

**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 ONE

Members

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

Hearing commenced at 9.33 am**Ms SUSAN MAY CROCK****Consultant Social Worker, This FIFO Life, examined:****Ms JULIE LOVENY****Consultant Social Worker, This FIFO Life, examined:**

The CHAIR: On behalf of the Education and Health Standing Committee, I would like to thank you for your appearance before us today. The purpose of this hearing is to assist the committee with its inquiry into the impact on mental health of fly in, fly out work arrangements. I am Graham Jacobs, MLA. With me are Janine Freeman and Rob Johnson. There are two other members. Rita Saffioti is an apology, and Murray Cowper, MLA, will come in the fullness of time. This hearing is a formal procedure of Parliament—hopefully not too formal—and does command the same respect given to the proceedings of the house. We are not asking witnesses to provide evidence on oath or affirmation, but it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament.

Before we proceed today I have a few questions. Again, forgive me, these are standard questions we ask. Have you completed the “Details of Witness” form?

The Witnesses: Yes.

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

The Witnesses: Yes.

The CHAIR: Did you receive and read the information for witnesses briefing sheet provided?

The Witnesses: Yes.

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

The Witnesses: No.

The CHAIR: And this is Murray Cowper, the other member of the committee; welcome, Murray.

Sorry, I forgot to mention the other people here, Lucy Roberts and Daniel Govus, who support us and keep us on the right track—they are our assistant executive—and Hansard are here today to record everything you say.

We have some comments, particularly from the Chamber of Minerals and Energy of Western Australia, that indicate to us that there is no evidence of any higher incidence of suicide or mental illness in the resources sector workforce and, indeed, most likely those statistics are very much similar to the general population. So, in my words—the implication is, what is all the fuss about?

Ms Crock: That is a good question. I think the CME are making a valid point in that there is a lot of information we do not know, unfortunately. But, certainly, anecdotally and from family members that we have spoken to—in developing This FIFO Life, we interviewed a lot of FIFO workers and their family members, and in our work on sites as employee assistance program counsellors and responding to trauma in that role—we have seen a very different picture. I would say that anecdotally—it is not research-based and there is no quantitative evidence to support it—that is not the case. There are a lot of people who are doing FIFO and working in the resources sector, and are not receiving the support for their mental health they need. When critical incidents happen—I am not just talking about suicides—and when there are accidents or sudden deaths on site, and when

there are family crises, I do not think there are structures in place to support workers to promote their mental health and to help them through those. I think some companies do it better than others, but I would argue that there is an issue in mental health and suicide in the sector, and it needs to be something that we all work together to address. I do not think it is helpful to deny that it is just something that is out in the community and not a particular issue in the resources sector. I think we know that workplaces are very important for mental health generally and the resources sector could do a whole lot that would really help and promote their workforce, so why would they not want to do that?

Ms Loveny: I think the other thing is that just by the very nature of the demographics of the workforce, we know there is an issue—that we do know. There is evidence that the cohort of being male, aged 25 to 44, puts them at risk; living and working rural and remote puts them at risk. So to be denying that there is an issue, or minimising that issue, is actually denying that there is in fact evidence that we do have.

Ms J.M. FREEMAN: That was one of my questions, but I will come back to it because I think Rob Johnson wants to ask something.

Mr R.F. JOHNSON: I have a question that has been niggling at me for a long time now. I should declare that my youngest son is a FIFO worker—two weeks on, one week off. It is not the best for family life, to be honest with you, but he needs the money to pay off his mortgage and so on and so forth, and he is prepared to do it and, thank God, he is not suffering from any depression or any illness at all. But I have the view—you are more expert than I am—that not everybody who commits suicide is suffering from mental health issues. Very often something else in their life can trigger them simply wanting to suicide. They may not have been suffering any mental health issues at all; they might have lost a loved one, they might have had a marriage breakdown or a girlfriend or boyfriend that walks out on them, and at that moment in time, that is what triggers them to want to suicide. In your expert view, do you believe there is a difference between mental health suicide and suicide for other reasons?

[9.40 am]

Ms Crock: That is a hard question.

Mr R.F. JOHNSON: I know, that is why I am asking you.

Ms Crock: I would agree with you. I lost two sisters to suicide myself and the two sisters' stories really reflect what you are talking about. One of them had depression, had been diagnosed, was not treating it well and was not getting the support she needed—unbeknown to us. The other sister just did not have—it was not a mental illness but I think she always had the propensity that life was not meaningful for her. It was a very different cause of her suicide and I would say that in my sisters' case, one was clearly related to mental illness and one was not so clear, and I doubt personally that there was a mental illness. So, I am saying that I think there is truth in what you are saying, although, again, we do not really know. The World Health Organization has said in its report on suicide that in 90 per cent of suicide there is a link to mental illness, but again we do not really know that in Australia and it is a field where we need a lot more evidence to be able to very explicitly say there is that strong a link.

