

**EDUCATION AND HEALTH  
STANDING COMMITTEE**

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

**TRANSCRIPT OF EVIDENCE  
TAKEN AT PERTH  
WEDNESDAY, 25 FEBRUARY 2015**

**SESSION TWO**

**Members**

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

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**Hearing commenced at 10.33 am****Ms JENNIFER BOWERS****CEO, Australasian Centre for Rural and Remote Mental Health, examined:**

**The CHAIR:** Jennifer, thank you for appearing before the Education and Health Standing Committee. The purpose of the hearing is to assist the committee with the inquiry, as you well know—we thank for your previous written submissions that you have given us—about the mental health impacts of fly in, fly out workforce arrangements. I am Graham, Janine is coming back, Rob Johnson, Murray Cowper—an apology from Rita Saffioti—Lucy, Daniel and Hansard. It is a formal procedure of Parliament. We hope it is not too formal. It does command the same respect as the house itself. We are not asking you to provide evidence on oath, but understand that any deliberate misleading can be regarded as a contempt of Parliament.

We have a series of silly questions for you to answer. Have you completed the “Details of Witness” form?

**Ms Bowers:** Yes.

**The CHAIR:** Do you understand the notes at the bottom of the form about giving evidence?

**Ms Bowers:** Yes.

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

**Ms Bowers:** Yes, thank you.

**The CHAIR:** Members, we have a little brief on Jennifer. Can you tell us a little bit about what it is for and what it does?

**Ms Bowers:** Yes. I set it up after a lot of research around the lack of, I suppose, mental health services and, in particular, prevention and early intervention-type services in rural and remote Australia. That is important because, of course, in many cases there are not a lot of services. So, over the nine years, we have developed a suite of prevention and early intervention programs for Indigenous communities, farming and agricultural communities and the mining and resource sector. Much of the information is very similar about what we provide to each group of people, but the way we deliver it is very different. The culture, the language and what they do is, of course, all very different. We specialise in translating that information that makes it much more engaging, and therefore we are much better able to deliver that information in a way that raises awareness, reduces stigma and engages with those communities.

**The CHAIR:** Minds in Mines was one of your programs.

**Ms Bowers:** Yes. We have a suite of programs now. The reason we have actually changed the name to Resource Minds is because it had the implication that it was only mines, and of course we work across all forms of resources. We have recently received \$2.5 million from the Movember Foundation for men and boys in rural and remote Australia to deliver our next band of programs. So we have now set up a more consistent marketing approach to each of our programs. We call our Indigenous program Deadly Minds, we call our farming and agricultural program Rural Minds, and, of course, the mining sector is Resource Minds. We have a consolidated suite of programs which looks more consistent, so we have modified the name anyway. The suite of products is being expanded and developed as we speak.

**The CHAIR:** Jennifer, are you a psychologist person, a doctor person —

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**Ms Bowers:** I have a PhD in social psychiatry and that goes back to the early 80s, and I have been in health and mental health ever since. I have run mental health for South Australia; I have run a psychiatric hospital; I have helped build a resort on Kangaroo Island, so I know what it is like, in the middle of all of that, to work in and manage a remote facility; and I have had my own business. So all of my life experiences contribute to what I do now. The reason I mention that is that being at the front end of mental health is very distressing, it is politically very difficult and it is very challenging, of course, for not only the people who are suffering, but their families. The reason why I love what I do is that we work at the front end. We want people to take control of their lives, understand when something is happening and act early and do something about it. That is the fundamental basis of all of our messaging. Really, at the end of the day, we do not want them in the system, and the government does not want them in the mental health system because it is challenged. We really think that we can make a difference, and I believe we are.

**The CHAIR:** So, at that front end, are you engaging mining companies or do they engage you? How do you deliver your training and support program? How many companies do you access?

[10.40 am]

**Ms Bowers:** We are a not-for-profit organisation and we have charitable status, so we depend a lot on government grants. Particularly in Indigenous communities, as you can imagine, and even in agricultural and farming communities, particularly around drought and suicides, we depend on government grants. However, with the mining and resource sector, we have set this up as an enterprise because all NGOs have to be looking at being more self-sufficient; hence our suite of programs are now delivered to a range of mining companies on a for-profit basis, probably not necessarily as much as maybe an independent organisation or a fully commercial one might charge. However, we charge ourselves out and deliver preventive, early intervention programs but on an ongoing basis. Those programs consist of a suite of Toolbox Talks and, in the process of the Movember campaign, we are now developing that out to 12 so that there can be one Toolbox Talk a month with specific information about all of the risk factors around mental health and/or suicide prevention on sites. We have a mental health crisis management training program for all—from shift bosses right through to onsite management, and we encourage all to attend.

