Submission to the Education and Health Standing Committee

Inquiry into mental health impacts of FIFO work arrangements

Name: Dr Jennifer Bowers
**Position: CEO/MD**
Organisation: Australasian Centre for Rural and Remote Mental Health
Contact: Mobile: 0437823860 email: jenniferbowers@acrrmh.com.au
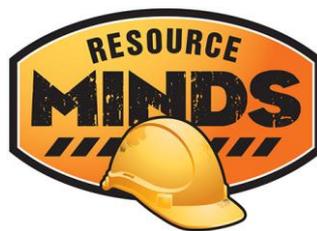
I would be pleased to appear before the Education and Health Standing Committee in relation to this Review.
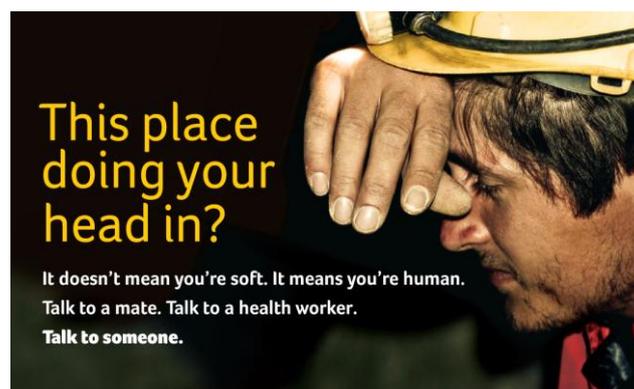
This place doing your head in?

It doesn't mean you're soft. It means you're human.
Talk to a mate. Talk to a health worker.
Talk to someone.

When evaluating the Resource Minds program, employees were asked whether they thought mental health is an issue in their industry that needs to be addressed like physical health and safety? The overwhelming majority said "Yes" (97%).

They were also asked whether having information on mental health and emotional wellbeing helped them understand and deal with their own issues?   Again they said "Yes" (96%).

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Introduction

The ACRRMH has been researching, designing and delivering its unique, awareness-raising, preventative mental health programs in the mining/resource sector through its social enterprise, "Resource Minds", for many years.

The Centre's work has been prosecuted with no support from any government agency despite repeated representations and applications. It is depressing to consider how many lives might have been changed, indeed saved, if government had been listening and prepared to assist expand our reach into this sector several years ago.

There are, however, some far-sighted mining, resource and remote construction companies which have recognised the value of delivering "Resource Minds" over this period.

Background

The Australasian Centre for Rural and Remote Mental Health, a not-for-profit NGO with DGR status, delivers programs and services to people living and working in rural and remote Indigenous, agricultural/rural and mining/resource communities and organisations.

For many years the ACRRMH has been creating and delivering innovative, practical and cost-effective interventions which improve mental health and social wellbeing and which build resilience in rural and remote Australia in a "whole person, whole community" context.

The Centre's programs are predicated on:
- prevention, early detection and intervention of mental health issues;
- the prevention of suicide;
- the evaluation of these services;
- the education and training of community members where there are often limited health or mental health clinicians;
- health parity for Indigenous Australians; and
- building recognition in the resource and remote construction sector, particularly, of the deleterious impact that mental health issues have on safety and productivity.

All of the Centre's programs and services are culturally and linguistically targeted and contribute significantly to the reduction of the burden of mental ill-health in rural and remote Australia.

Exploration 1 and Exploration 2

"This place is doing my head in": Strategies for Building Mental Health and Wellbeing in the Mining and Resources Sector was researched and disseminated by the Centre to commence the discussion and raise awareness about the mental health and related issues impacting on on-site workforces (Attachment 1).

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The Centre convened a roundtable in 2010 and two forums in 2011 focused on assessing the mental health issues facing the resources sector.

Exploration 1 and Exploration 2 (Reports at Attachments 2 & 3) (in Coolum and Perth, respectively) were attended by senior mining executives, mental health professionals, indigenous representatives, government officials, communications experts and researchers from South Australia, New South Wales, Queensland and Western Australia. The presentations were fascinating, insightful, instructive and, in some cases, quite confronting.

