Submission to the

Education and Health Standing Committee in response to the Inquiry into Mental Illness in Fly-in, Fly-out (FIFO) Workers

September 2014

Part A - Executive Summary

1. The Electrical Trades Union (ETU) is the Electrical, Energy and Services Division of the Communications, Electrical, Electronic, Energy, Information, Postal, Plumbing and Allied Services Union of Australia (CEPU). The ETU represents approximately 65,000 workers electrical and electronics workers across the country and the CEPU as a whole represents approximately 100 000 workers nationally, making us one of the largest trade unions in Australia.

2. The ETU National Office and West Australian Branch welcomes the opportunity to submit to the Committee on matters relating to the Inquiry into Mental Illness in Fly-In, Fly-Out (FIFO) workers as we have substantial numbers of members working under the FIFO arrangements that are the subject of this inquiry.

3. Thousands of workers have for many years now being splitting their lives in two due the nature and demands of fly-in, fly-out work arrangements which mean they must work long shifts on a mining site before flying home to rest, recuperate and see their families and friends. These arrangements can be disruptive to workers lives and families, lead to low job satisfaction and mental health issues such as depression and higher than average rates of suicide.

4. Having a partner/spouse/parent at home at home half of the time, in separate blocks, can cause great instability and stress for FIFO workers which in turn can lead to mental health illness due to the challenges of coming to terms with issues like social isolation, exposure to increased risk of alcohol or drug abuse, lack of adequate prevention and support programs, defining new workable roles in the family unit and difficulty maintaining personal relationships due to the challenges of being away for regular prolonged periods.

5. Another major factor is that it is very common that the camp communication capacity is not fit for purpose and do not allow regular and reliable communication with workers families and loved ones. As a result of the inadequate communications workers can become very stressed as they experience difficulties communicating with their families whilst on the job for four weeks.

6. Compared with locally resident miners, FIFO miners report higher levels of sleep disturbance, and more interference from work in the ability to perform social and domestic activities such as participating in sport, attending the doctor, looking after children1.

7. The harmful impacts of poor rostering, inadequate communications, unsuitable on-site accommodation arrangements and a lack of internal and external mental health education and support programs all have the potential to significantly impact workers and their families in a harmful way.

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[1] Keown, N. '*Digging deep for better health: A study of the health status of men in the Goldfields mining industry of Western Australia*', 2005.

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8. FIFO workers and their families need support from employers and government to ensure there are programs and support mechanisms that equip them with the mental resilience needed to cope with the pressures and reality that FIFO arrangements present.

9. Any industry that garners a reputation for a high incidence of mental health issues for workers will soon find it challenging and expensive to recruit and retain staff, whereas in contrast the benefits that flow from minimising potential for harm by incorporating appropriate programs are numerous, such as improved morale, lower staff turnover, reduced absenteeism, increased health and safety outcomes and higher production and profitability.

10. Until FIFO mental health receives equal attention as physical health and safety, remote mining, resource and construction companies will continue to bear the ever increasing costs associated with high employee turnover, high absenteeism and stress claims while having sub optimal commercial returns due to inefficient productivity.

11. The good news is that measures can be quickly and cost effectively implemented to provide support and assistance and ameliorate the risks associated with mental health impacts from FIFO working arrangements.

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<u>Part B - Recommendations</u>

12. The ETU submits to the Committee that adoption of the following recommendations will result in a significant improvement in the mental health workplace environment for FIFO workers.

13. **Recommendation One** – The establishment of a statewide FIFO Mental Health Employer Code of Practice to be developed in a consensus driven, tripartite manner between government, industry and non-government oganisations that have expertise in mental health and worker representation and assistance.

14. **Recommendation Two** – The FIFO Mental Health Employer Code of Practice be enshrined in legislation upon its completion.

15. **Recommendation Three** – The establishment of dedicated mental health training and counselling services that are offered by providers that are independent of employers and separate from existing Employee Assisted Programmes.

16. **Recommendation Four** – Implementation of rosters that are less stressful on workers and their families and loved ones, such as three weeks on site, one week off site.