**The CHAIR:** Are you delivering that in Western Australia and which companies and where are you?

**Ms Bowers:** This is not a one-off approach, so these companies have to commit to this on a long-term basis. The first trip out they get is crisis management, we keep delivering Toolbox Talks and other collateral as time goes on so that we can reduce the stigma and provide an integrated approach to safety and health. We are contracted with Watpac. We have been contracted with Byrncut mining for probably our third year; and Thiess, which is now integrating with Leighton. So we have contracts there in Western Australia. We have worked with other companies, other contractors, in the early days. We do not have existing contracts with producers. They are our three major contracts at the moment. We usually have two people who go out on sites. I certainly put my steel-capped boots on and my fluoro shirt and my language has deteriorated quite a lot! However, I also take my colleague, whose language is normally bad, and who is a very well-known singer-songwriter called John Schumann. For the most part, we go out on to sites and build relationships. He wrote *I was only 19* and as part of our program he has written another song that we give out on site, on our second or third visit out, to say to the people, to the workforce, “Your company cares about you” and here is another reminder about looking after your own mental health. So we have a suite of programs that is very comprehensive. Not only that, ever since we started doing it, as soon as we do the first Toolbox Talk, we also did the wellbeing and lifestyle survey, and I do have the biggest database, I believe, of information.

**The CHAIR:** We might just go into that in a little while.

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**Mr R.F. JOHNSON:** Jennifer, you sound as though you have tremendous experience in mental health throughout the whole spectrum of Indigenous communities, remote communities, mining industries and so on and so forth. We are predominantly looking at the FIFO workers and the mental health and suicides of those particular workers. You had the benefit of sitting in the previous hearing with This FIFO Life, the two ladies who did a great job, so you would have heard quite a few of the questions that were put by my colleagues and I around on the table here. I would really love to hear your views and your answers to those questions that were put to them.

**Ms Bowers:** And I would have loved to have answered them too!

**Mr R.F. JOHNSON:** I am giving you the option right now!

**The CHAIR:** You might give those specific questions; you might kick off with one.

**Mr R.F. JOHNSON:** I am sure Jennifer, with or her competency and experience, would understand the questions that have been asked.

**The CHAIR:** To talk about stigma or would you like to talk about —

**Mr R.F. JOHNSON:** No, there were different questions that were asked. I am sure you know which ones they were. They were not just asked by me, they were asked by other colleagues.

**Ms Bowers:** I think I would need *Hansard* help on that.

**Mr R.F. JOHNSON:** I suppose the first one was: do you accept that not every suicide is because of mental health or mental illness?

**The CHAIR:** Is there an impulsivity there do you think, of life circumstance?

**Ms Bowers:** That is very difficult question. What I would say is that there are so many compounding factors that will contribute to a suicide and they are not just to do with one thing. They are to do with a range of factors that become so overwhelming that that poor person feels they have nowhere to go and that is a last resort.

**Mr R.F. JOHNSON:** But do you accept that that is not necessarily a mental illness? That is simply an overburden of problems.

**Ms Bowers:** Look, no, I would have to say they will have symptoms of mental illness. There will no doubt be symptoms of anxiety, depression and serious issues. They might not be long term and they might not have been diagnosed, but there will definitely be symptoms of mental illness. There will also be a range of other factors that have caused those symptoms and those factors are related to the sorts of things I can tell you about what we have found as the major risk factors in our research around not only their lifestyles, but around their family and their workplace. They will have all come together to become so overwhelming that they cannot find a way out.

**Ms J.M. FREEMAN:** Can you tell us what the risk factors are with their workplace?

**The CHAIR:** Jennifer, can I just interrupt. When I attended the Shell organisation panel discussion and you were doing a video link with us, you talked about some of the risk factors. I would just like to cover those two that you talked about. You talked about rosters and you talked about management.

**Ms Bowers:** I would just like to preface that research because the wellbeing and lifestyle survey has a vast amount of information in it, including demographics and a range of other issues—a range of detail. I do not have the research capacity or money to now actually analyse it; however, we have analysed and are in the process of getting peer reviewed a paper that probably has the larger sample size. It is only written for 1 000 people, but I now have the other 750 responses being analysed, so it will be close to 2 000 in a few weeks. They are taken from site the first time we go out. So when we go back again, there might be a different swing. We have missed out double that number, but we only do it first time on site. The reason I mention that first is that what is really important is that I can give every management from that site the prevalence rate on site and the key risk factors

per site, so that management can actually understand what is happening, what the issues are, acknowledge that there is an issue and deal with that. In many cases they do and they are really grateful and they are very transparent. When I go back next, we are actually able to say on site what the issues are, commend management for doing something about it, for taking care. To answer your question, we can give you the risk factors by site, but equally for that 1 000 I can give you the prevalence based on a nationally accepted scale for each site and for the industry at large. The key risk factors that then line up that are statistically significant around lifestyle, work and family, and they should all be taken together—I am just looking for the key ones—I have them written here are just want to make sure I gave you the right ones.

**Ms J.M. FREEMAN:** Is that the submission you gave to us?

**Ms Bowers:** Is a modified version of it, so I have toned it down.

**The CHAIR:** Would we be able to have a copy of that?

[10.50 am]

**Ms Bowers:** I have prepared a copy for you, just in summary, around work the ones that invariably come up across all sites are senior management, length of the swing, length of this shift and stigma relating to mental ill health. None of this is new; we all know these things. What has never been done is statistically linking the significance to their mental distress, so we know that these are absolutely statistically significant. In terms of lifestyle there is remoteness of the living circumstances, social isolation and lack of social participation. And finally, in terms of family—nothing is new in this either—the top one inevitably across every site is missing special events such as birthdays and anniversaries. Really interestingly, not only relationships with partners come next, children come next and parents come after that. They are more or less statistically significant across all sites. It varies a bit, but they are the ones that stand out. Finally, invariably there is their financial situation. They are the key risk factors that affect them across every site.

**The CHAIR:** So that is lifestyle. You mentioned senior management. Can you just give clarity around that? What do mean, their attitude?

**Ms Bowers:** I think it is senior management on site not understanding. I think the pressure on senior management is to perform; they are expected to perform. They have deadlines. They have cost cutting things that they have to do. So, they are under huge pressure. They know how to deal with the engineering side of things. They understand for the most part how to deal with the process side of things. But when it comes to dealing with the consequences of having to take tough decisions, and dealing with their workforce and the redundancies, they are not equipped for that. Our crisis management training covers how to deal with somebody with a perceived or potential mental illness that is becoming quite obvious and serious, and particularly maybe a psychotic episode that might lead to a suicide, and then how to deal with the consequences of a near miss, a critical incident or even a suicide; so, how to respond, how to deal with that, and what to do and what not to do. It is hugely well received. It only goes for six hours, either on one day, and often over two days. I was worried that if we did it over two days, people would not turn up the next day. What has happened, unfortunately, is that more turn up the next day because the word has got out that they really thought it was fantastic, so more come. Well, that is not really acceptable, because they have missed a lot of important information. We have found that really valuable. We do case studies. We do scenarios. We do play acting. We have somebody locked in a donga and threatening not to come out and telling them all to “f-off. So, what do you do? We play out a scenario like that. And do you know what they will do? They all want to go and tell somebody else, and they do not want to be there. So we give them strategies of how to deal with real-life situations, and most of them just say it was just too short; we want more time.

**Ms J.M. FREEMAN:** So with the supervisors and senior staff, is bullying involved in that as well, do you think? Is that an indication that they are engineers, they just tell it like it is, and they might not see it as bullying, but —

**Ms Bowers:** I do not think they see it as bullying. It is how people interpret that. We do not tackle this word “bullying”. We actually use other language around that.

**Ms J.M. FREEMAN:** You are a bit blunt about this!

**Ms Bowers:** It is about empathy and giving them the language. As part of the Movember campaign, we have developed a suite of Toolbox Talks. However, we were going to leave it to them to deliver it by PowerPoint. We are now look at other technologies—new technologies—so that occ health and safety and the people who would normally deliver a Toolbox Talk are not exposed to the biases and the language, or the ability to present, which many of them are not particularly good at. So we are looking at giving them accurate information, delivered in an engaging way, with a suite of videos from every site, every type of construction, underground, open cut, every type of mining, and with interviews with people, both bosses, people with a lived experience, a range of people, so that it tells a story, and we are integrating that into a suite of Toolbox Talks, as I said, that will last a year.

**Ms J.M. FREEMAN:** One of the things that the people previously talked about was peer support. What is your view on peer support programs?

**Ms Bowers:** I have reservations about it. I am sure that if people are selected appropriately, it can be very successful. But often the people who put their hand up for it might not necessarily be the go-to person. They might be the do-gooder person. They are not necessarily the person that people would go to, to confide. The other thing that I have heard on various sites that I have been to—Chevron Wheatstone is one example —

**The CHAIR:** We have been there.

**Ms Bowers:** —and so have we—is that I wonder about privacy and confidentiality and the lack of training to peer supporters who are privy to a lot of information and do not know how to deal with that. In this day and age of social media and communication, those issues are really sensitive, and I have issues about that. What we try to do is provide everybody with information and access to information on a regular basis. Everybody gets one of those on a site where we go. We leave enough for everybody.

**The CHAIR:** Can you tell us with that is, for the benefit of Hansard?

**Ms Bowers:** It is called “A Passport to Mental Health in Mining, Resources and Remote Construction”, and it has information that people would relate to. I thought people would not read it openly in the mess. When we have put it out, they will sit there and have no qualms about reading it in front of their mates. One example is, “We have a fight just before I fly out for my roster, and I will spend the next three weeks wondering if I have a marriage to go home to.” They read that, and then they go through and we look at symptoms and signs; we look at advice about what to do, how to look after yourself, your mates, and take control of your life. So we continually say, “We do not expect the company to look after you; we do not expect the government to look after you; you need to take control, and we are here to help you find ways of managing your life”. It does not matter whether it is in a community, whether it is driving in and out or flying in and out.

**The CHAIR:** This is a question that I asked during the previous hearing, Jennifer, but peak bodies and some companies have told the inquiry that mental health in this sector is either better than or no worse than in the general population. Can you tell us what your view is, because maybe your stress surveys show a different result? I would like you to make a comment on that.

**Ms Bowers:** Yes, I am happy to make a comment about that. First of all, I can say categorically it is different. I have more than enough experience on sites, as much as I do now have the scientific

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evidence to say that the average prevalence rate, based on the K10 scores, is 29 per cent across each of the sites. These include underground mining, open-cut mining and construction sites. The average prevalence based on self-assessed scores, which are generally under reported, is 30 per cent, and the average prevalence across the sites is 30 per cent, which is 50 per cent higher than the general Australian population.

**The CHAIR:** So are we talking depression or are we talking inability to cope or —

**Ms Bowers:** The K10 is a score of depression, and it is used in the national survey by the ABS. So it can be directly compared to any national survey.

**Mr M.J. COWPER:** How does underground, which as you say you have a relationship with, compare with Byrnescut, where everyone is stuck underground?

[11.00 am]

**Ms Bowers:** I do not have all that data in front of me, but it is very interesting, because I can drill down and get into swings. To give you just one example—there are many more—you have a jumbo operator on a one-and-one swing, and I was wondering why the one-and-one prevalence was higher than for those on two-and-one in an underground mine, and when you put one and one together, that is management, and the jumbo operators. So they are both under pressure, and the jumbo operators in particular, because they are the ones who set the pace and the bonus for the rest of the team.

**Mr M.J. COWPER:** The productivity.

**Ms Bowers:** So you need to understand mining processes and what is going on out there. On average, they are probably about the average across each sector, but within the sites, it is different. Another example I can tell you about is one site where there was a huge issue with relationships with children in terms of families. So I could drill back, and there is a question in here, “How many children under 18 have you got?” Those with children under 18—clearly teenagers—had a lot of problems on that site, and management were really grateful for that because that then meant that they could understand that there was a certain group on site who had very particular issues that they were having to deal with, and that came up. So, it is a valuable resource. That was a Watpac site, and they have been really responsive, and their manager of mines actually comes out onto the site with us, introduces the broader picture around mining and around the pressures on mining and everything else that is happening, and then introduces us in the context of the broader sector—so, fabulous leadership. If only they would all be able to do something like that and take a leaf out of that book, it would be fabulous.