Mr R.F. JOHNSON: You have just answered my next question; that is, should we not be doing more to identify the reasons for suicide, whether they be, one, serious mental health problems or, two, something that suddenly happens to somebody in their lifetime that upsets them so much? They are not mentally ill, I do not believe, but it affects their balance and they just want out of this world.

Ms Crock: Yes, that is right.

Mr R.F. JOHNSON: I know there is nothing—I have been there once, so I know what it is like.

Ms Loveny: Many have, and we know it is incredibly common. I think that is what we need to recognise. I think your point about: are there people where it is not about having a diagnosable mental illness, but it relates a lot to resilience. Some of the work and research that I have been doing has been around that resilience. When you think about the stigma that is around mental health issues and the stigma that is around signs of weakness, particularly in an industry like the resources sector with a very male-dominated culture, to be vulnerable because perhaps a relationship has ended and the shame that goes with that and the shame of struggling, we really need to understand much more about vulnerability and shame.

Mr R.F. JOHNSON: There can be many things other than simply a relationship that has broken down. I am fully aware of other situations that can affect people, not in a mental health way but in a way that they just want out of this world. So what are we doing?

Ms Crock: Your question raises another issue for me, and that is the misunderstanding around mental health and mental illness. I see it as much more of a continuum where all of us move at different times in our life and are given what circumstances we find ourselves in along that continuum. So it is not a matter of having a diagnosed mental illness or not; you have good days and bad days—that is part of life. But sometimes we have a lot of things build up and a lot of pressures, and we might not have the resilience that Julie is talking about to know how best to deal with them; for example, being prepared to get some help or to have some intervention that might be useful. We need to be really clear about the difference between mental illness and mental health and not see it as black and white. Physical health and physical illness is better understood, but the concept of mental health is not. Circumstances can mean that people can suddenly find themselves in a situation where suicide is an option.

Mr R.F. JOHNSON: Do you find that people identify in either those two areas, of suffering mental problems or simply suffering from something in life that has disturbed them, and they suddenly want out? When they come to you, what sort of balance is there? What percentage have mental health issues and what percentage have other issues?

Ms Loveny: Again, that is a really difficult one because our roles have been not to diagnose someone but to be aware of the kinds of issues, signs and symptoms that might suggest that somebody needs further support and help, and perhaps some medical intervention et cetera. It is often hard to say, “This person is definitely mentally ill and this person isn’t”, because as Sue says, it is on that spectrum. To go back to your question about what is to be done, I think an education and awareness program needs to occur—this is not just the resources sector—because people generally need to better understand what we mean by “mental health”. What does good mental health look like? What are the ingredients for that? What are some of the things you can do in order to support your mental health and stay well and, for example, do FIFO well, because we have spoken to lots of people who do make it work well? We must also understand what are the signs and symptoms that might actually suggest that you are starting to struggle and that you are moving further up that spectrum so that you can get some early intervention rather than waiting until we are in the mentally ill far end of the spectrum where you need some serious intervention and support. An education and awareness program is needed, without a doubt, because most of the time when we have run one and we talk about mental health, people immediately think of having a mental illness, and they have visions of people who are really in need of institutionalisation and hospitalisation. That is not what we are talking about, but that is where I think a lot of the confusion lies. In terms of what needs to be done, we need to build resilience, identify what it looks like and educate people about what are some of the skills and knowledge that can be learned—because it can be learned—that will equip people better in life. If I were taking a magic-wand approach, that would start in schools and with parents better understanding what it means to bring up children who are resilient. Certainly in terms of the resources sector, that is something that could be done there. It is not important in just the resources sector; I really want to stress that it is something that I think we need to be addressing across the board in workplaces.

Ms J.M. FREEMAN: I want to go back to your comment when we asked whether the resources sector has to accept the risk that it has a category of worker who are at high risk, from 25 to 45—I thought it was 19 to 45.

Ms Loveny: It depends which research you look at, but we can definitely say that most of them are young men —

Ms J.M. FREEMAN: Twenty-five to 45 male, isolation and lack of control. If you take it from a systems approach, not an individual approach, and you say that this is like any occupational health and safety issue in a workplace, in your experience how do you think resource companies are managing that, in particular with respect to rosters? We have been told that that is one of the issues around resilience, isolation, fatigue and all of the things that place people at risk.

Ms Crock: I think it is really interesting because mental health and risks for suicide are so multifaceted. I have a little concern about focussing on one issue, but I understand that rosters are an issue. There has been some contradictory evidence in my experience from the people I have spoken to that construction workers are often on much more challenging rosters that from an objective point of view I would say are not good for their mental health. They might be working four weeks in a row, or sometimes more, and then having one week off, some of which is used up travelling. Some companies have an eight-and-six or a two-and-one, like Rob mentioned, which seems from the outside to be much more reasonable for spending more time with family. But my experience is that sometimes construction workers have a very strong sense of camaraderie and mateship that is protecting them, so it is not as simple as the roster. Having said that, I think that if we do not want people to be isolated, we need to maximise the time and access to families, and that includes rosters that are more family friendly, and also technology, such as access to Skype and telephones that we know is an issue too on some sites.