It was clear that policies, practices and programs relating to mental health issues in mining and resource companies were limited or non-existent. However, there was an emerging understanding of the risks in the workplace associated with mental ill-health and an opportunity to raise awareness of the benefits of recognising and addressing mental health and wellbeing in the workforce.

The Leading Edge

Since then the ACRRMH has continued to lead the way in researching, raising awareness and developing strategies to address the mental health of people who live and work in the mining, resource and remote construction sectors (Attachment 4).

The ACRRMH's *Resource Minds* program is unique in that it delivers sustainable, comprehensive, integrated mental health strategies to those mining, resource and remote construction companies far-sighted enough to accept that it is an issue and take action on a regular and ongoing basis (Attachment 5).

Resource Minds is designed to raise awareness, develop understanding and reduce the stigma of mental health that is so often a feature of the male dominated, "macho" mining environment.

Sadly, often suicides pre-empt requests for *Resource Minds.* Whilst the Centre is committed to a proactive, preventative approach to suicide education, often our proposals for mental health education are rejected, only to be invited back weeks later following the tragic death of a worker.

The ultimate aim is to avoid this unfortunate situation and ensure that prevention strategies are interwoven into each client's corporate culture and suite of policies and practices – from recruitment right through to personnel exit procedures. This is an aim yet to be achieved.

Investment Pays Dividends

The impact of mental ill health on productivity, participation and compensation costs around $10.9 billion a year. In this context, a recent report reveals that businesses that invest in effective mental health programs gain an average return on investment of $2.30 for every $1 invested which can increase to $15 for every $1 spent in a mining business (PwC, 2014).

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The Contributing Factors

Macho, "suck it up" attitudes often dangerously combine with notoriously high risk-taking behaviours of those living in rural and remote Australia. Moreover, issues are compounded by the stigma associated with mental illness. This is a significant feature on the Australian cultural landscape and is more profound in rural and remote Australia than in urban areas.

The problem is further exacerbated by the fact that rural and remote males are generally hard to reach due to remoteness, disaggregation, lack of access to communication channels and an ingrained reluctance to talk about or admit to a problem.

State and federal governments - and large companies - bear ultimate responsibility for those living and working in these areas. However, due to the disaggregation of the population in rural and remote Australia, among other things, mental health challenges are not understood or recognised - nor do they attract the sort of resources that are available in the urban and regional centres. Even when they are available, people in rural and remote Australia can pay between two to ten times more to access essential services including health services (NRHA, 2010).

As well, the lack of access to mental health services can be a major difficulty in rural and remote areas. Men are often reluctant to seek support because of the stigma and concerns about confidentiality in small communities. For those who do seek treatment and support, a general practitioner (GP) may be their first or only local medical contact. However, even accessing a GP can be difficult, if not impossible, in many areas.

The psyches of people living and working in rural and remote areas are generally not understood, addressed or targeted in an appropriate or effective way in existing promotional material, prevention and/or early intervention programs. Without exception, mental health creative collateral dedicated to destigmatisation, education, awareness-raising and pathways to help speaks directly to urban Australia - to the exclusion of those people who live in rural and remote Australia.

The solution to this problem is to understand and address them in a manner that engages and involves them directly - and changes their behaviour.

In different but complementary ways, each element of Resource Minds addresses these challenges.

Challenges to the Industry

The challenges to the industry derive from:
1. The lack of leadership in including mental ill-health prevention in induction and safety programs on a regular, on-going basis.

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2. The key work-related risk factors identified by the Wellbeing and Lifestyle Survey described below which include:
   a. Senior management who have been identified as a major cause of stress; and
   b. The impact of the various lengths of swings depending on site function (eg construction versus mining).
3. Companies deciding to use "In house" mental health services versus external professional expertise especially in relation to preventative programs and early interventions.
4. Confidentiality and privacy issues relating to some programs eg peer supporters who, generally, are workers with limited training taking on roles of "potential or de facto counsellors".
5. Lack of industry and cultural specificity in relation to programs and related collateral.
6. Lack of understanding by company management and executives as to the benefits of constructive, targeted prevention and early interventions in terms of safety and reduced costs.
7. The fact that until recently mental health issues and the causes of them have been seen as personal issues unrelated to the workplace, therefore, not core business or the responsibility of companies.

