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Mr Matthew Bates  
Principal Research Officer  
Education and Health Standing Committee  
Parliament House  
PERTH WA 6000

Dear Mr Bates

**Inquiry into mental health impacts of FIFO work arrangements**

I refer to the letter dated 25 August 2014 from Dr Graham Jacobs MLA, Chairman of the Education and Health Standing Committee (**Committee**).

Thank you for the opportunity to provide comments in relation to the Committee's inquiry into mental health impacts of FIFO work arrangements (**Inquiry**).

The attached submission sets out our comments and provides details in relation to:

- the three questions that were specific to Rio Tinto raised by Dr Jacobs in his letter;
- those Terms of Reference (**TRs**) of the Committee's Inquiry that are not covered by the three Rio Tinto-specific questions; and
- the employment conditions of Rio Tinto's FIFO employees.

As a general observation, I welcome and support the conduct of the Inquiry. As the Chief executive of Rio Tinto Iron Ore, nothing is more important than the health and wellbeing of our people

I am confident that the Committee's deliberations represent a valuable opportunity to positively contribute to greater awareness and understanding of the complexity of mental health issues and suicide prevention. In this regard, I see the Committee's deliberations as a natural complement to work already being done by existing forums, such as the Ministerial Council on Suicide Prevention, which I have recently joined.

These are very broad issues that are reflected right across our community and I look forward to the Inquiry encouraging all Western Australians, as a society, to have the conversation about mental health, to work to reduce the stigma attached to mental illness and suicide and to ensure that we have the required resources to provide the right support.

However, we ask the Committee to note that, despite some recent assertions that there may be a higher occurrence of mental health issues associated with FIFO employment, research is yet to find any substantive evidence in support of such claims.

Mental wellbeing may be impacted by a number of factors, including the quality of family support, social networks, stress and a range of environmental and other individual factors. Moreover, the factors are common amongst our Australian society and are not restricted to FIFO workers.

On this basis, our submission is predicated on the basis that the FIFO lifestyle is not, in itself, the direct cause of suicide or mental ill-health.

We thank you again for providing this opportunity to make a submission and we look forward to being an active participant in the conduct of the Inquiry.

If you have any questions regarding our submission, please do not hesitate to contact Chris Richards, General manager, Communications & External Relations, Rio Tinto Iron Ore on 9205 0382.

Yours sincerely

Andrew Harding  
Chief executive, Iron Ore, China, Korea and Japan

**RIO TINTO SUBMISSION REGARDING INQUIRY INTO MENTAL HEALTH  
IMPACTS OF FIFO WORK ARRANGEMENTS**

**BACKGROUND**

1. On 13 August 2014, the Legislative Assembly of Western Australia passed a motion calling for the establishment of an inquiry into the mental health impacts of fly-in, fly-out (**FIFO**) work arrangements (**Inquiry**). The Inquiry is being conducted by the Standing Committee on Education and Health (**Standing Committee**).
2. On 14 August 2014, the terms of reference (**TRs**) for the Inquiry were released.
3. On 25 August, Rio Tinto Iron Ore received a letter from the Standing Committee inviting a submission to address the Inquiry's TRs generally and to provide comments or details with regard to three specific questions. These questions are:
  - a) Rio Tinto's views on the existing regulatory arrangements for workplace mental health in the resources sector;
  - b) Details about the policies and other supports that Rio Tinto has in place to promote and protect the mental health of its FIFO employees; and
  - c) Rio Tinto's policies with respect to ensuring that sub-contracted organisations provide employment conditions that promote and protect the mental health of FIFO employees.
4. The Standing Committee has also requested information about the employment conditions of Rio Tinto's FIFO employees.

**SUBMISSION**

5. Rio Tinto commends the Standing Committee for providing this opportunity to make a submission to the Inquiry.
6. This Submission has been prepared in three parts, as detailed below.

7. The **first part** of the Submission provides our substantive comments and detailed information in relation to the three Rio Tinto-specific questions posed by the Committee in Dr Jacobs' letter of 25 August 2014.
8. The **second part** of the Submission addresses those elements of the TRs that are not canvassed in the three Rio Tinto-specific questions.
9. The **third part** of the Submission provides requested information about the employment conditions of Rio Tinto's FIFO employees.

## **ABOUT RIO TINTO**

10. Rio Tinto is a leading international mining group headquartered in the UK, combining Rio Tinto plc, a London and NYSE listed company, and Rio Tinto Limited, which is listed on the Australian Securities Exchange.
11. Rio Tinto's business is finding, mining, and processing mineral resources. Major products are aluminium, copper, diamonds, energy (coal and uranium), gold, industrial minerals (borax, titanium dioxide, salt) and iron ore. Activities span the world but are strongly represented in Australia and North America with significant businesses in South America, Asia, Europe and southern Africa.
12. This submission is made on behalf of all of the Rio Tinto business units operating in Western Australia, being Rio Tinto Iron Ore (**RTIO**), Dampier Salt Ltd (**DSL**) and Argyle Diamonds Ltd (**Argyle**).

**PART 1 – RIO TINTO-SPECIFIC QUESTIONS**

13. As noted above, the Standing Committee has requested that Rio Tinto provide comments and/or information relating to three specific matters.

***Rio Tinto’s views on the existing regulatory arrangements for workplace mental health in the resources sector***

14. As the Committee would be aware, there is no dedicated primary or subsidiary legislation in Western Australia dealing exclusively with workplace mental health issues in the mining sector or in any other sector of the State economy.
15. Rather, workplace mental health issues in the Western Australian mining sector are regulated by the general duty of care provisions contained in the *Mines Safety and Inspection Act 1995 (MSIA Act)* and the *Occupational Health and Safety Act 1984 (OHS Act)*.
16. The MSIA Act relates specifically to the mining industry. The objective of this legislation is to promote and improve occupational health and safety for people who work in mining operations<sup>1</sup> in Western Australia. It does this in two ways, by:
- Ensuring that, so far as is practicable, each employer provides and maintains a safe workplace that does not expose employees, contractors or other persons to hazards; and
  - Making each person who works at a mining operation responsible for their own safety and the safety of others affected by their action or inaction.
17. The OHS Act regulates health and safety in Western Australian workplaces generally and has similar objectives to the MSIA Act to provide and maintain a working environment in which people are not exposed to hazards.
18. In the context of the mining industry, the duties outlined in the MSIA Act apply to places where “mining operations” are conducted and the corresponding duties

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<sup>1</sup> As defined in section 4 of the MSIA Act.

under the OHS Act apply to all other workplaces that are not “mining operations” as that term is defined in the MSIA Act (e.g. Perth corporate headquarters).

19. Failure to meet these general and specific duties of care under the MSIA or the OHS Act is an offence.
20. In the context of Rio Tinto’s operations in Western Australia, we confirm that these provisions apply to the operations of RTIO, DSL and Argyle.

### **Application of MSIA and OHS Acts to Mental Health**

21. In our view, the MSIA and the OHS Act are intended to cover both physical and mental health, as well as safety. This is evident from the broad approach taken in both Acts to the definition of what constitutes a “hazard” in the workplace.

22. Under both Acts, a hazard is defined as:

*“...anything that may result in injury to the person or harm to the health of the person.”*

23. Given that the reference to term “health” in the definition of hazard is also not defined, we contend that it should be interpreted broadly to include all form of “harm to health”, including bodily injury, disease, physical health and mental health.

24. In this context, we consider the relevant provisions of the MSIA Act relating to the regulation of workplace mental health at mining operations are set out in Part 2, Divisions 2, 3 and 4.

25. These are:

- **Section 9:** Duties of employers
- **Section 10:** Duties of employees
- **Section 11/11A:** Reporting
- **Section 12:** Further duties of employers and self-employed persons
- **Section 15A-C:** Contract work arrangements

- **Section 15D:** Duty of employer regarding certain residential accommodation
26. These provisions are replicated in largely similar terms under Part III, Divisions 2, 3 and 4 of the OHS Act.

## **General Duty of Care - Employers**

27. Section 9 of the MSIA Act sets out the general duty of care applying to **employers** in respect of mining operations. It provides:

*“An employer must, so far as is practicable, provide and maintain at a mine a working environment in which that employer’s employees are not exposed to hazards...”*

28. Without limiting the scope of the general duty of care, section 9 also sets out a number of specific duties which apply to an employer at a mine. These are to ensure that employers:
- Maintain workplaces, plant and systems of work that do not expose employees to hazards;
  - Provide information, instructions, training and supervision to enable employees to perform their work safely and not be exposed to hazards;
  - Consult and cooperate with safety and health representatives (where they exist) and other employees;
  - Provide employees with adequate personal protective clothing and equipment (**PPE**); and
  - Make arrangements for the use, transportation and disposal of plant and substances at a mine to ensure the employees are not exposed to hazards.

## General Duty of Care - Employees

29. Similarly, section 10 of the MSIA Act provides that all **employees** have a general duty to take reasonable care to ensure their own safety and health at work and avoid adversely affecting the safety or health of any person through an act or omission at work.
30. Section 10 also sets out a number of specific duties which apply to an employee at a mine. Employees must:
- Reasonably comply with an employer's instructions regarding health and safety;
  - Use PPE provided as instructed by the employer;
  - Not misuse or damage equipment provided in the interests of health and safety;
  - In the case of an underground worker<sup>2</sup>, report on the state of the workplace to their supervisor and next shift worker; and
  - Cooperate with employers and managers on health and safety matters.

## Reporting obligations

31. Pursuant to section 11 of the MSIA, any person working at a mine site must immediately report:
- Any potentially serious occurrence that arises in the course of, or in connection with, their work;
  - Any situation at the mine that they believe could be a hazard to any person; and
  - Any injury or harm to health suffered by any other person in connection with work at the mine.

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<sup>2</sup> Such as at Argyle Diamonds underground mine in the Kimberley.



32. This includes reporting potential hazards and near misses as well as actual occurrences.
33. Pursuant to clause 11A, the mine manager must, within a reasonable time of receiving the report, investigate the reported situation, decide whether action needs to be taken and notify the person reporting of their decision.

### **General Duty of Care - Further duties of employers and self-employed persons**

34. Pursuant to section 12 of the MSIA, the duty of care of employers<sup>3</sup> is extended to non-employees, such as visitors to the mine.
35. The employer must ensure, so far as is practicable, that no-one will be adversely affected by any of the work done at the mine, or hazards that may arise from it.

### **Contract work arrangements**

36. Division 3 of Part 2 of the MSIA (sections 15A-C) deals with the duty of care arrangement that apply to contractors, labour arrangements and labour hire arrangements.
37. Where a person (**the “principal”**) conducting mining operations engages a contractor (section 15A) or a worker through labour or labour hire arrangements (section 15B and 15C respectively) to carry out work, the principal may have the duty of care responsibilities of an employer (as set out in section 9).
38. However, the question of whether the employers' duty of care will apply in these circumstances is dependent on the capacity of the principal to exercise control over the work being carried out by the contractor or labour workers.
39. Where it exists, this duty only extends to those matters over which the principal has control.

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<sup>3</sup> The ambit of section 12 also includes self-employed persons.

40. In the case of labour hire arrangements<sup>4</sup> under section 15C, both the principal and the labour hire agent have the general duty of care responsibilities of an employer (as set out in section 9) to the labour worker in relation to areas where each has the capacity to exercise control.
41. The extent to which the principal, contractor or agent exercises control over work activities - and therefore retains the general duty of care responsibilities for contractor employees or workers – is a matter of fact.
42. Contractor employees, labour workers and labour hire workers also have the same obligations as an employee under section 10 to take reasonable care of their own health and safety and that of others at the mine site.
43. In the context of the Western Australian mining industry, section 15 is an important and relevant provision, given the high degree of reliance in the mining industry on contractor workforces, whether for construction or operations.

#### **Duty of Employers regarding certain residential accommodation**

44. Section 15D of the MSIA extends the employer's duty of care to residential premises occupied by employees where those premises are owned or controlled by the employer and not located within a gazetted townsite or a mining tenement.
45. In these circumstances, the employer must maintain the premises so that the employee is not exposed to hazards.

#### ***Analysis:***

46. In our view, the existing regulatory arrangements for workplace mental health in the mining industry under the MSIA and OHS Acts are appropriate, sufficiently comprehensive and fit for purpose.

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<sup>4</sup> Labour hire arrangements refer to arrangement where a principal engages workers from an agency organisation that specialises in providing labour. Labour hire workers are usually employed and paid by the agency and required to perform tasks for the principal, usually under the principal's direction.

47. The existing arrangements are well established and understood by the mining industry, contracting companies and employees in Western Australia.
48. There will always be improvements that can be made in the administration of any regulatory system. However, this fact alone does not make the case for change, which should only occur where there is a clear and compelling rationale and where that change is necessary, justifiable and based on sound policy principles.
49. In our view, there are five cogent reasons why the existing workplace mental health regulatory arrangements should be retained in their current form and why further regulatory prescription is not recommended.
50. Firstly, in our experience based on almost fifty years of mining in Western Australia, the regulation of occupational health and safety – including workplace mental health – in the mining sector is best focussed on three key principles:
  - Adoption of an effective, risk-based approach to health and safety management;
  - Promotion of positive and proactive health and safety leadership and workplace culture; and
  - Collaborative engagement with stakeholders to provide access to the required support services to seek to work towards a common aspirational goal of no injuries or illness for our workforce.
51. In our view, the existing regulatory arrangements under the MSIA and OHS Acts meet the test of these three principles by adopting a risk-based, non-prescriptive approach that places the onus on industry to demonstrate that they recognise the hazards and risks of their particular workplace, and require the implementation of control measures to eliminate or manage these risks.
52. In the promotion of mental wellbeing, prevention is key and, in our view, the current regulatory arrangements correctly recognise that industry that is best positioned to manage the hazards and risks presented by mental health issues in the workplace.

53. Secondly, the existing arrangements cover the field well by placing general and specific duties on employers, contractors and employees to promote safe and healthy workplaces (including employer owned or operated residential accommodation) where people (whether they are employees, contractors, labour staff or visitors) are not exposed to hazards and the risks to both physical and mental wellbeing are effectively managed. The current arrangements also provide effective and specific reporting obligations that ensure that hazards and risks are reported, investigated and managed.
54. It is our view that the scope of these regulatory arrangements is already sufficiently comprehensive in their application to all of the main players in workplaces associated with mining operations. Moreover, the general application of these regulations is appropriately transparent, flexible, administratively efficient and adaptable to the varying circumstances of the different working environments to which they apply.
55. Thirdly, the challenges confronting the mining industry in relation to the promotion of mental health and wellbeing are not new and (as demonstrated in Part 2 of our submission) Rio Tinto has dedicated significant time, energy and resources into developing and implementing comprehensive and integrated strategies, policies and programmes to promote mental and physical wellbeing in our workplaces.
56. These strategies, policies and programmes extend across a broad spectrum of initiatives and activities and are designed to promote a workforce and workplace environment that is safe, healthy, resilient and engaged.
57. For example, at Rio Tinto, we have a range of mental health and workplace programmes in place to support all employees and their families, especially those who work on a FIFO basis or live in remote areas. Key aspects of our approach include:
  - Raising awareness to ensure that we have a workplace where we can talk openly about mental health issues and there is no stigma associated with people seeking help;

- Providing education and raising awareness to equip our employees and their families with the knowledge and tools needed to effectively manage their mental health and wellbeing;
  - Promoting healthy lifestyles through appropriate recreational facilities and health and wellbeing programmes for our employees that recognise the strong link between physical wellbeing and positive mental health;
  - Ensuring employees stay connected with the families and friends, including through the provision of modern communications technology;
  - Equipping leaders, peers and employees with training so they are able to make early and effective identification of workmates who may need additional support;
  - Providing internal support services and ensuring employees and their families are aware of external support services that are available; and
  - Working in partnership with government and other stakeholders to design and implement appropriate mental health and wellbeing strategies across our business.
58. Fourthly, it should be recognised that employers have limited control over factors outside of the work environment. Further, the workplace is not the appropriate place to diagnose or treat mental illness. Access to medical and psychological services in regional and remote areas is essential in this regard. Given the complex and inter-related factors affecting individual mental health, the focus should not be on regulatory change but on increasing access to services, reducing societal stigma about seeking mental health support and providing integrated support structures to address these issues in the broader societal context.
59. Finally, in relation to the specific issue of FIFO work arrangements, we consider that the availability of such work arrangements is a legitimate and at times necessary choice for both employees and employers. Moreover, we consider that FIFO arrangements and roster cycles do not, and should not, be considered as constituting a workplace hazard in themselves under the MSIA or OHS Act. To the extent that FIFO arrangements represent a risk to mental health and those risks are associated with the working environment, such risks are best dealt with

by employers assessing risks in the context of their operations and then taking steps to both address any risks and assist employees in doing so themselves. This is consistent with the general duties under the MSIA and OHS Acts (to the extent they may apply) and, in fact, the approach being taken by Rio Tinto in the measures that are already in place.

60. In light of these considerations, we are of the view that the current regulatory arrangements based on the general and specific duties of care are suitable and appropriate and that additional levels of prescription will not achieve better outcomes. This has certainly been our experience in the areas of physical safety at our mine sites, where more prescriptive compliance requirements have not necessarily leveraged improved safety outcomes. In fact, diagnostics that we have undertaken of our physical safety performance have indicated that heavy-handed and prescriptive regulation sometimes prioritises technical or documentary compliance at the expense of an essential focus on hazard identification and risk management.

## **Recommendation**

61. **Rio Tinto supports the retention of the existing regulatory arrangements for workplace mental health in the mining sector on the basis that they are appropriate, well understood and fit for purpose.**
62. **In our view, additional regulatory prescription is unlikely to deliver better outcomes for mental health and well-being and therefore not recommended. Instead, we recommend that greater focus should be directed to developing more effective partnerships between Government, the mining sector and other industry sectors to ensure the ongoing availability of appropriate resources and support for all workers in Western Australia.**

## ***Policies and other supports that Rio Tinto has in place to promote and protect the mental health of FIFO workers***

63. At Rio Tinto, we are committed to, and care about, the total wellbeing of our workforce. Our vision is for our people to be safe, healthy, resilient and engaged.
64. We have a holistic approach to workforce wellbeing, which is inclusive of:
- physical and mental health;
  - different working arrangements (i.e. residential and FIFO); and
  - work and non-work related injury and illness.
65. Our mental wellbeing approach is informed by a **number of fundamental principles**, including:
- An understanding that the mental wellbeing of our employees may be impacted by a variety of factors, including the quality of their family and social supports and networks, their environment and individual factors;
  - A recognition that, as with physical wellbeing, the line between mental health and illness is not fixed, and mental wellbeing is not simply about the absence of illness;
  - The imperative to optimise our employees' mental wellbeing, as well as having support available for employees at all stages of the mental health continuum, including processes to link our workforce with appropriate health professionals and external support services when required; and
  - Acknowledgement that, notwithstanding the pressures for cost management and organisation changes that usually accompany the cyclical nature of the resources industry, our commitment to the promotion of employee wellbeing is constant and service delivery levels are not compromised for short-term financial savings or organisational efficiency.
66. Our approach is predicated on not just the prevention of and intervention for mental illness, but on the creation and maintenance of an environment where positive wellbeing is optimised. However, in doing so, we acknowledge that we

are not mental health 'experts' and that we are still on a journey to learn about and better understand the complexity of mental wellbeing for our organisation.

67. The range of policies and other support mechanisms that we have in place to promote and protect the mental health of our employees (including FIFO workers) can be categorised under four general themes. These are:
- Wellbeing
  - Support services and programmes
  - Training
  - Data collection
68. Each of these categories of support is discussed below.

## **Wellbeing**

### ***Wellness programme***

69. We are committed to providing our workforce with the opportunity to identify health risk factors and the resources and education to improve their health and wellbeing
70. One way we achieve this is through our Wellness programme, first launched on our sites in 2011. This voluntary programme is free of charge and designed to assist employees understand their level of health whilst providing education and tools to achieve improved health and wellbeing. Ongoing support is provided through motivational coaching and the development of personal goals and individualised programmes with follow-up sessions.
71. The programme comprises a range of activities, including:
- Health Risk Assessment Questionnaire and Biometric/Physical Assessment (i.e. blood pressure, cholesterol, blood glucose);
  - A psychological screening tool (K-10);
  - Musculoskeletal screening;
  - Sleep screening;



- Personal/face-to-face approach with onsite Health and Wellness professionals completing assessments; and
  - Individualised programmes developed by onsite health professionals.
72. In 2013, we saw almost half of our employees participate in these voluntary wellness assessments.

### ***Fatigue Management***

73. Rio Tinto has a comprehensive fatigue management programme that provides support for wellbeing. The programme comprises:
- Mandatory training for all site based employees;
  - A Fatigue Management Work Practice which provides specific guidelines on maximum working hours and minimum break times between shifts; requirements for assessing the appropriateness of new shift rosters; and procedures for responding proactively to fatigue issues, including temporary reassignment of duties;
  - A free sleep screening process to identify and provide support for employees with underlying sleep disorders, such as Obstructive Sleep Apnoea; and
  - Proactive planning to avoid or reduce the risk of identifiable fatigue related practices, including scheduling of flight times and policies for business travel.

### ***On-site facilities and activities***

74. Access to lifestyle wellness programmes are provided at all Rio Tinto accommodation villages and Pilbara communities. These programmes support our people in their efforts to maintain a healthy lifestyle, including eating a healthy diet and exercising regularly, with the aim of making a significant contribution to the overall health and wellbeing of the workforce.

75. Our on-site village facilities are designed to support the wellbeing of our workforce and include gyms, walking tracks and other recreational facilities (e.g. swimming pools, squash courts, ovals, café style meeting areas and bbq facilities).
76. Lifestyle coordinators are employed to coordinate health and wellbeing activities and programmes in our accommodation villages. Activities include group fitness classes, team sports, theme nights (e.g. quiz nights, live bands, guest speakers such as Heath Black) and yoga, stretching and relaxation classes.
77. Catering facilities in the villages also provide support for wellbeing by providing healthy eating guidelines and associated promotional information.
78. Given the known positive benefits of physical exercise for improving mood and buffering the negative effects of stress, these programmes are aimed at contributing to the mental wellbeing of our workforce.
79. Communication facilities in permanent villages and construction camps are established to support mobile phone reception and internet access. Employees have a variety of other personal communication options to keep in touch with family and friends.

## **Support Services and Programmes**

### ***Community Partnerships and Support***

80. We are engaged in a number of community partnerships that connect our employees with services to provide support for their health and wellbeing. These partnerships currently include:
  - **Ngala** – access to a Parenting Away workshop that allows FIFO workers and their families to explore the issues those FIFO families find challenging when a parent works away. This includes practical ideas to help families make the most of time together and remain connected during times apart and then adjust back into functioning family life on their return;

- **FIFO Families** – providing employees and family members with access to a range of resources, including: seminars, online forums and family events to help make the FIFO lifestyle a positive and rewarding one. It also offers invaluable networking opportunities to allow people to meet and link up with others in similar situations;
- **Men’s Sheds** – this programme seeks to advance the health and wellbeing of its members and to encourage social inclusion through the provision of a safe, friendly and welcoming environment where men are able to work on meaningful projects at their own pace in their own time in the company of other men;
- **FIVE Project** – a two-year pilot project in collaboration with DADAA aimed at addressing the stigma of mental health in regional communities across Western Australia. Working through a series of community arts and cultural development projects, it seeks to build peer-to-peer connection as a means of facilitating dialogue around mental health. The pilot programme is being run in Paraburdoo, Derby, Geraldton, Busselton and Esperance and engages both FIFO and residential workers and their families, as well as members from Aboriginal, farming and young adult communities;
- **Events and festivals** e.g. City of Karratha - Cossack Art Award, Moonrise Cinema, Australia Day Awards, NAIDOC; Shire of Ashburton - Welcome to Town events; Picnic family days in residential towns, family days for FIFO workers to bring their families to site, Christmas parties in Perth, inland towns and regional centres for all employees and their families;
- **Support for community groups**, including playgroups and sporting and leisure clubs and facilities across the Pilbara e.g. Karratha Leisureplex; partnerships such as funding for the Nintirri community centre in Tom Price which provides childcare services, domestic violence counselling, women’s health and early childhood support for parents within Tom Price and the surrounding communities;
- **Children’s Services Support Unit (CSSU)** – child care facilities/services in Paraburdoo, Pannawonica and Dampier; and

- **Medical services**, including the Pilbara Health Network (which provides GP services in Wickham) and the Tom Price Medical Centre (provision of GP services in Tom Price and Paraburdoo).

### ***Pre-employment Medicals & Medical Surveillance***

81. We have an extensive pre-employment medical process which incorporates a candidate self-report questionnaire with both mental and physical wellbeing questions, examination by a medical practitioner and drug and alcohol testing. There is also a periodic medical and wellness programme in place.

### ***Regional Offices***

82. We have offices located in our regional communities in Derby, Busselton and Geraldton which are staffed by a Rio Tinto Iron Ore employee during normal business hours and provide a means for our employees and their families to have direct face-to-face contact with us for any queries, information or concerns. Employees are also able to access computers for checking on information related to their employment such as payslips etc.

### **Mental Health Services**

#### ***Employee Assistance programme (EAP)***

83. Rio Tinto Iron Ore has had an Employee Assistance Programme (EAP) for over 20 years. Our EAP service is a confidential counselling service operated by independent, qualified professionals who are experienced in counselling, coaching and workplace consulting. It offers short term, solutions-based counselling in a friendly and informal environment and can be accessed face to face, via the telephone, or through online video counselling.
84. We receive quarterly data reports from our EAP Provider which provide one source of data on the mental wellbeing of our workforce. Of note is that this data does not suggest there is an increased prevalence of mental health issues amongst our FIFO workforce.

85. In relation to this programme, it is interesting to note from our most recent Quarter 2 2014 EAP report that:
- 71% of EAP users were male, 38% were between 30-39 years of age and 30% between 40-49 years of age. (This is consistent with the composition of our workforce); and
  - 60% of individuals accessing the service reported they were on a FIFO work arrangement, whilst 40% were non-FIFO. (This is consistent with the composition of our workforce, with 55% of our workforce being FIFO);
  - Of all personnel accessing EAP, 80% sought assistance for personal issues whilst 20% sought help for work related issues.
86. When a work-related issue is raised by an employee, a number of support services are made available to ensure that these concerns are dealt with appropriately and effectively. Some services (such as the EAP) are part of our mental health counselling programme. Other programmes and services (such as our confidential Speak-OUT whistle-blower service) are delivered as part of our human resource management processes.
87. Regardless of how concerns are raised, our employees have access to processes where their issues or concerns can be reported, investigated and support provided to work through these issues or concerns.
88. In addition to being available at our operations, EAP services are also available in our regional FIFO source communities and townships in regional Western Australia to provide counselling free of charge to our employees and their families.

### ***Supervisor Support Service***

89. Through our Employee Assistance Programme (EAP) we also provide a specialised Supervisor Support Service to supervisors and managers to support them when dealing with interpersonal staff issues.

90. In a situation where a supervisor or manager may have concerns for the wellbeing of an employee and their fitness for and safety at work, referral to EAP for a Fitness for Work Assessment is available. Referral reasons may include alcohol and other drugs, stress, fatigue and mental health issues. If required, a psychologist will assist with developing a management plan to safely support or maintain the employee at work.

### ***Peer Support Programme***

91. We run a Peer Support programme across our business – this is an early intervention programme where volunteers from the workplace are trained by psychologists to provide a ‘listening ear’ with confidential assistance and support to workmates dealing with stress and the demands of daily life.
92. The Programme was first piloted on a Rio Tinto Iron Ore site in the Pilbara in 2012, and since this time has grown significantly, with implementation completed at four of our sites and roll-out to the remainder of our sites at various stages of implementation. The programme provides support to individuals in a variety of areas, including personal/family matters, mood/anxiety issues, work issues, fatigue/sleep problems and alcohol/gambling issues.

### ***Indigenous Mentoring programme***

93. Rio Tinto has had an indigenous mentoring programme for over ten years, the purpose of which is to assist aboriginal employees and their leaders to work together to achieve employees goals by providing cultural, personal and technical support. This Programme also is an important contributor to wellbeing.

### ***Fitness for Work Assessments***

94. In a situation where a supervisor or manager may have concerns for the wellbeing of an employee and their fitness for and safety at work, referral to EAP for a Fitness for Work Assessment is available. Referral reasons may include alcohol and other drugs, stress, fatigue and mental health issues. If required, a

psychologist will assist with developing a management plan to safely support or maintain the employee at work.

## ***Injury Illness Management***

95. Our injury / illness management programmes provide support for employees to return to, or remain in, meaningful employment, regardless of whether their injury or illness is work or non-work related. Where a capacity for work exists, regardless of whether the illness or injury is physical or mental, we are committed to providing early intervention and a supportive working environment.
96. Our injury management framework supports the linking of employees to appropriate referral pathways in order to support the mental wellbeing of our people. This process involves the employee, their leader, and an Injury Management Advisor (IMA). The IMA is a qualified health professional who is responsible for co-ordinating the injury management process and return to work services for any Rio Tinto worker and may also be involved in linking employees with health professionals such as an occupational physician, general practitioner, psychologist or EAP.

## ***Crisis Response***

97. In the event of a critical incident occurring in our business, we have well-established Business Resilience and Recovery and emergency response processes.
98. Where employees are identified as “at risk” from mental health issues, our crisis response includes the following support mechanisms:
  - **Mental Health Transport Guidelines:** a protocol for evacuation of personnel experiencing acute mental health symptoms who may require emergency care and transport to appropriate medical treatment. This process is initiated by emergency services personnel and directed by a clinical psychologist and occupational physician;

- **Employee Assistance Programme:** our EAP also provides a specialised Critical Incident Response, as required; and
  - **ASIST training:** our leaders and key support personnel are trained in ASIST (Applied Suicide intervention support training) to learn to recognise when someone may be at risk of suicide and to respond in an appropriate way.
99. To ensure a safe return to meaningful work the injury management advisor is engaged at the earliest appropriate opportunity in consultation with the leader and the relevant medical professionals. A documented return to work and monitoring plan is established which includes provision for monitoring and review until the person's medical condition is appropriately resolved. This programme occurs concurrently with any treatment the person may be undergoing. This process is similar to physical injury management. All case are documented and securely stored as per data privacy requirements.

## Training

100. Rio Tinto provides a suite of training related to mental health and wellbeing, as follows:
- **Preparation for Life in Mining** – mandatory training provided to all new employees and contractors as part of their inductions assists in develop skills to cope with working in the mining industry and living away from home for individuals and their families. This training is delivered by Clinical Psychologists. All participants receive a take-home booklet that supports the messages from the training;
  - **Beyond Blue** national workplace mental health awareness training;
  - **Fatigue management** training, which is mandatory for all site personnel.
  - Training for leaders and support personnel on health and safety, emergency response and human resources skills;
  - **ASIST** (Applied Suicide Intervention Skills Training) - ASIST participants learn to recognise when someone may be at risk of suicide and to respond in an appropriate way that encourages the person's safety and connects them to appropriate support;



- **Mental Health First Aid and Suicide training on prevention (STOP)** - This course provides practical training in suicide prevention. Developed by physiologists who have worked in crisis intervention, the course offers useful strategies in suicide prevention;
- **Peer Support training** - an early intervention programme where volunteers from the workplace are trained by psychologists to provide a 'listening ear' with confidential assistance and support to workmates dealing with stress and the demands of daily life;
- **Mental Health Transport Guidelines** training; and
- **Wellness training/promotion** - There are a number of wellness training packages that are also delivered to support mental wellbeing e.g. Fatigue management. In addition, our sites have annual health and wellbeing 'calendars' of activities which align with national health promotion topics e.g. 'mental health month', 'skin cancer awareness month'.

## Data collection

101. In order to improve our understanding of our workforce's mental wellbeing, we collect and analyse information from a broad range of sources. This data shapes our future wellbeing strategies, allowing us to better understand the mental wellbeing of our workforce and provide support to improve individual and organisational wellbeing.

***Rio Tinto policies with respect to ensuring that sub-contracted organisations provide employment conditions that promote and protect the mental health of FIFO employees.***

102. In the course of our operations, Rio Tinto enters into a range of contracting arrangements of different natures and scope. We categorise our contracting arrangements into three different categories:

- **Category 1 contractors:** individuals engaged on temporary contracts to work within existing Rio Tinto operations;

- **Category 2 contractors:** contractor companies engaged for a discrete projects which will be carried in a designated area that is separate from existing operations (e.g. EPCMs); and
  - **Category 3 contractors:** companies or individuals engaged under contract to carry out specific tasks or provide specified services within existing operations area, although they are not directly supervised by Rio Tinto.
103. The specific policies that apply to these contractor categories differ, but our fundamental approach is that we seek to support and promote the health and wellbeing of all people who work for us, regardless of where they work or who they are employed by.
104. Category 1 contractors are treated in all aspects of safety, health and wellbeing as though they were employees. Therefore, the policies and programmes that apply this category of contractors are identical to those applying to employees, as detailed in Part 1 above.
105. Category 2 and 3 contractors are independent of Rio Tinto and, for the most part, are the responsibility of the contracting company for carrying out their contracted work safely and in compliance with applicable regulatory requirements.<sup>5</sup>
106. However, it is Rio Tinto's policy that all Category 2 & 3 contracting companies must be prequalified prior to tendering for Rio Tinto contracts.
107. This prequalification includes requiring that the health and safety systems applied by potential contracting companies will, at a minimum, meet the standard of Rio Tinto's internal health and safety standards, processes and systems.

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<sup>5</sup> Although it is noted that, to the extent Rio Tinto exercises control over the work being carried out by Category 2 and 3 contractors, the general and specific legal duties outlined in the MSIA and the OHA Acts may apply to Rio Tinto as an employer.

108. Under our tendering system, this pre-qualification assessment can include the following considerations:
- Does the organisation have a Health Safety & Environment management system?
  - Does the organisation have a documented drug and alcohol policy?
  - Does the organisation perform pre-employment medical screening, fitness for work evaluations, background checks and verification of competence for employees, contractors and sub-contractors?
  - Does the organisation have liability insurance which meets Rio Tinto's minimum requirements and valid worker compensation insurance or enrolment in an applicable occupational injury/illness insurance programme?
109. Rio Tinto also imposes requirements relating to fatigue management on its contracting companies. As a result, most sub-contractor rosters will run similarly to our operating rosters. It is noted that Category 2 contractors may have longer project rosters in some instances, depending on the specific project requirements. However, all sub-contractors are required to comply with our fatigue management guidelines and no individual may work greater than 13 days without having a day off, nor may they work more than 7 consecutive night shifts.
110. Contractors are housed in accommodation facilities that provide similar amenities and support services to those that are provided to Rio Tinto employees, including gyms, walking tracks and other recreational facilities (e.g. swimming pools, ovals, café style meeting areas and bbq facilities).
111. Lifestyle coordinators are employed to coordinate health and wellbeing activities and programmes in these accommodation villages, including group fitness classes, team sports etc. Catering facilities in the villages also provide support for wellbeing by providing healthy eating guidelines and associated promotional information.
112. Communication facilities in construction camps are established to support mobile phone reception and internet access. There are a variety of other personal communication options to keep in touch with family and friends.

**PART 2 – COMMENTS ON TRs NOT COVERED BY RTIO-SPECIFIC QUESTIONS**

113. This component of our Submission provides some commentary on those TRs of the Inquiry that were not directly covered by the Rio Tinto-specific questions requested by the Standing Committee.

114. These comments relate to:

- TR (a) dealing with the contributing factors that may lead to mental illness and suicide amongst FIFO workers; and
- TR (b) relating to current initiatives by Government, industry and the community, and recommend improvements.

115. Each of these TRs is discussed briefly below.

***TR (a): The contributing factors that may lead to mental illness and suicide amongst FIFO employees***

116. As noted above, Rio Tinto is not a mental health ‘expert’ and the industry continues to be on a journey to learn more and better understand the complexity of mental health and wellbeing.

117. However, the mental wellbeing of employees may be impacted by a number of factors, including the quality of family support and social networks, economic circumstances, as well as environmental and other individual factors.

118. Despite recent assertions that there may be a higher occurrence of mental health issues associated with FIFO employment, research is yet to establish any substantive evidence in support of such claims.

119. The contributing factors that may lead to mental illness and suicide (reduced social support, occupational stress, challenges to well-being and long hours of work) are common across Australian society and are not restricted to FIFO workers. On this basis, we contend that the FIFO lifestyle is not a direct cause of suicide or mental ill-health.

120. It should also be acknowledged that the resources sector also provides a very positive impact on these individuals and their communities in terms of employment. Rio Tinto's Regional FIFO programme is a case in point.
121. