30 September 2014

Dr Graham Jacobs MLA
Education and Health Standing Committee
Legislative Assembly Committee Office
Level 1
11 Harvest Tce
WEST PERTH WA 6005

Dear Dr Jacobs

Inquiry into Mental Health Impacts of FIFO Work Arrangements

The Australian Medical Association (WA) is pleased to provide its submission to the Parliamentary Inquiry into Mental Health Impacts of FIFO Work Arrangements.

The AMA (WA) commends the Education and Health Standing Committee for leading this Inquiry. The issue of FIFO mental health has been on the AMA (WA) agenda for some time now and was a focus of a submission made previously to the Federal Parliamentary Inquiry into the impacts of FIFO employment.

I sincerely hope that the State Inquiry receives comprehensive submissions from a range of organisations and stakeholders providing expertise and first-hand experience in the area of FIFO mental health. Any response to the problems will require a multi-sectoral approach and a significant focus on mental health alongside physical safety in FIFO workplaces.

I look forward to the outcomes of the Inquiry and should you require further information from the AMA (WA) at any stage during the Inquiry, we will be pleased to assist.

Yours sincerely

DR MICHAEL GANNON
PRESIDENT
INQUIRY INTO MENTAL HEALTH IMPACTS OF FIFO WORK ARRANGEMENTS
AUSTRALIAN MEDICAL ASSOCIATION (WA) SUBMISSION

Introduction
FIFO is more prevalent in WA than in any other State or Territory. 80% of mining employees are male, with a median age of 40 years old and this has a close correlation with male suicide rates. As of January 2014, there were 446 operating mines throughout Australia (miningaustralia.com.au). Just under half (202) of these were situated in WA. It is estimated that by 2015, the WA resources industry will employ 110,000 people with 57% of these, or approximately 63,000 workers employed on FIFO rosters (watoday.com.au).

Whilst FIFO work is not only utilised in the resources sector, currently, due to multiple factors such as the WA mining boom, the growing international demand for Australian resources, coupled with the rapid expansion of infrastructure required to support the ‘boom’, it has become the mining industry’s preferred method of staffing mine sites in remote and rural locations.

The AMA (WA) has identified clear priorities in FIFO mental health and highlights work organisation as the primary cause of stress and mental illness in this employment context. Employers are essential partners in the solutions aimed at addressing mental illness in FIFO workers. Worker mental health must be adopted by employers as a necessary condition for production. It is evident that organisational management is causing stress, isolation, alienation, insecurity and powerlessness among FIFO workers and their families. The employer is in control of this environment and should provide the impetus for positive change.

The Problem
As there is a high prevalence of FIFO work in the mining industry, this will be the primary focus of the AMA (WA) submission. In this context, it must be recognised that the potent mix of FIFO employment away from home, coupled with long shifts on mine sites that have an embedded ‘macho’ culture and an inflexible working environment, has a significant impact on the mental health and wellbeing of FIFO workers. It is therefore important to be particularly cognisant of the multifaceted approach that must be taken in tackling the cause of mental illness and poor mental health amongst FIFO workers.

At this point, it is important to draw a distinction between the terms mental illness and mental health. The distinction between the two terms is particularly important in the context of this Inquiry. The media coverage and attention that was the impetus for the Inquiry has focused on highlighted incidences and manifestations of mental illness and, in particular, suicide. Whilst it is essential that issues relating to mental illness are addressed, it is also necessary to highlight the contributing and overarching effect of FIFO work on mental health and wellbeing. Recognising that, even in the absence of mental illness, maintaining mental health is essential to personal wellbeing and is something that should be a parallel focus of this Inquiry. Mental illness is defined within the WA Mental Health Bill 2013 as a condition that is characterised by a disturbance of thought, mood, volition, perception, orientation or memory and significantly impairs (temporarily or permanently)
the person's judgement or behaviour. The World Health Organisation defines mental health as a state of wellbeing in which the individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community.

The AMA (WA) is aware of some research that has been undertaken into FIFO mental health and the Association notes that this overwhelmingly identifies direct causal links between workplace action / omission and poor mental health. Clearly, the workplace itself is a major stressor to FIFO employees.

AMA (WA) Members involved in occupational health and safety, mental health and general practice have reported that FIFO workers are exposed to numerous stressors both at work and at home within a highly unnatural context. These medical practitioners report that their conversations with individual FIFO workers point very clearly to what the stressors are and these are related to the abnormal work practices which one Occupational Health physician has labelled 'inhumane'. The importance of this self-reported information must not be overlooked in calls for more extensive research into FIFO mental health and mental illness as there is great value in hearing from a person how the FIFO workplace and lifestyle affects them individually.