17. **Recommendation Five** – Mandating the provision of reliable and effective telecommunications services (eg wireless data and mobile telephone) within FIFO camps to ensure that workers can communicate in a meaningful way with their families on a regular basis.

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18. **Recommendation Six** – Establishment and implementation of an education programme recognising and addressing Mental Health issues of FIFO workers.

19. **Recommendation Seven** - Develop supports that focus on increasing help-seeking behaviour within FIFO populations.

20. **Recommendation Eight** – As a mandatory requirement that forms part of the legislative approval processes for FIFO projects must incorporate independent mental health education, training and counselling services in conjunction with company Fatigue Management Plans.

21. **Recommendation Nine** – The establishment of government incentives for companies who demonstrate good mental health practices and outcomes for their employees.

22. **Recommendation Ten** – That 'motel style' on site accommodation arrangements be totally prohibited.

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Main Submission

23. FIFO workers lead a strange kind of transient life working long shifts, eating chef prepared meals, having intermittent remote contact with loved ones and sleeping in 'donga' portable buildings with little to do in their down time apart from watching DVDs, going online. As one worker put it earlier in 2014:
   "[there] are those who get hooked on something while out there, to cope with the loneliness and long hours, and lack of entertainment options apart from the booze, gambling, smokes, sex and drugs[2]".

24. People with limited or no experience of having lived outside the city, a history of negative reactions to isolation, and mental illness can be at greater risk of developing a mental health problem whilst working and living in a remote mining location. In addition, reduced involvement in community and social networks back at home, such as sporting clubs, has been identified as a barrier to having a support network when back at home[3].

Part C - Rostering and Shift Length

25. The Lifeline WA FIFO Mental Health Research Report 2013 found that factors associated with their roster pattern or shifts as being a challenge associated with FIFO work. These included:

   o Being away from family for 4 weeks at a time.
   o Being on the opposite roster to their partner who also works FIFO.
   o Difficulty in taking time off, other than scheduled rostered days off.
   o The length of shifts.

[2] Toby, X. 'The 11 Types of FIFO Workers', Article, Sydney Morning Herald, 5 February 2014.
http://www.smh.com.au/comment/the-11-types-of-fifo-workers-20140205-3216i.html
[3] Lifeline WA, *'FIFO/DIDO Mental Health Research Report'* 2013.

- o Night shift.
- o Trying to keep shifts to 12 hours.
- o Having to wake up early and start work early.

26. A number of additional challenges were also raised in relation to getting to work, such as long waits at the airport, connecting flights, the distance between home and the airport. This is particularly relevant for some participants given they had travelled sometimes up to five hours (from a rural location) to get to the airport, to then fly to site and commence work that same day. Similarly, fatigue was raised as a challenge in relation to having to drive home after flying back into the main city.

Part – Motel Style Accommodation

27. It's important to the mental health of many workers that their accommodation is their 'own space' as much as it can be under FIFO arrangements and they might customise their 'donga' accommodation to make it a 'home away from home', for instance by putting up pictures of loved ones or drawings done by children.

28. Motel style accommodation practices removes this possibility and adds yet another layer of stress to the lives of workers who are already under the significant mental stress of living in 'donga' style accommodation. This is exacerbated further as they are allocated different rooms for each cycle on site. Workers should have access to a dedicated room, rather than different rooms and different people on each shift.

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Part D - Social Isolation

29. An extract from the final report of the Commonwealth House of Representatives Standing Committee on Regional Australia's 2013 inquiry into FIFO Workplace Practices in Regional Australia highlights the possible level of social isolation of FIFO workers living in accommodation camps:

    "It is possible that you may never see the person in the donga next to yourself let alone know them. Earlier this year, for example, a 55 year-old man was found dead in a donga in the Pilbara. Whilst there were no suspicious circumstances, what was surprising was that the deceased had lain in this donga for several days before anyone discovered anything was wrong. Clearly there must be a problem where an individual can lie dead in a room for a number of days before he is discovered"

30. Social isolation and the routine separation from family support and informal social controls as well as the lack of the sense of belonging to a community can have negative impacts on the well-being of FIFO workers.