Ms J.M. FREEMAN: One of the people we spoke to when we visited Karratha talked about the importance of community—the mundane things in life. The member for Pilbara has very strongly argued that part of the problem with FIFO is that where they can be placed into towns, they should be, but they are not. In terms of those risk factors, what is your view on being able to have that community aspect in addressing this issue?

[9.50 am]

Ms Loveny: It is absolutely vital. Companies could learn a lot from the principles of place-making. That is often about the very small things.

Ms J.M. FREEMAN: What are the principles of place-making?

Ms Loveny: It is about how you create that physical environment in a way that encourages connection and belonging in a sense of community. That can often be about some very small things. I have been to a lot of sites and stayed in a lot of dongas—I was thinking about developing a trip adviser guide to dongas and cabins—where there is a lack of places to sit, for instance, picnic benches under pergolas. I have been to a really old site that had some of their wooden picnic benches between the dongas so that people could come out of their donga and sit with a cuppa or a beer and have a chat with their neighbours. It makes such a huge difference. It does not take much to create some of that and think about it. Some of the new sites I have been to are the ones that have really taken away that sense of community. You are hotbedding or you are back-to-back motelling and you do not know who your neighbours are. That leads into something else: we have talked to quite a few women who have felt very unsafe and we have certainly dealt with issues of sexual harassment and sexual assault. As those camps get bigger and there is less of a sense of belonging and knowing who your neighbour is, safety becomes an issue, as it would in any community. The only way to know who is knocking on the door is to open it because they have blackout and there is no lock on the flyscreen. Those are some small things that can make some differences on some of those sites. But in terms of getting out and being able to connect with the community, I will

give you an example. I was at a site on the weekend where it was a good two-and-a-half-hour drive to the airport. It was the contract workers' rostered day off and they were asking for a volunteer to drive me to the airport. I was thinking, "How rotten! That's terrible on their day off. That's a five-hour round trip." There was an absolute rush of hands up to volunteer because, as I discovered, it was so dull to be just stuck on camp for a day —

The CHAIR: It was an excuse to get out.

Ms Loveny: — that it was inviting to drive me to the airport, where apparently you could go to the roadhouse and get a really good steak sandwich that had crisp lettuce. You start to realise that it is those little things that can make a huge difference. Limp lettuce on camp; crispy lettuce in the roadhouse. I know myself—I only ever go and stay two or three nights, but I know it is those little things. If you are in a donga where you find that the sensor light in the bathroom goes off after three seconds and you have to keep waving your hand over the top of it while you have a shower, it is really annoying. Hearing people snore on both sides because the walls are really thin sounds like elephants in the morning when they are getting up. If you are already tired and fatigued and you have neighbours who are banging doors and thumping around, that is really tough to cope with. You cannot even make a cup of tea in your own donga, for safety reasons, I assume, because of the kettle. It is little things that can make a real difference.

Ms J.M. FREEMAN: From our experience, when you look at something like Wickham versus what they have done at Wheatstone, which is not going to Onslow, Wickham seems to be very much about going into communities, hearing children laugh, seeing children go to school, all of those sorts of things versus going into a camp, which is just row after row. In your experience, would that make a difference in people's mental health? Have you experience that?

Ms Loveny: Yes, without a doubt, and I have spent quite a bit of time at Wickham, actually, and for that reason have been very pleased to see that there is much more of an integration and much more of a sense of community there and being part of something, albeit that I know that that very much dominates the township. But without a doubt, just being able to go to the deli to get something that you fancy is just, I suppose, those normal aspects of life.

Mr M.J. COWPER: I am very interested to hear your comments. I quite understand what you are saying, having lived many years in the north, but have you ever looked at other contemporary environments where similar circumstances apply? For instance, a number of farmers who sit out remotely on their tractors in the back of nowhere and have little access, a very similar circumstance could be applied. Are there any lessons there? They have obviously been doing this for many, many years and, of course, they are subject to the whims of whether it rains or not.

Ms Loveny: I know Jennifer will be able to tell you a lot about that because I know that her organisation works across it.

Mr M.J. COWPER: What I am saying is: are there any differentiations between the fact that they are in a mining camp as opposed to other environments, that is, agricultural? I would be interested to see what has been written on people who, for instance, spend six months of the year in Antarctica isolated.