The Challenges relating to Government

If a proactive approach to mental health and suicide prevention is not encouraged and resourced by Governments and industry now and into the future, the mental health system will be burdened further with those who have been unable to cope with their chosen lifestyle whether it is the worker and/or their family members.

Research Summary

Burvill – Pilbara 1975

Seminal research on this topic undertaken by Burvill (1975) almost 40 years ago, focused on mental health in the Pilbara. He found that living and working in remote locations contributed to mental health problems including, but was not limited to, depression. His research addressed the stresses of living and working in remote 'company towns', rather than those brought about by the fly-in/fly-out (FIFO) work rosters—a more recent practice that has pre-empted the need for the 'company town'.

He identified the mental health problems flowing from having to live and work in remote, harsh, unattractive terrains under extreme climatic conditions manifested themselves in many ways: alcoholism and drunkenness, loneliness, feelings of insecurity and uncertainty resulting from a state of 'tentativeness' or 'transiency', promiscuity, accidental injury, violence and suicide. For these reasons, even then, local general practitioners were asking for regular and frequent visits from consultant psychiatrists and psychologists.

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Mental Health and Safety: USA, 2006 & 2014; UK, 2014

A prospective population survey in rural Iowa, USA found that 41% of people with depressive symptoms were more likely to suffer an accidental injury (Tiesman et al., 2006). Further to this, research which examined the relationship between anxiety and depression, prescribed medication, performance, and safety in the workplace also found that the respondents' symptoms of anxiety and depression and the medication they took to treat these conditions placed their safety at risk (Haslam et al., 2005). More recently, McAninch et al., (2014) reported that moderate to severe psychological distress measured by the Kessler Scale (K6) in US adults contributed up to 2.8 times higher chance of unintentional non-occupational injuries, mainly falls and sprain/strain injuries.

Common mental health problems and prescribed psychotropic drugs have recently been associated with significantly increased risks of occupational injuries (Palmer et al., 2014). They found in their large UK case-control study that 9-10% of all workplace injuries which led to a medical consultation could be attributable to symptoms of a diagnosed mental illness and the effects of the medication.

House of Representatives, 2013

The House of Representatives Inquiry (2013) reported that depression and anxiety were consistently raised as a serious concern for FIFO workers. The Inquiry report and the review by Meredith et al. (2014) point to the fact that there has been scant quantitative research undertaken in this area to support this claim and to quantify the extent and consequences of the problems associated with FIFO lifestyle, mental illness and its impact on safety in the workplace.

The most recent and significant study with over 900 participants found that there was a higher level of psychological distress amongst FIFO workers compared with the general population (Henry et al., 2013). Although the Kessler 10 (K10) was used in this study, the prevalence rate could not be determined from the information provided. However, from the results published at least 30% of respondents were likely to have a "mild, moderate or severe disorder" according to the K10.

Western Australian Department of Health, 2013

A study by the Western Australian (WA) Health Department found that mental health issues were less prevalent amongst FIFO workers compared with the general population. However, the sample size of this study was relatively small (380 FIFO workers out of 10,000 general workers) and only included a self-assessment of their mental health (Joyce et al, 2013). As mentioned previously, inaccurate self-assessment, stigma, and a desire to appear 'macho' are precisely those conditions that make this population so at risk. FIFO workers are less likely than the general population to have received mental health education, or attribute symptoms to a mental health issue. As such, the findings of the WA Department of Health's study are predictable in their inaccuracy.