**Ms J.M. FREEMAN:** You also obviously operate in Queensland, because that is what you were talking about just then. You are quite familiar with the legislative and regulatory system in Western Australia, are you?

**Ms Bowers:** I do have some understanding of it, yes.

**Ms J.M. FREEMAN:** Are there any practices in Queensland, or any legislative or regulatory practices in Queensland, that you would recommend be adopted in Western Australia?

**Ms Bowers:** I cannot tell you that I understand either of them enough to comment on that.

**Ms J.M. FREEMAN:** So you do not see that there is any regulatory or legislative change that you could comment on?

**Ms Bowers:** No, I cannot comment on that. The two pieces that affect what we do: one is the recognition of health in the definition across the board, because if there was going to be harmonised legislation, I understand that mental health was going to be included in that. Whether it is or it is not at this stage, I do not know, but there is absolutely no understanding from executives, from board members down, because there is no company with a mental health policy. We have written one for

a well-known company, but I doubt that it has been accepted because they do not see it as important enough.

**The CHAIR:** Jennifer, what about the jurisdictional issue we are actually faced with? You have a person on the tools at work, they go home to their donga in an accommodation site, which happens to be on the mining operation, that is not deemed a work jurisdiction. We have some concerns and matters around that that we have trouble with. We feel that the person seems to be always at work. He might not be on the tools but he is on site.

**Ms Bowers:** I am sure they feel that they are at work. Certainly, those who have spent a lifetime doing this, that are seasoned fly in, fly out workers, have some ability to manage, maintain and keep their life in control and order. The risks are around particularly younger men. I often use anecdotes about younger people not being organised. They are driven by the next text message. They do not make a decision about doing anything. They do not plan. If they just throw everything together, and in June they are taking their pyjamas to Barrow Island, it is those sorts of things that they do not understand. What we have done for one company, and now we have developed our own, is a very detailed onboarding booklet that we would like to be able to sell and put back into the program but we do not have any advertising funds and nobody is recruiting. The real problem is that this sort of thing, although it is probably even very useful for seasoned workers, is not going anywhere because nobody is recruiting anymore.

**The CHAIR:** Can I just ask you about rosters and roster length because you talked about that as a risk factor?

**Ms Bowers:** Yes.

**The CHAIR:** What would your feeling be about it? I know there are lots of variables and depending on who you ask and life circumstances, but as far as risk, particularly in and around fatigue, what would be your ideal roster?

**Mr M.J. COWPER:** Nothing is ideal—the optimum.

**Ms Bowers:** First of all, it is a really challenging question because I have never done a full roster, I have to admit; therefore, what I say has to be prefaced with that because we only go out onto sites for three or four days. Even that is challenging for me because it takes me a couple of days to get over it, but most workers are not my age either. My sense would be that the real challenge is coming from the construction sector that has the very long swing of up to 28 days. Of course you do have the offshore workers—oil rigs and things—that have even longer in some cases.

**The CHAIR:** They have a mandatory day in the middle after 14 days, so they have a day off.

**Ms Bowers:** Yes, they do. I need to qualify this because a lot of them actually bank on getting the money. If that 28 days is reduced, they know that they have got a one or two-year opportunity to earn that sort of money before that project finishes in construction, so it is quite unique. They either decide to pace themselves—this is very contentious but I know that a lot of people plan their life around that. They are so committed to it that the stress of taking that money away from them might put them under even more stress. I want to preface it with all of the risk factors, but my sense is that it should be less than 28 days, and I do not know what is optimal. On Barrow Island there is a lot of contention about bringing it back to shorter swings, and not everybody agrees with it there. I do not know what is going to happen. Yes, 28 days is too long not only in terms of fatigue but in terms of —

**The CHAIR:** Family disconnect.

**Ms Bowers:** — the disconnection.

**Mr M.J. COWPER:** On site, the roles of these welfare or active life coordinators —

**Ms J.M. FREEMAN:** Gym instructors.

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**Mr M.J. COWPER:** — are they hitting the mark? Do they have to play a greater role—just some comment in and around that?

**Ms Bowers:** My experience is that only certain people go to the gym. When you look at the number of people and the amount of protein that is sold in the shops—you go into the shop on Barrow Island, there is shelf after shelf after shelf of protein, so a lot of these guys are gym junkies. The sorts of people who probably need to talk to someone are not going to go into that environment to talk about something that is not a physical problem. It is not the right environment for a mental health issue.