Ms Loveny: There are a lot of other industries and professions. Without a doubt, there is some learning to be had there, and I know Jennifer will have some things to say about comparisons because I think there will be some parallels. For example, I know that the mental health of farmers is an issue; it is not that one is okay and the other is not. That long-distance commuting and living in rural and remote areas has been around forever. It is not like it is new.

Mr M.J. COWPER: It is an isolation issue; you can be isolated in the city, in a rural environment or in a mining camp or offshore.

Ms Crock: One of the differences for me, Murray, is that farming is a lifestyle, and even though you may be spending a lot of time on your machinery at certain times of the season, having to

harvest and whatever, and being very isolated, and there are certainly risks in that, you are also part of a wider community. That often is a very strong protective factor for mental health. You also have family that you go back to at night. The case with farmers is my impression is there a sense of control and choice that is not present in big mining villages and accommodation units on site. There are a lot of imposed rules and regulations about what you wear. Everything is dictated, which is understandable and often, ironically, for health and safety reasons—what you wear, what you eat, when you work, when you will not, when you will have breaks and so on. But, ironically, it can be detrimental to mental health because people do not have that sense of choice and control over their own lives to the same extent that farmers do. But I really acknowledge that farmers also have high risk of suicide; their mental health is at risk.

Mr M.J. COWPER: I probably should have gone further than just farmers, because if we go to the pastoralists, they can be hundreds of kilometres away from their neighbours.

Ms Crock: That is right.

The CHAIR: Julie, can I ask you to come back to the question of resilience and how This FIFO Life organisation can build resilience in the FIFO workforce? Just tell us what you do in that area. I know you have a This FIFO Life website, for instance, but also what your activities are in practical terms to build resilience in the workforce.

Ms Loveny: That is certainly out of the consultation that we did with a lot of organisations and FIFO workers and their families. Our brief from the Mental Health Commission was very much to look at a strength-based approach, so the website has been developed on the basis of the blog; the articles and information on there are very much about promoting mental health, resilience, and what you can do to stay well and healthy, as opposed to information about mental illness. That is not to say we do not have some of that, but it is very much looking at a strength-based approach. The directory, again, was about trying to challenge some of the myths—some of the things that we hear out on site very commonly, very common beliefs. I was out for something earlier this week where a manager said, “Well, of course, suicide—it’s such attention-seeking behaviour.” So you take a deep breath and think, “Right.” You really need to go back to mental health 101 and some of that, I guess, is the challenging of myths. Again, our experience of the consultation is that whilst we have the website for getting that information out there —

The CHAIR: Yes, I was just going to ask about that. It is great having a website, but what is the level of interaction? Is that engaging?

[10.00 am]

Ms Loveny: We have a Facebook page as well. So the guys on site said, “It’s got to come through on my newsfeed, otherwise I won’t look at it”; so we really had to embrace social media and technology in order to meet some of this need. The website is also really there as a free and available resource for resource companies to be able to link to and point their people to, plus to use things like return-to-work meetings and Toolbox Talks; they can pool information from there. I certainly have been working with some health and safety people who have been using some of that information just to do very quick information sessions. That is there as a resource, and the directory came about very much from our mission, which is really to see one of those in every donga. They are less likely to perhaps read it in the crib room if somebody else is looking, but if there is one of those in every donga, they have some information available and they also have some information about where to get support and help. There are plenty of helplines and plenty of things out there, but it is knowing where and having those numbers, resources and information to hand. That is certainly not currently the case in dongas. There is heaps of stuff about where to muster if there is a fire and so forth, but not what to do if you are feeling terrible at two o’clock in the morning.

Mr R.F. JOHNSON: Can I ask you, in your experience of the work that you do and where you go, how prevalent is the use of illegal drugs and alcohol in the FIFO workforce? How much does that contribute, in your view, to mental health problems in FIFO workers?

Ms Crock: That is a good question. My sense is and my own experience with FIFO workers is that it often happens when they are offsite. We know that there are alcohol and drug problems on site, but my experience has been that there is often bingeing behaviour when they are offsite, so really letting their hair down and making up for lost time. To me, that is more a symptom of people who are under stress and trying to find quick ways to unwind, relax, get together with mates and so on. I see very much that alcohol and drug problems are a symptom of some other problems; I do not see them as a problem in themselves. They create problems, but to me they are a symptom, often of self-diagnosing mental illness or mental health problems that have not been addressed.

The CHAIR: Self-treating.

Ms Crock: Yes, self-treating.

Ms Loveny: Yes, it is a way of numbing the pain and blotting out some of the stresses and what have you. Certainly, anecdotally, I hear a lot about it on RNR and the use of synthetic drugs because I know that they are hard to detect and they clean themselves up before they come back to site, so it certainly is an issue. The other thing is that on a camp site there are limited things to do. I know they have great exercise opportunities and so forth —

The CHAIR: Eighteen per cent participation rate.

Ms Loveny: Okay. So, they go to the wet mess. If you want to fit in and belong in a camp, you go to the wet mess.