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Other related research has used various methods to assess the prevalence of psychological distress however the findings are not comparable with the prevalence rates of the National Mental Health Survey (2007). Limitations on existing research include but are not limited to:

- small sample sizes (Joyce et al., 2013; McLean, 2012);
- more qualitative than quantitative (Bowers, 2011, Torkington et al., 2011, McLean, 2012),
- anecdotal (Storey, 2001);
- sampling bias (Henry et al., 2013)
- extrapolations from other sources and types of work or industries (Kelly, et al 2012).

ACRRMH Wellbeing and Lifestyle Survey, 2012-2014
(in preparation for publication in collaboration with Dr J. Lo, Lecturer (Statistics) School of Engineering, Edith Cowan University)

Among other things, the ACRRMH Wellbeing and Lifestyle Survey was developed by the ACRRMH to inform the development of evidence-based mental health awareness-raising and prevention programs in the remote resource sector workforce. The survey is an integral part of the Centre's Resource Minds program and gathers information about a range of factors including:
- the levels of psychological distress being experienced by the workforce; and
- the risk factors associated with existing or potential mental health problems.

The ACRRMH Wellbeing and Lifestyle Survey does not have the limitations of the research cited above. The ACRRMH Wellbeing and Lifestyle Survey:
- captures results from the majority of workers on each site involved in the Resource Minds program;
- provides reliable estimates of prevalence by site (and collectively for all sites involved); and
- statistically links the prevalence rates to the factors which affect the most highly psychologically distressed workers.

ACRRMH Results

The sample size of respondents was 994 (response rate 99.2%) comprising 896 males (90%) and 86 females (9%) with 12 unspecified.

The estimated prevalence[a] of mental distress ranges from 26% to 33% across four of the six sites undertaking underground and open cut mining and construction, which is significantly higher than the national average of 20% (ABS, 2007). A regression model was also generated to predict the prevalence from the percentage of fair or poor self-assessed mental health responses and then used to predict the prevalence on the two sites that do not have K10 scores. The regression equation

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Est. Prevalence[b] = 19.861 + 0.5286 × (% poor/fair SA mental health)   (2)

resulted in an R-squared value 0.97 and the **estimated prevalence[b] for the two remaining sites are 34% and 28% respectively**. The additional value of this modelling indicates that self-assessment of mental distress is generally under-reported by an average of 11.4%. **In summary,**

1. **The average prevalence of psychological distress based on the K10 scores is 29%;**
2. **The average prevalence based on self-assessed scores corrected for under-reporting is 30%; and**
3. **The average prevalence across the sites is 30%, approximately 50% higher than the general Australian population.**

Table 1. Comparison of Diagnostic Scores and Self-Assessments by FIFO Site Type

Site type	N	K10 Levels (%)				Self-Assessed (%)	Prevalence (%)
		Very High	High	Moderate	Low	Poor /Fair	
Underground 1 Gold	67	0	25	34.4	40.6	19.1	**29.7[a]**
Underground 2 Gold	170	N/A	N/A	N/A	N/A	25.8	**33.5[b]**
Construction 1 LNG	178	2.8	17	38	42	15.5	**28.7[a]**
Construction 2 LNG	271	4.9	12.5	29.5	53	12.9	**26.2[a]**
Construction 3 Iron Ore	270	N/A	N/A	N/A	N/A	15.6	**28.1[b]**
Open Cut Gold	38	5.3	23.7	34.2	36.8	24.3	**32.7[a]**
Average						18.9	**29.8**
National Av (ABS)	*> 15 mil*	*2.5*	*6.9*	*19.5*	*71.1*	*15.2*	*20.0*

The survey also requested the participants to rate their levels of stress, from *Extremely Stressed*, *Very Stressed*, *Stressed*, *Slightly Stressed* to *Not Stressed* in relation to their work (11 items), lifestyle (7 items) and family (6 items). For the analysis of these 24 work, lifestyle and family items, subjects were re-categorised into two groups (i.e. Low Risk [*Low* or *Moderate*] or High Risk [*High* or *Vey High*]) based on their K10 levels. Chi-squared (χ^2) test was then used to test for association between high risk of mental health and each of the work, lifestyle and family issues. The results are summarised below.

