk if you want to”, is a very, very powerful thing that we see mirrored across many industries. There is a fantastic organisation called Mates in Construction that has been doing that work with the building industry for quite some time. Why not do similar things with the mining industry—having and promoting easy access to national support lines or local support lines or services such as beyondblue’s? We have a website called Man Therapy that men can jump on and actually develop

their own action plans. We talk about action plans; we do not talk about recovery plans. We talk about action with men, because that is apparently what men like to do; they like to take action.

The CHAIR: Mat is telling me that we have only booked the videoconference until 11 o'clock, but I just have one further question and it sort of skips back, if you like, in and around the systematic literature review that you mentioned that beyondblue commissioned. There is a paragraph there that suggests that mental health disorders were not elevated in male-dominated industries, although construction and mining industry workers may have elevated prevalence of rates of depression and anxiety. I just wondered whether you could indicate to the committee whether we could have access to that study of showing us the prevalence of depression in mining and construction workers.

Ms Harman: Yes, of course we can. I believe it is probably already public, but I will make sure that the committee secretariat gets it.

The CHAIR: If you can just basically highlight that for us so we can specifically have a look at that bit.

Ms Harman: No problem. Done.

The CHAIR: Thank you. I just need to read a closing statement. Thank you for your evidence before us today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections may be made and the transcript returned within 10 days from the date of the letter attached. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered. We would be thankful for you to provide the additional information that you have indicated to us and elaborate on any particular points if you wish. Please include a supplementary submission for the committee's consideration when you return the corrected transcript of evidence. We collectively thank you for your time and appearing before us today.

Ms Harman: It is an absolute pleasure. I have learnt a lot about your legislation today and it has given me some food for thought as well, so thank you. Good luck with your important work.

Hearing concluded at 11.03 am