Ms Crock: They want some connection with others.

Ms Loveny: You would have to have a fair bit of wherewithal to create other opportunities, and that is the obvious one, and there is a strong culture of, if you are going to fit in, that is what you need to be part of. That is heavily controlled in terms of how much you can drink; it is only open at certain hours and you have to close it in order to make them go for dinner. So it takes away any of that self-responsibility. That is the other thing we hear anecdotally from families, particularly partners, that everything is so controlled, even to get their room cleaned, they will pick up a towel off the floor, and all of that. But they then come home and kind of expect a smorgasbord of choice of meals and somebody picking up their towel, so it is taking away some of their self-responsibility as well, which I think is an unintended consequence of some of it, because I am sure that the resources companies are very well-intended in providing some of this in order to make the whole FIFO experience more palatable and more enjoyable, but it does take away self-responsibility.

Mr M.J. COWPER: Ladies, given your background and work experience, do you have any comment to make in and around whether or not you believe some people are better suited to a fly in, fly out arrangement? What I am leading to is: are there people who should not engage in this type of activity? Should they choose other options, whether to live in the north, or to not be involved in the sector at all? I would be interested to hear if you have got any anecdotal comments to make.

Ms Crock: My experience with FIFO workers is that many of them do it very well, and some will say it has built their resilience, that it has made their relationships with their partners stronger, that they have made more effort to keep in touch with their children in a way they might not have if they lived with them. However, I also think that it does not take very much to change the dynamics where that may put them at risk. It is a very dynamic situation; it is not that people either do it well or they do not. It can change. My sense is really that it is like any other workforce and any other circumstances that there are some particular challenges, but if people are supported and protective factors are put in place, they can be overcome. Sure, there will be some people we know—many of us have mental health issues during the course of our lives; most of us will, and many of us will

know people up close who have them, so it is not about filtering people out who might be at risk of that, it is about, let us find ways to support people so that risk is minimised.

Ms Loveny: I have really been very concerned hearing some suggestions about personality testing and screening people. We know from the research that that is actually not effective, and any idea that you might be screening somebody on the basis of some kind of personality trait.

The CHAIR: Or you have a predisposition —

Ms Loveny: A predisposition, yes, because we know it is multifaceted and if you were actually saying, for example that, yes I have experienced depression in my life and that therefore meant that one was not able to do FIFO, in fact, that could be the very best person for the role. I think it is really dangerous to be looking at that. What I do think is that people need to be much better prepared and much better informed about the lifestyle so that they are making better choices about whether this is suited to them. When you look at, I guess, literacy education levels of the demographics that are going to work on sites, and certainly the mental health literacy, it is not high, as is the case across the community. But if there was a lot more education in that early stage, then people would hopefully self-select on the basis of whether it was actually something that they were suited to. I also think it is not necessarily the case that to be residential solves the problem, because I can tell you many horror stories from talking with people who live residentially, where you are living in a rural and remote area, and that has a whole range of challenges and what have you, too. It is not as if FIFO is bad and living residentially is good; it is multifaceted.

Mr M.J. COWPER: Just to see if I can turn that around for you, yes, we all suffer from depression. I have got three teenage children and a telephone bill that comes in, and that gets me pretty depressed.

Ms Loveny: You are supporting their mental health there.

Mr M.J. COWPER: The situation is that if I were a BHP or Rio worker, how do I put support in there? Are you saying that we need to educate them and make them self-support? If a whole bunch of workers came in, they are not all going to be at the same level; they are going to be somewhere in that cycle or parameter. How does Rio Tinto or BHP or Chevron gauge where they are at and provide that support?

Ms Loveny: I think that preparation and education awareness is essential across the board and that that needs to strongly include information about mental health, and it is really important that the right messages are given around mental health as well because there is a lot of misinformation in this, and that really needs to be consistent with current research and practices and so forth. That would be one thing. I think we need to also be looking at what information can be on site. We know, for example, Jennifer will be talking about some of the work they do so that there is something that is actually integrated and ongoing so that that kind of education and awareness is embedded in the culture, in the same way that physical health and safety is. There is not a day that goes go by when every worker will have been exposed to information and reminders and so forth about physical health and safety, and mental health should be there too. Our experience is that a lot of companies are fearful; they do not know—especially actually on site, because whilst at a grandiose level, at a higher level they may have mental health strategies and say they are doing a lot, actually on the ground, supervisors, superintendents, leaders, do not necessarily know what to do. They are scared. They are caught up in in the mist, if they have not had the education and awareness. It has got to start with the leaders. That is where education and awareness needs to start, and you have got to have companies where their leaders are committed—genuinely committed. The research that has come out of beyondblue's Heads Up—they had PricewaterhouseCoopers clearly demonstrate that we have evidence now that where there are leaders who are committed to mental health, we have much better and more mentally healthy workplaces and more engaged employees. It has got to be not just from those coming in as new employees; it has got to be coming from the top down. It has got to be embedded in the culture.