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Results indicate that the most significant stressors for respondents who reported being stressed to extremely stressed in relation to work factors are

- senior management;
- length of swing;
- length of shift; and
- stigma relating to mental health in the workplace.

In regard to lifestyle-related issues, survey results indicate that the most significant lifestyle stressors for respondents who reported being stressed to extremely stressed are:

- the remoteness of their living circumstances; and
- social isolation and lack of social participation .

For family-based issues, survey results indicate that the most significant family-based stressors for respondents who reported being stressed to extremely stressed are:

- missing special events such as birthdays and anniversaries;
- relationship with partners, children and parents; and
- financial situation.

ACRRMH Conclusions

There are several unique and distinguishing features of this research which render the results powerful:

- the sample size is large;
- the high response rate from each site ensures reliable, less biased results; and
- the results can be confidently compared with population based-research using Kessler 10.

The site-specific results provided valuable information for the companies involved. In the context of these results, companies are now in a position to better understand and address some of the issues causing stress and to equip them to deliver targeted, preventative responses.

It is acknowledged that there are a few limitations to this research. Although the sample size of this survey was relatively large, the limitations are born of the number of companies and types of sites involved. Different sites mining different resources will provide further valuable data and insights into the complex mental health and wellbeing issues surrounding the long distance commuting workforce.

The survey results support the conclusion that significantly higher levels of psychological distress than the national average are prevalent on the sites involved in the study. Although

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many of the stressors are similar across the sites, the estimated prevalence rates and the risk factors varied between sites. These variations are due to:

- the type of mining operation (construction, underground, open cut);
- the ever-present threat of redundancies and changing pay rates and conditions due to variable commodity prices and a general downturn in the sector;
- the end of contract or completion of projects;
- remoteness of site;
- the proximity or otherwise of the site to a town; and
- lack of access to communications.

The results show that self-assessment of mental health generally caused under-reporting by an average of 11.4%. This suggests that the results of previous research predicated on self-assessment are likely to have underestimated the extent of mental health disorders in remote mine sites.

More importantly, this under-reporting cohort of the workforce is particularly at risk due to their lack of awareness. These employees would particularly benefit from preventative information, early intervention and advice on pathways to support and care.

The results also provide significant statistical evidence with regard to the key stress and risk factors associated with the work, lifestyle and family issues affecting commuting workforces. The key stressors are well documented however, there is limited comparative evidence indicating the level and significance of distress associated with each factor.

The implementation of ongoing, comprehensive and integrated mental health programs with a focus on awareness-building, prevention strategies and destigmatisation is critical. Leadership and commitment on the part of companies in this regard to will do much to improve safety, reduce the burden on tertiary mental health interventions, increase productivity and reduce the number of suicides.

Note:

1. A paper containing this information is being prepared for peer-reviewed publication.
2. Considerably more information can be derived from the ACRRMH Wellbeing and Lifestyle Survey (Attachment 9). For example, the impact of type of work, swing, length of shift, demographic factors, etc. on mental distress can be analysed by site or by sector.

Resource Minds – A Validated Approach

Resource Minds is a comprehensive, proactive mental health and suicide prevention program which includes:

- **Onboarding – an induction handbook for Australian mining, resource and remote construction sites (Attachment 6)** which addresses all aspects of work, family and

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health for new recruits as well as existing FIFO or DIDO employees to better manage their working lives and lifestyles.