FIFO work has significant demands associated with being asked to work hard (often in adverse conditions) over long days with limited freedom and minimal control over the way in which an employee undertakes his or her work. The less control over what you do – the greater the stress. In a highly regulated workplace, this is reported to be a major cause of workplace stress for FIFO workers.

**Addressing the Problem**

AMA (WA) members who treat FIFO workers for mental illness report that, across the board, there is very little employer care evident in terms of the individual psychological health of their workforce. The AMA (WA) recommends that real pressure needs to be applied to the mining companies to take this responsibility given that there is clear evidence demonstrating the harmful nature of the FIFO work context on the mental health of employees.

The AMA (WA) believes that the medical profession has a significant role in bringing mental health issues associated with FIFO work to the forefront and should be integral in the implementation of the recommendations of this Inquiry.

Appropriate education and training of Managers and Supervisors is critical in addressing the mental health consequences of the way they manage their employees. Reports from FIFO workers indicate that there is very little focus on the identification and management of employees with mental illness and Managers and Supervisors are generally ill-equipped to provide appropriate responses. Much of this is the result of inappropriate organisational culture which leads to employees feeling threatened and at risk of losing their jobs if they speak about mental health problems they are experiencing. Organisation cultural change is at the heart of many of the initiatives that are required to address the mental health issues of FIFO workers and needs to be honestly embraced by resource sector companies.

There is potential for resource companies to implement mental health risk profiling (conducted by medical professionals) for their workforce with the intent to identify those employees at risk of mental illness and to assist them in seeking support strategies. Addressing potential mental health issues associated with FIFO employment should be an integral part of the recruitment and induction processes.
Contributing Factors That May Lead to Mental Illness and Suicide Amongst FIFO Workers

The AMA (WA) has reviewed a number of research papers showing that FIFO workers demonstrate a range of non-effective coping behaviours in relation to the unique pressures of working in a FIFO environment. These include withdrawing emotionally, ignoring personal needs and using alcohol and drugs.

Research has shown that employee stress levels fluctuate during particular phases of the FIFO work cycle. This information would be useful for employers to understand when developing workplace policies and practices. For example, the highest levels of employee stress are recorded during the days leading up to the on-site rotation and reduce steadily during the rotation, dropping to the lowest levels on return to home.

Higher stress levels have been recorded for FIFO workers on incomes of $200,000 or more and also in those employees with young children at home. Again, some research has been undertaken to identify these (and other) factors and the AMA (WA) recommends that such research be thoroughly evaluated to identify where workplace practices and policies can be developed to meet the specific needs of the workers who are most at risk of adverse mental health outcomes.

Reports from WA medical practitioners and research findings highlight that many FIFO workers have an extremely limited knowledge of the unique factors associated with FIFO work before starting work on-site. The realities of separation from home and families are often not thoroughly considered until work on site has commenced. In addition, the effects of long day and night shifts are often not fully appreciated by employees until they are engaged in these work practices. Disrupted sleep and fatigue are contributors to poor mental wellbeing and the AMA (WA) recommends that more attention to these factors is given at the interview and orientation stages of employment. Doctors report that some FIFO workers will use alcohol and drugs to manage these disrupted sleep patterns.

When the realities of the FIFO lifestyle are compared to the factors associated with risky drug and alcohol consumption, it is evident that particular similarities exist. The AMA (WA) has previously articulated reports from WA medical practitioners that the disrupting nature of FIFO employment has led to an increased use of alcohol and drugs in their FIFO patients. This high risk taking behaviour is a proven risk factor in an age and gender cohort already predisposed to suicide.

It appears there are tactics to avoid on-site drug test detection that are employed by some FIFO workers. These include the use of masking agents, using other people’s urine or sleeping in and avoiding the tests altogether.

The AMA (WA) believes that there needs to be a firm commitment on the part of mining companies to employ a multitude of approaches to address the impact of their employees’ drug use on their mental health. This should be enshrined in the relevant legislation with accountability of the employer directly addressed. The Association calls for a non-flexible, zero tolerance policy across the industry, complemented by the development and implementation of health promotion and intervention strategies.

In itself, the FIFO workplace is a major stressor for employees with isolating accommodation and working conditions being reported as having a significant impact on the mental wellbeing of employees. Onerous rules, safety procedures and focus on achievement of production levels have been shown to create a distinct sense of entrapment in FIFO workers. The on-site lifestyle can be
boring and monotonous for employees, many of whom spend their out-of-work hours in the solitary space of their site accommodation.