[10.10 am]

Mr M.J. COWPER: That could be said of the entire workforce.

Ms Loveny: Absolutely, and that has been one of my concerns too about this. It is not just about FIFO and it is not just about resource companies.

Ms J.M. FREEMAN: But FIFO has those particular risks.

Ms Loveny: Yes, particular risks. And why not say, “Yes, there is a problem; let’s fix; let’s get on board.” Let us not have to wait to prove whether there is a problem or not; we know there is, across the board. Why would resource companies not jump aboard and say “Okay, let’s lead the way; let’s actually get some research happening; let’s actually develop some best practices” so that we can say “Gosh, WA or Australian resource companies have really led the way in this.” Would that not be wonderful?

The CHAIR: Can I just bring you back to that stigma? We have talked to mining companies too, and we have got an employee assistance program committee that works and we have got a fatigue management plan. Essentially, we try and obviously rehabilitate employees. It is about the stigma, though. We hear from the people on the ground, as it were, about the stigma. We hear stories about people not sharing with their supervisors that they are actually not coping. We get the company line that that there is no stigma, and yet we have heard that there are very significant cases where people, for the fear of getting a window seat—which is lose your job and back to Perth—will not actually come and share. I just would ask what you think the prevalence of that is?

Ms Loveny: It is absolutely rampant, especially at the moment. I have been doing a lot of work with companies around redundancies, so the anxiety and stress at the moment is widespread across the board because jobs are being cut.

The CHAIR: It is getting tighter.

Ms Loveny: Coming forward about a mental health issue and the stigma around that and fear of a window seat is high anyway, and you layer that now with the economic climate and the redundancies, and you have not got a hope of somebody putting their hand up and saying that they are struggling. If you are applying for a job, to disclose that you have a mental health issue—I mean, a manager said to me the other day, “If I’ve got 15 crane drivers and one of them says they have had depression, there is no way I am going to choose the one who has depression.”

The CHAIR: Can I ask you about the employee assistance program? Janine and I went to Karratha and we visited different sites. There appears to be an EAP at every site. Some of them, I must say, constitute a long list of phone numbers plastered to a notice board or the back of a door in the donga, in very small print, because there is actually an EAP for almost every different contractor.

Ms Loveny: Yes, we have all different ones.

The CHAIR: So there is not one that actually fits.

Ms Loveny: No.

The CHAIR: If you are working for contractor A and you are not feeling so well, you actually have to look up the EAP for contractor A on that list.

Ms J.M. FREEMAN: Or you could be in the situation of there being one, but it is the wrong one and the wrong number.

Ms Loveny: Yes. Again, I hear stories of people being told, “But we are not your EAP provider.”

The CHAIR: My question is about the reliance on the employee assistance program. What is the engagement in and uptake of that? In that EAP, what funding and resources go to face-to-face sessions? We can talk about ringing up on a phone and getting a helpline and getting some support, but what component of the effort and funding goes to a number of face-to-face sessions in that?

Ms Loveny: You may want to verify these statistics, but my memory of readings on research and statistics around the uptake of EAP is that it is less than five per cent of employees for an average of not quite two sessions. We know that EAP as a model is not great in terms of support. I cannot tell you how many people, when I ask them what they are doing around mental health, say, “We’ve got an EAP; tick that box.” We know that there is a low uptake, and certainly the Lifeline research has demonstrated that help-seeking behaviour is low. The combination and the model of EAP and low help-seeking behaviour means that it is not really a very effective tool.

Ms Crock: That is particularly for this age group of men.

Ms Loveny: I think, generally speaking, my understanding is that EAP providers are actually bidding for the tender on the basis that there will be a low uptake and an average of less than two sessions, because it is a very competitive market and they need to make things work commercially for them. My experience, too, having done some work for EAP, is that it is usually when there is a crisis. It is only then that somebody accesses it. If I am onsite, it is often a mate or a supervisor that brings someone along who is really very distressed by that stage. Again, it is working at the wrong end, and a lot more needs to be done now. I know some EAPs offer some training and courses and what have you, but it is not in the same way, for example, that Jennifer’s Australasian Centre for Rural and Remote Mental Health is doing, looking much more at coming in at that early stage and putting some things in place in order to prevent it getting to the point when it needs to go to the EAP. I am not aware that EAPs are commonly on sites doing that kind of training and what have you. In a sense, it is not in their interest. Unless an organisation or company is actually going to pay the EAP to come in and do training and preventative stuff and other things, it does not happen.

Ms Crock: Can I just add that there is also the issue of stigma. To be seen to be going to a counsellor is putting your hand up and admitting you have a problem, and the stigma comes in.