**Mr M.J. COWPER:** That is why I did not say “gym instructor”; they call them lifestyle —

**Ms Bowers:** I think it is fantastic having them there; the equipment is fantastic. I admire the people who can go, hugely because having 12-hour days, after that it is very hard to do anything. Getting up at three o’clock in the morning to go, I know a lot of people do, before they go to work, is absolutely admirable but they are not the sorts of places where you are going to have an intimate discussion about a mental health issue or your problems.

[11.10 am]

The other thing is that there are not many places to have confidential discussions. There are a lot of people who might have preliminary problems or issues that go around in their head. You think of a truck driver driving up and down the hole every day. I have been up and down with some for two or three hours. They have amazing stories to tell and problems in their head. They do not have a mental health issue but they could have if it is not dealt with. What happens is, once they have expressed it, they have got it off their chest, they feel a whole lot better, but they do not necessarily trust their mates. They do not want to declare to everybody, because of the rumour mill —

**Mr M.J. COWPER:** Would you say the place for that would be away from site or would it be somewhere provided on site?

**Ms Bowers:** We unashamedly say that a box of beyondblue brochures dumped in a crib room is not going to make a difference. Our posters and our little booklets—our little passports—make a difference. By going back and back, by the time I go back, it works. They would not talk to me. I am just the do-gooder female or the psych—they call me whatever—and they did not talk to me at first. They will talk to John Schumann and shake his hand and say, “Great program, mate; it’s really nice to have you here”, but when I go back again they know I will have a glass of red wine and they will come and talk to me. Once they have got somebody there that is not branded, that they know is approachable, they know that we are interested because we have been down the hole, we have been in the jumbo, we have been in the bogger, we have been out on site, we have been out in the paddock, we sort of understand—all of a sudden we are mates, and we talk to mates and we go to the wet mess. It is that sort of thing where they trust us because we are not going to stay there and gossip, are we? It is a very good preventive thing. Some people have legitimate problems, maybe with a child, and I will say, “Here’s my card. Send me an email and then I’ll make a referral to a child psychologist or something for you.” It is just little things like that that make a huge difference to somebody that has a challenge on site and they are not going to go and tell anyone.

**Ms J.M. FREEMAN:** One of the issues we raised was the prevalence of drugs and alcohol. The comment was that people are going in their off times, off swing, and using and that is placing them at risk when they get back to site because of their usage. We have also had evidence that there is some use of other drugs that cannot be detected on site. Do you have anything to add to that?

**Ms Bowers:** No, not really because I do believe that there is relatively little use on site. Every site that we go on, first of all, we are breath-tested every morning and on many sites, we are drug-tested before we go on site, which is ridiculous, really, because of course you can take something the moment you leave and nobody is going to know. My sense is that people are valuing their jobs now and they are not going to risk anything, unless they have a serious problem. For the most part, the

sites, I think, are clean. I think there is a risk associated with coming back and the pressures, particularly around potentially losing their job and letting their hair down when they come back, but I think that has always been the case. It is only now that there is greater awareness. The pressures might be even greater now because people are worried, particularly from near misses on site. Even then, they think that they are at risk. The tension is there, which is not necessarily conducive to good performance.

**The CHAIR:** I am sorry to harp on about rosters but in your work, there was a question in here that we had around your wellbeing and lifestyle survey. Is there a discernible difference based on roster length and configuration? What roster length and what roster configuration triggers this being a risk factor? You have four weeks on and one week off or two and two. Is it a two and one? Do they come out in the statistics—that a particular high compression roster will trigger a higher risk?

**Ms Bowers:** I would love to be able to tell you that. We have the information here. I do not have the resources or the ability to get that out of the information. Yes, it is there and it is available. It just needs to put that program in and run it and I can give you an answer like that. I have a lot of information like that.

**Ms J.M. FREEMAN:** Writing the program is the difficult thing.

**Ms Bowers:** That is the challenge. I work out on site. I run an organisation. I work in the business, so I am very credible, but I also have to work on the business.

**The CHAIR:** How many people like you can we have to go out with your program—just the two of you?

**Ms Bowers:** No, we have people all over Australia queuing up. We just need more contracts. We just need more committed companies to employ us.

**Ms J.M. FREEMAN:** How many do you employ?

**Ms Bowers:** In fact, we only have contractors because as an NGO, nobody is on a permanent basis. We are beholden to contracts or government grants. In mental health, as you know, there is a national review going on and a substantial amount of our funding is up in the air. Apart from fabulous organisations like the Movember Foundation, more and more we are looking at other sources of funding. That is why I thought I was very clever setting up a social enterprise to work in the mining and resource sector. Little did I realise how hard it is to compete with other organisations who have got government grants to do what we do and we have to charge for ourselves to go out on site and earn money, so we are not working on a level playing field.

**Ms J.M. FREEMAN:** Motelling—has that come up as an issue?

**Ms Bowers:** Yes. It is not acceptable.

**Ms J.M. FREEMAN:** Do you want to—

**Ms Bowers:** Well, how would you feel about it? In a lot of the stable sites, a lot of the old sites, people go back to their room so it is like going home—home away from home. They have their stuff there and everything else. I really think that that is the ideal but often that does not happen. On places like Barrow Island, where they are terribly short, even now, of accommodation, we have had to fly in and out on a daily basis when we go there because there is no accommodation. Yes, it is probably essential to do it just to get the job done but it is not ideal.

**Ms J.M. FREEMAN:** We went to Barrow Island. We did not get shown the flyer.

**Ms Bowers:** The flyer is exactly that.

**Ms J.M. FREEMAN:** The flyer is where you have a morning shift person and they move out and you have a night-shift person and they move out. Do they go back into the same room?

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**Ms Bowers:** I cannot answer that. I do know that sometimes if they have to shut down or something happens on site, one crew had to walk around all night because their room was taken. They could not go to work but they could not go anywhere so they had nowhere to go. You think about that.

**Ms J.M. FREEMAN:** Could they not go into the canteen or anywhere like that?

**Ms Bowers:** They may have been able to.

**Ms J.M. FREEMAN:** But they could not go to bed.

**Ms Bowers:** They cannot do anything. You have nowhere to go.

**The CHAIR:** Do you get much pushback from the company, say, from the point of view of motelling? There are obviously costs and finances involved in having a room empty for the time that the person is off. If I am on, say, a two and one, I use that room but in the week that I am not there, the room stays empty, otherwise we motel, and that is a cost of business.

**Ms Bowers:** Absolutely, and I understand that. We do not work for any of the major producers. We only work for contractors because they are the ones who care about their crew and have implemented what we do. I have had conversations or done some work for all the major producers but in terms of setting up a comprehensive long-term integrated mental health preventative program, I have got nowhere because there are some companies that will ring up Jeff and Jeff will say, "I'll fix something up for you", so we compete with the big people like beyondblue. We compete with other organisations that do not do what we do.

[11.20 am]

**Ms J.M. FREEMAN:** Just going back to Barrow Island, have you been out to the floatel?

**Ms Bowers:** I have seen it. I have not been on it. It is the new one they have just brought in from Europe.

**The CHAIR:** *Europa.*

**Ms Bowers:** Yes, amazing, and then there is the Bibby.

**The CHAIR:** Which is the barge, the one that we did not see.

**Ms J.M. FREEMAN:** We did not get taken into the flyer.

**Ms Bowers:** Fortunately, I have hit the jackpot; I have not had to go into the flyer but one of my colleagues who we work with, she only ever gets the flyer and does not know what she has done to deserve to get it.

**The CHAIR:** Thank you very much, Jennifer.

**Ms J.M. FREEMAN:** I am sorry, I do have one more question. Do you do post-trauma services after a suicide occurs?

**Ms Bowers:** We do not advertise that at all. We only do prevention and early interventions. I would have to say, though, that without exception on many occasions, we have ended up on site because of that. That is definitely not the way to go. It is very hard. Each of the sites we are working on, particularly in South Australia at the moment, there have been very traumatic suicides.

**The CHAIR:** Thanks, Jennifer.

**Ms J.M. FREEMAN:** Thank you very much.

**The CHAIR:** A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 days from the date of the letter attached. If the transcript is not attached, we will deem it to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information, please do so in a supplementary submission for the committee's consideration when you return your corrected transcript. Thank you for your insight.

**Hearing concluded at 11.21 am**

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