The lack of freedom and control over working hours cannot be underestimated as having a major negative impact on employee mental health. FIFO employees report that their entire time on site is regulated by the tightly structured confines of a FIFO environment.

It is critical that mining companies ensure that communication is facilitated with employees and their families and friends as this is an important factor in caring for their workers’ mental wellbeing. FIFO employees experiencing reduced involvement in their home community and social networks highlight the importance of maintaining regular communication whilst on-site. Research has shown that heightened symptoms of depression result in those FIFO employees who are missing out on important family and social events whilst they are on-site.

The AMA (WA) recommends that employers explore strategies for assisting FIFO employees to manage problems associated with adjustment to home life after their on-site roster concludes. Lifestyle challenges are not limited to time on site as there are health issues association with adjustment of sleeping patterns and daily routines. This, together with re-engaging with family members after time away on-site, can be a major cause of employee stress and has been linked to symptoms of depression and anxiety.

It appears that some employers are offering comprehensive and valuable employee support programs, but workers report that whilst they have awareness of these programs, they are reluctant or unwilling to engage these services when experiencing mental health issues. Research has linked this to barriers related to the stigma associated with accessing these services and the predominant ‘macho’ culture that exists in FIFO environments. The AMA (WA) recommends that employers re-focus on identifying the cultural issues that operate within their FIFO sites and develop education, policies and practices to invoke cultural change which supports employee access to mental health assistance programs and associated services.

A sustained commitment from Government and relevant industry bodies is recommended to dismantle unhealthy attitudes and stigma that surround mental health and mental illness. A level of responsibility must be placed on mining companies to demonstrably create and maintain workplace environments that are conducive to mental health and wellbeing.

The AMA (WA) recommends strong and ongoing collaboration between the resources sector and public health medicine and occupational medicine professionals in developing robust research programs that will facilitate the development of policies and procedures for FIFO sites that will lead to improved mental health outcomes for FIFO workers. The Association’s investigation into the published research on the mental health of FIFO workers has identified a critical need for a comprehensive review of existing research and identification of gaps within this research.

Attention must be paid to the changing nature of the resources sector when determining future research needs. For instance, the changing WA economy and variance in workforce needs within the resources sector creates uncertainty amongst FIFO employees as to the ongoing security of their employment. As many FIFO workers are highly committed financially based on their current incomes, any threat to this income has the potential to impact on mental health. The AMA (WA) encourages employers to be cognisant of this and to develop strategies for employees to cope with changing circumstances.
The AMA (WA) further recommends that all FIFO workers are trained (as part of a compulsory induction) to recognise and appropriately report hazards that impact on the mental health of themselves or their fellow employees in a safe, confidential and supportive manner. Supportive and accessible structures must be in place to ensure that employees have swift access to professional help and intervention if required. This assistance should be accessible to FIFO workers at all times, including during their rostered time off.

**Current Legislation, Regulations, Policies and Practices for Workplace Mental Health in WA**

Current Occupational Health & Safety (OH&S) legislation that provides the legislative foundation for maintaining a safe and healthy workplace environment includes specific legislation applicable to the resources industry, given the added inherent dangers that result from certain types of employment such as shift work or FIFO work. However, the legislative focus is on minimising the physical risks and largely ignores the minimisation of risk to mental wellbeing. The Mines Safety and Inspection Act 1994, mining industry specific OH&S legislation, focuses on the physical risks that are present in the mining industry. As with generally applicable OH&S legislation, the Act lacks a specific focus on mental wellbeing of the workforce that would be required to overcome the unique barriers, and implement specific strategies, that are necessary to tackle the increased risk and high incidence of mental illness in the FIFO mining workforce.

The AMA (WA) recommends that the State Government, in collaboration with the resources sector, undertakes a detailed review of existing legislation including the Occupational Health and Safety Act, the Mines Safety and Inspection Act and their associated regulations and codes of practice to determine how mental health can be incorporated into the application of such legislation in FIFO workplaces. It is imperative that mental health within the FIFO workforce is placed on an equal footing with physical safety.

The AMA (WA) is concerned that existing legislation is designed to prevent risks to the physical wellbeing of an individual, rather than protecting both the physical and mental wellbeing. Legislation and associated provisions also fail to take into account the necessary safeguards that are required to promote mental health. For example, Section 11 of the Mines Safety and Inspection Act places a duty on every person to report to an authority, any potentially serious occurrence that arises or any situation that constitutes a hazard. This provision embodies glaring deficiencies within legislation that fail to adequately recognise and enforce the reporting of incidences and threats to mental health. Relying on these provisions to prevent mental illness and promote mental health when mental illness could foreseeably result in an injury is dependent on the workforce being able to identify and recognise signs of, or threats to, poor mental health. The AMA (WA) is concerned this is something that is not currently part of all staff inductions, and therefore in this context, the majority of mining staff are not equipped to recognise or respond to such incidences. There is then an added layer of risk that any highlighted issues are not recognised or dealt with appropriately, as there are no requirements that the authority to which the hazard is reported is specifically skilled to deal with, or experienced in, the protection of mental health.