The CHAIR: Following on from that, if you could eradicate the stigma, and the worker reports it to his supervisor, what is the likelihood of the supervisor having had any mental health training or awareness in the manager, a supervisor, a health and safety person or even at the gym, the ACL—what do they call them, activity —

Ms J.M. FREEMAN: At the gyms. They go to the gyms and say, “Here is the couch that they can sit on and tell us about their problems.” I asked them, “Have you had any mental health training?” And they said, “Yes, I did a module on the computer just the other day.” I said, “Yes, okay.” One young woman said that in a previous position she had done first aid mental health and felt that she had a capacity to do so, but that was not because she was employed to do that. You have these gym people who are working with a very small percentage of the workforce who are acting as quasi counsellors. Is that what you found?

Ms Loveny: Yes, and it also seems to be just by luck if you happen to get a leader, a supervisor or a health and safety person who perhaps has got some compassionate people skills. In which case, they are often quite helpful, at least as a kind of conduit, to getting other help. But commonly, they have absolutely zilch awareness of mental health, just like my guy earlier this week saying that suicide is attention seeking. It is not that they do not have any understanding; the understanding that they have is actually dangerous. It is really hit and miss, and there is definitely not, from our experience, a kind of widespread—it was an absolute joy for us recently when one company came forward and we have been doing some awareness training with large groups of its leaders. It is like: yes, more of this please! But that would be very unusual.

Ms J.M. FREEMAN: Was that a construction company or a production workforce?

Ms Loveny: It was service provider. We need more of that, because one of those leaders looked up and said, “I had it that anybody with a mental health issue could get a window seat. They were not going to be in my team, thank you, very much. Now, given what I have heard, I realise, that in

my crew of 25, there is probably going to be at least five of them, if not more, experiencing mental health problems, and I would not have a team if that was the case.” He really changed his thinking and his views just from having some more information about it. It is not their core business; it is not a mining company’s core business, so it is completely hit and miss as to whether somebody gets well.

Mr R.F. JOHNSON: One is a comment and the other one is a question.

The CHAIR: No, just the question would be good.

[10.20 am]

Mr R.F. JOHNSON: Can I have a bit of indulgence, Mr Chairman, please? I think our ladies are going to have a few more problems coming very, very soon, because I think there is a few hundred workers who have been made redundant today, and there is another large mining company that is trickling them out, as you are probably aware, a few at a time and a few a week, so that they do not raise suspicions or comments in the media. That was the statement. The question is this: do you believe in your experience that the facility for assisting all the workers on mining sites, whether it be construction or production, should be paid for by the head mining company and not left to the individual—there are dozens of them—contractors? Should the main mining company be responsible for the overall care and maintenance, if you like, of all the workforce working on their projects?

Ms Crock: That is an interesting idea. I agree that that would help, because that would have clearer lines of responsibility. After all, it is the mining company that set up the mine and has the benefits of it, so that would be a help.

Mr R.F. JOHNSON: So that was a good question?

Ms Loveny: It certainly is a good question. Anecdotally, I have been to sites where the construction workers are expected to work under conditions that the mining company would not allow for their employees. In my view, there should be an expectation of the same.

The CHAIR: The chain of responsibility.

Ms Loveny: Absolutely. And to be competitive, they have to.

Mr R.F. JOHNSON: A lot of these mine sites are like a community of 2 000 individuals. That is like a remote community.

Ms J.M. FREEMAN: There are 8 000 on Barrow Island.

Ms Loveny: That is a small town.

Mr R.F. JOHNSON: Exactly; they are like a large town, not a small town. Most large towns in WA have facilities within them to be able to assist people with health and mental health and all the other problems that everybody has. So you agree that the main mining companies should be the ones responsible for ensuring that there is assistance within that community for all the workers, not just the production workers?

Ms Loveny: Absolutely.

Ms J.M. FREEMAN: Can I just clarify; you said that it is not just about them paying for it but it is also about them having similar policies. If a mining company has a fatigue management policy that sets up certain rosters or an accommodation policy that enables people to have their own accommodation and not have to use motels, is it your view that that should apply to the construction company?

Ms Loveny: I think there should be policies and guidelines that are standardised in expectation across the industry, so that there cannot be these kinds of variances—Sue got this one.

Ms Crock: Yes, this morning.

Ms Loveny: It is astonishing. I think, because we are running out of time, in terms of other recommendations—the trauma work that I do, I think, we need a lot more information and understanding about the impact of trauma, not just when there is a critical incident onsite, but for people generally. We have all experienced trauma and that is part of what we bring to our lives, that is part of what we bring to our resilience or not, and to our mental health or not. So, a better understanding about the impact of trauma; it is the one time when I see companies really kind of step up generally and rally. There is something about when there has been a critical incident or trauma, it makes it more acceptable, I think, for people to actually say, “Yes, I do need to talk to somebody.” Although, having said that, I am very conscious when I go to sites it is like “The shrink lady is here” and there is still a lot of stigma around coming to and being seen talking with someone. But that trauma is certainly an area to work on.