- **A suite of Toolbox Talks** on many different topics relating to mental health which are usually delivered for 30-60 minutes at pre-start meetings. The Toolbox Talks are delivered in an engaging and informative manner and:
  - present facts relating to many aspects of mental health and wellbeing
  - outline the specific challenges facing mining and resources employees
  - discuss the warning signs of mental health issues in themselves, their families and mates
  - give employees strategies for looking after their own mental health; and
  - provide information about how to access various forms of assistance and care.
- **Passports to Mental Health in Mining, Resources and Remote Construction (Attachment 7)** are designed to fit into a fluoro-shirt pocket. The Passport emphasises the importance and value of each employee to the company and are an essential, readable resource.
- **Mental Health Crisis Management Workshop (Attachment 8)** is a targeted, short, one-day program designed for superintendents, supervisors, OH&S reps, emergency crew and managers to enable them to respond effectively to a mental health crisis and also understand the mental health risks associated with critical incidents.
- **Wellbeing and Lifestyle Survey (Attachment 9)**
- **Review of OH&S and HR policies**
  A comprehensive review of policies and procedures:
  - demonstrates commitment to mental health in addition to health and safety by the executive and management
  - confirms that mental health is included in risk management schedules, and
  - ensures the integration of the mental health strategy into all company policies and procedures, for example:
    - Recruitment
    - Induction and Orientation
    - Human Resources
    - Training and Development; and
    - OH&S (including critical incident reporting, fatigue management, bullying and harassment, etc).
- **Informal, awareness-raising on-site performances by John Schumann *(ex Redgum)* and Hugh McDonald *(also ex-Redgum)* which complement site visits and Toolbox Talks etc.**

Additional Collateral includes:
1. A suite of industry specific posters – co-branded (Attachment 10)
2. Self-help "business" cards (Attachment 10)

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3. Policy Review – an example of a mental health and wellbeing policy and how many policies and practices have implications for the mental health of the workforce (Attachment 11)
4. Roadmap – a model for conveying commitment to mental health and a company's strategy to the workforce and potential clients (Attachment 12)
5. FIFO Road CD

It's a hard, hard living
On the FIFO Road
In Dust you come, in dust you go
Out on the paddock or
Down in the hole
Working and sweating
Dreaming of home….

– written and recorded by John Schumann and Hugh McDonald on behalf of the ACRRMH for distribution on sites as part of the Resource Minds program (Attachment 13).

Resource Minds - Evaluation Results

When evaluating the Resource Minds program, employees were asked whether they thought mental health is an issue in their industry that needs to be addressed like physical health and safety? The overwhelming majority said "Yes" (97%).

They were also asked whether having information on mental health and emotional wellbeing helped them understand and deal with their own issues?   Again they said "Yes" (96%).

81% of employees thought better of their employer for addressing mental health in their workplace thereby demonstrating that the status of being a "preferred employer" is a potentially significant factor in recruitment and retention.

In summary, key results from this evaluation:
1. over 90% of employees indicated that they found the toolbox talks effective and helpful in raising awareness, providing information and reducing stigma.
2. they overwhelmingly appreciated the mode of delivery and the information.
3. indicated that there has been considerable self-reported changes in habits relating to physical health.
4. identified that there was increased levels of communication between their mates and families about personal and other people's mental health.

Resource Minds – Testimonials and Feedback

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"I attended the ACRRMH Exploration forum in 2011 as I had become increasingly concerned, through my role with Thiess, about the mental health and wellbeing of our substantial remote workforce. It inspired me to think about new and innovative ways of raising awareness and preventing mental distress on remote worksites. Since then we have worked with the ACRRMH team and rolled-out targeted, comprehensive mental health programs which are often delivered in an informative yet engaging and humorous manner. The anecdotal feedback and the evaluations speak to the value of the program which includes toolbox talks, training workshops, passports and posters not to mention the concerts by John and Hugh."

Tracey Inglis, Manager, Health Services, Thiess WA/NT, was awarded the Thiess Safety Performance Award for 2014 for implementing the Resource Minds Mental Health Program in the WA/NT Business Unit (Attachment 14)

"Watpac are in the process of completing the ACRRMH Resource Minds program on two of our regional sites. We found that, as the program has progressed, the stigma and the attitude towards attending the sessions reduced significantly and talking about the issues amongst the crews increased.

They were successful in engaging the workforce as there was interaction and participation from the crews indicating that the mental health message was being heard.

Watpac are committed to completing all stages of the Resource Minds program. We believe that the ACRRMH's program is comprehensive and appropriately targeted for our crews working in harsh, remote mining environments. Feedback suggests that it is improving their awareness of mental health issues and providing them with preventative strategies."