The AMA (WA) recommends a comprehensive review and update of current OH&S and Mines Safety legislation concentrating on the creation of provisions focusing specifically on mental health and wellbeing and recognising the unique nature of, and challenges associated with, workplace mental health. Further, it is recommended that there be explicit recognition of the way in which employment type and shift patterns impact OH&S, including specific reference and protection for FIFO workers, and measures which reduce associated risks.
It is also recommended that mining companies and Safety Inspectors undertake detailed investigations into whether mental health problems are contributing to workplace incidents / accidents. This would require appropriate reference to mental health professionals.

**Current Initiatives by Government, Industry and the Community**

In the WA Mental Health Commission’s strategic policy and action plan (*Mental Health 2020*), there is specific reference to FIFO workers, referring to a number of measures designed to target this specific demographic. The *Mental Health 2020* plan recommends:

- Expanding and developing suicide prevention community action plans
- Expanding mental health campaigns targeted at FIFO workers
- Increasing the focus on mental illness and promotion

The AMA (WA) recommends an update be provided by the Commission as to WA initiatives and programs that have been developed specific to addressing the issues around FIFO mental health. Whilst it is commendable that FIFO workers have been identified as an at risk target population, it is concerning to note that since the release of the action plan, FIFO workers have only been referred to in one of the Commission’s Annual Reports. Furthermore, steps taken towards expanding and developing suicide prevention community action plans do not have a specific FIFO dimension and have ultimately been the subject of criticism from the WA Auditor General, in particular for the lack of focus to achieve sustainability. Perhaps these shortfalls are unsurprising given the current State Government’s budgetary commitment to such programs. For example, between 2009 and 2012, over $100 million has been spent on WA road safety whilst only $13 million was allocated to WA’s Suicide Prevention Strategy. Over the same period there were 740 deaths on WA roads [http://www.ors.wa.gov.au/Statistics](http://www.ors.wa.gov.au/Statistics), compared to 1260 people that committed suicide.

Recently, the State Government allocated $120,000 to develop *This FIFO Life*, a website designed to provide support and information to FIFO workers and their families. The importance of such resources should not be overlooked, however such resources will often only be utilised in times of need – there is no compulsion for mining companies to direct workers to them, and there are also the obvious issues of confidentially accessing such resources whilst based in rural and remote mining locations.

The AMA (WA) has discovered limited information as to how individual mining companies employing a FIFO workforce promote mental health and protect those within their workforce with mental illness. It would appear that in terms of promoting mental health, the vast majority of the industry’s focus is on the financial sponsorship of NGO or community organisations. This is unsurprising given that their legislative duty is based on OH&S legislation which focuses on physical wellbeing. Undoubtedly, there are initiatives, support mechanisms and programs in place within the individual mining companies, however there is a lack of legal compulsion enforcing proactivity and there are no reporting mechanisms. A significant burden of promoting and protecting the mental health and wellbeing of FIFO workers appears to have fallen on employee organisations, community groups and NGOs.

**Conclusion**

The AMA (WA) stresses that primary prevention is the first and foremost consideration in addressing the issue of FIFO mental health – this is followed by secondary and tertiary preventative strategies. The Association would urge that the Committee recommends that mental health becomes an integral part of workplace management in FIFO workplaces and is not subordinate to production. This Inquiry and the future implementation of its recommendations is a welcome invitation for industry to adopt health as an integral and cooperative partner in properly tackling problems associated with mental illness amongst FIFO workers.
In 2011, the AMA (WA) submitted to the Federal Parliamentary Inquiry into the economic impacts of FIFO that the Inquiry had failed to include the examination of health issues impacting on FIFO workers. This prompted the Inquiry to add health to its terms of reference and the AMA (WA) prepared a detailed submission focusing on FIFO health impacts and then lobbied strongly for the implementation of many of the health related recommendations that were included in the final report. Unfortunately, the recommendations were then lost in the mists of a bitter Federal election campaign and have not re-surfaced under the current Government. Now, with the terrible suicides of FIFO workers, the issue of the mental health of FIFO workers has been highlighted and another Inquiry has been called – this time by the State Government. The Association remains hopeful that the submissions from health professionals be thoroughly considered and that all appropriate recommendations eventuating from the Inquiry be swiftly implemented.