31. The 'institutionalised' nature of camps is also of concern. The same report states a partner of a FIFO worker noted: *"from the camps that I have been to and just seeing how institutionalised and segregated these camps can be, I think it would be great if you could get outside that camp and go and play a game of touch footy or soccer with local communities. I think it would certainly help just to be able to step out of that institutionalised environment."*

32. Social isolation experienced by FIFO workers can lead to alcohol and violence problems as workers endure exacting working conditions, isolation, boredom, limited living

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conditions and community isolation causing in some cases an increase in drunkenness and violence.

33. Alcohol and substance misuse can be a symptom of the metal ill-health impacts of FIFO work, some of which are directly related to the social isolation of the FIFO experience.

34. Depression and anxiety are a serious concern for FIFO workers. A resident of Karratha noted[4] that both her husband and son experienced depression on FIFO rosters and her son currently reported:

"During this time away, other than depression, his other concern is that he is working away to make money for his family and there is no room to negotiate overtime. He says that he is working to get more money and he would rather work more hours than sit depressed in his room for longer hours."

Part E - Adequate Telecommunication Services

35. Increasing use of telephone and internet support services by men in remote communities may reflect an increasing need for FIFO workers to access mental health support.

36. FIFO workers rely heavily on regular communication with family and friends whilst on-site to help them cope with being away. Therefore it is not surprising that if there are problems with the communication systems, these pose as a significant challenge and can impact on workers stress and mental wellbeing. Typical problems include no access

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[4] Commonwealth House of Representatives Standing Committee on Regional Australia, *'Cancer of the bush or salvation for our cities' Report'*, 2013.

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to mobile phones, no mobile coverage, no internet access and/or low quality mobile/wireless coverage.

37. Regular and reliable communication is a key coping mechanism for the stress associated with being away from family as workers can connect with the 'outside' world and family by:

   o Using social networking sites (e.g. Facebook).
   o Having photos of children emailed to workers.
   o Skype (or similar)
   o Smartphone applications like 'FaceTime' (or similar)
   o Daily phone contact.

38. Given that when it comes to the mental wellbeing of FIFO workers, the is nothing more important that being able to have regular and reliable contact with loved ones, it is of the utmost importance that reliable telecommunications services be available to provide a foundation on which the cornerstone of family contact can be laid.

Part F - Independent Mental Health Programs and Services

39. There needs to be strategies to implement programs to improve mental health and wellbeing and improve access to mental health services that are independent of the workplace and are separate to, but dovetail with, existing Employee Assistance Programs in the workplace.

40. In 2012 the Australian Centre for Rural and Remote Mental conducted an anonymous random survey in FIFO areas in North West Australia and found that mental health problems in mining and resource companies were not confined to any particular age, gender or social group, but represented a risk to all. However, the study did conclude that workers with young families presented a particularly high risk of being vulnerable to the stresses associated with FIFO lifestyle.

41. The subsequent report[5] found that piecemeal approaches and initiatives, such as putting mental health brochures in the workplace, do not properly constitute a mental health strategy.

42. A primary need for the establishment of external mental health programs is that there is a stigma attached to mental health issues and on top of that employees are hesitant to take action in the workplace as they feel their employment may be negatively affected.

43. A lack of available and consistent mental health care for FIFO workers will negatively impacting on the identification and effective management of mental health problems.

44. With regards to males in particular research findings that indicate in general men use all health services, including mental health, to a lesser extent than women. For example, for men with a 12-month mental disorder, just over one in six (18 per cent) visit a general practitioner, compared to almost one in three (30 percent) of women.

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[5] Australasian Centre for Rural and Remote Health, *'Implementing a mental health strategy can be an opportunity not a challenge'*, 2012.

45. There are a number of general barriers that contribute to men's willingness and ability to seek help for depression and anxiety – these include high levels of self-stigma, a perceived lack of skills and support, a need for control, and a preference for action over introspection. These barriers to using mental health services can be exacerbated in FIFO/DIDO workers.