Ms Crock: And there is an opportunity when there is a trauma for companies to do some work, because blokes are more open because they have seen something happen and they think “That could have been me or it could be my family.” So it is a real opportunity and it is a missed opportunity.

The CHAIR: Can I quickly ask—if you cannot answer it I understand. One of the things we have grappled with from the early stages of the hearings is that in regulations, under legislation, whether it be occupational health or mine safety, it talks about the health of workers. Are you two convinced that the health of workers means not only their physical health, but also their mental health?

Ms Loveny: Absolutely; and it should be so much more explicit than that in the legislation, so much more. I think that is where it needs defining, so that there is no misunderstanding about what we mean by it and it is not open to interpretation and we have some sense of what we mean by mental health.

Mr M.J. COWPER: The relationship between FIFO and residential in the mining towns; generally speaking, you have the FIFOs who come into town for a specific period and they do not have a lot of ownership to the town, the local sporting groups and the like. On the one hand, you are saying that the mining companies are going to be responsible for, if you like, synthetically providing support that is provided by many other service groups—Rotary clubs, Lions clubs, Hash House Harriers—that occupy that space. First of all, a comment about the relationship between FIFO and non-FIFO in these communities, and how do you replicate those services in a contemporary fly in, fly out environment?

Ms Loveny: It is clearly a very isolated environment and it has got some challenges. But is there any reason why you could not have a Rotary club out of a camp? Are there not lots of things that could come out of the workforce there in terms of what they might like? Could you not have somewhere where they can play cards, where they can have a book club?

Mr R.F. JOHNSON: They could have an orchestra.

Ms Loveny: You could have an orchestra or a jamming session. They are just not things that have been consciously thought about. I think there are some efforts, and again I think they are often about the health and lifestyle coordinators going “Let us have a something” as opposed to consulting with what people would like and encouraging people to initiate things themselves and start them the same way that you would if you were living in Tom Price or Karratha.

Ms Crock: I do not think it can be imposed; it has to come from people themselves.

Mr M.J. COWPER: I used to run a quiz night once a month with workers. Generally speaking, when they knocked off work they went to the pub, they went to mess and then they went to bed. Once a month, we filled the place. I am saying that you are right that it has to be done from the ground up.

Ms Loveny: It is what people want as opposed to, you know.

Mr M.J. COWPER: When do you lose this sort of us-and-them attitude between —

Ms Crock: I think that us-and-them attitude is a big problem. It is about the differences. And also the blame culture when something goes wrong. We look to find who is at fault, rather than looking at this as a learning opportunity: How we could do this better? How can we ensure this does not happen again? There is a lot of attitudinal change needed.

Ms Loveny: The other thing, because I know we are running out of time, that I want to make a big plea for—again this is evidence-based—is the success of peer-support models and mental health champions. We now have a lot of research that supports that. You know, Mates in Construction is certainly doing a good job there. Jennifer, I am sure, would also talk about the work that she is doing in that area. Again, I think if you have a peer-support model, then you are giving people options and they do not necessarily have to go to their supervisor. We know from the research that people are more likely to go and talk to a mate or somebody they know who has walked in their shoes or that they respect and trust, than coming to EAP, for example.

Mr M.J. COWPER: Julie, is any work being done on the backend of this? We have been talking about the workers themselves, but these workers have families and that obviously has a significant impact on the other end. Any work on that?

Ms Crock: I do not know of work specifically around FIFO families and the impact of FIFO. There is some, but very little. But, anecdotally, we know the strain on relationships it places not just on partners, but also children and parenting and also friendships—the difficulty for FIFO workers to maintain friendships because they are out of the social loop.

Ms Loveny: Picking up on your earlier point, there are many other workers who have those same challenges. I think some of it is about looking at those people who make it work well: What it is that they have? What is it that they do? What are the skills? What are the opportunities that they create in order to make it work? Because we have had plenty of wonderful stories about working in FIFO for 25 years and “Our marriage is wonderful because of it and it is like a honeymoon every time I go home”. We have to be able to learn something from the people who do make it work well and other industries.

Mr M.J. COWPER: Just another note, a friend of mine who is a keen fisherman and works offshore, and he sees all the fish there and he cannot go, and he reckons that is torture.

The CHAIR: We might wind up, thank you, very much.

Julie and Sue, thank you for your evidence before the committee today. A transcript of this hearing will be forwarded to you for the 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 returned, it will be deemed that you feel that it is correct. New material cannot be added by these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points please do so in a supplementary submission for the committee’s consideration when you return your corrected transcript of evidence. Thank you, for your time today.

Hearing concluded at 10.30 am