Brendan Vaughan, Mining Manager, Watpac Civil & Mining Pty Ltd

What did you appreciate or enjoy most about the toolbox talks?

"The information, facts, figures and knowledge"
"Presentation - the truth, honesty, no bullshit approach, speaking how we speak (ie swearing), informal approach, humorous and entertaining"
"Breaking down the stigma and raising awareness – "the awakening" "
"Encourages us to help ourselves"
"Dr Jennifer and John presented it in such a fabulous, interesting and entertaining way"
"A fellow worker came to me about some of his family issues and I was able to help"
"I found it very informative and inspirational"
"Easy to relate to and stories about real people"
"Open and honest discussion about mental health issues, causes and where to seek help"

What did you enjoy least about the toolbox talks?

"Not long enough"

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Summary

There are very few comprehensive, integrated, prevention mental health programs targeted specifically for the mining and resource sectors currently available. To the best of our knowledge there are none that can be delivered regularly over the long term **based on the evidence about key risk factors** and integrated with the industry's major focus on physical health and safety.

The Centres' Resource Minds program raises awareness and encourages and equips workers with the knowledge to take control of their lives and responsibility for their own mental health and as well as that of their family and workmates. It provides workers with knowledge about symptoms and signs of mental health problems, risk factors and strategies to cope with them and pathways to information and help. It is a cost-effective, positive, proactive approach to ensuring that FIFO workers and their families have a productive and rewarding lifestyle.

Recommendations

The Government and/or the industry should:

1. **Provide encouragement to and incentives for resource companies:**
   - **to demonstrate leadership in committing to mental health programs;**
   - **to commit to proactive, prevention programs not just an EAP;**
   - **not to contract overseas companies to provide advice on local mental health issues; and**
   - **to develop and implement integrated, sustainable mental health policies and link these policies to practices in HR & OHS.**

2. **Help educate resource companies that one-off, culturally irrelevant mental health training or toolbox talks and/or relying on tertiary interventions (ie clinical and rehabilitation services, compensation, hospitalisation, etc) do not constitute ongoing, comprehensive, integrated mental health strategies in the sector.**

3. **Encourage the peak industry bodies and their members to establish an advisory and support service/hotline for senior managers, superintendents, supervisors, etc who are faced with and not sure how to deal with a range of issues or challenges that their training hasn't equipped them to deal with eg interpersonal conflicts including bullying, psychological distress, communicating bad news, dealing with the ripple effect of acute stress reactions to critical incidents or suicides.**

4. **Encourage the Department of Mines and Petroleum to lead the way by ensuring their inspectors participate in a sustainable mental health and suicide prevention**

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program (which is much broader than bullying), have access to advice or support and become more aware of issues in relation to themselves and on-site workforces.

5. Consider and accept the evidence presented regarding the high levels of psychological distress and suicides and ensure that awareness-raising, promotion and preventative resources which embrace the culture, vernacular and imagery of the sector are available for broad dissemination (eg collateral attached).

6. Support the development and design of Passports to Mental Health in Mining, Resources and Remote Construction for Families and Friends. It would provide similar information to the passport for the workforce but from the perspective of the stay-at-home partner and/or family. It would outline strategies to mitigate stress and misunderstandings as well as emphasise the importance of their role in a successful FIFO lifestyle.

7. Provide resources for rigorous research, evaluation and knowledge translation to better inform the industry and government especially in relation to:

    a. the impact of on-site mental health programs,
    b. the mental health and wellbeing of the workforce;
    c. the relationship between mental ill-health and safety;
    d. the economic and productivity benefits of mental health and related programs; and
    e. the incidence and impact of suicides.

9. Encourage leading industry organisations and their members to be more proactive and accept that mental health is a highly significant issue, that it is as important as physical health and that they should respond accordingly and constructively in the interest of safety and productivity.

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Dr Jennifer Bowers
CEO/MD

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