46. To increase men's use of health services for depression and anxiety research commissioned by Beyond Blue[6] suggests that:

   o Men are provided with tools, such as checklists, to support them to identify problems and take action
   o Health messages are delivered in line with the world-view of men, and in ways that are personalised but non-confronting, and provide permission to connect with others
   o Language used to describe depression and anxiety focuses on 'taking action' / 'acting', rather than 'help seeking' or 'needing help', which may be perceived as being passive and emasculating
   o Framing depression and anxiety as 'routine but serious' health conditions which require monitoring, similar to the monitoring of cholesterol levels and blood pressure

47. Both Government and employers have an essential role in delivering workplace-based programs to support and improve the mental health of FIFO/DIDO workers.

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[6] Beyond Blue, *Submission to Commonwealth Standing Committee on Regional Australia, Inquiry into the use of FIFO workforce practices in regional Australia*, September 2012.

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48. The role of Government should include supporting legislation and policies which promotes and supports mental health such as the establishment of a FIFO Employer Mental Health Code of Conduct and ensuring that companies adopt a 'mental health in all policies' approach, which would require the mental health implications of legislation and policies governing the establishment and management of FIFO/DIDO workforces to be assessed and incorporated in decision-making processes.

49. Government can also fund ongoing research to explore the relationship between FIFO working arrangements and mental health and wellbeing of workers and support the establishment of services, programs and bodies which assist individuals and employers to promote and support mental health in the workplace.

50. FIFO employers should provide conditions and a workplace environment that promotes and supports mental health by having clear and demonstrated support for employee mental health by all levels of leadership within the organisation.

51. Ways that employers can provide for the mental wellbeing of FIFO workers include:
    o Ensuring mental health as mandatory component of induction and provide ongoing training and education.
    o Identifying risk factors related to FIFO arrangements and implementing protective/risk reduction strategies.
    o Developing and implementing organisational mental health policies
    o Promoting and providing access to independent counselling services
    o Providing communication infrastructure to enable employees to maintain contact with their families and providing flexible work practices to allow employees to remotely engage with family issues.

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- o Increasing the skills and capacity of managers, supervisors and employees to support people with a mental illness.
- o Providing access to anonymous online counselling services and peer support groups.
- o Creating more opportunities for recreational activities on sites (i.e. team based sporting contests).
- o Establishing an on-site social coordinator and offering initiatives such as a personal trainer/lifestyle coach
- o Family liaison officers at home cities and access to family/relationship coping service.

52. It should be noted that for employers the business costs associated with making mental health a priority are not onerous nor costly[7] and are accounted for financially many times over in the benefits gained in return.

53. In our opinion a model example of a successful strategy is the "MATES in Construction" organisation that has been in effect in the construction industry since 2008 and was formed to reduce suicide rates and improve mental health and wellbeing in the construction industry.

54. The program was developed to train the construction workers themselves to recognise potentially suicidal behavior and to give them the simple skills needed to intervene and to keep that person safe until they can gain professional help.

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[7] Australasian Centre for Rural and Remote Mental Health, *'Exploration 2 – The dangers are still there below the surface, A Forum on Mental Health in the Mining and Resources Sector'*, 2011.

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55. The MATES in Construction program is a mix of a number of key elements which work together to provide the best outcomes:

   o On-site training programs (GAT, CONNECTOR & ASIST) to gain cultural change and make sites largely self-sufficient. (See PROGRAMS page)
   o 24/7 Help line – heavily promoted and used.
   o Field Officers looking after sites and conducting training activities and supporting Connectors and ASIST workers while actively counselling face to face and on the phone.
   o Case Managers, who are trained social workers and able to handle and support/ resolve complex issues for workers with mental health / suicidal problems.
   o Professional counselling support services provided by external organisations and referred to by MATES in Construction Field Officers and Case Managers.
   o Site accreditation certificates and signage provided to Project / Site Managers once the site is considered safe though all workers receiving training and Connectors and ASIST trained worker on site as support

56. A successful and productive strategy must be meaningful, well planned, backed significantly at the board level and be properly integrated into overall organisational policies and culture. The development of an effective mental health strategy must include genuine consultation and engagement with workers and their workplaces representatives and receive the genuine commitment of company executives and management. It must also be accompanied by regular review and evaluation.

(end)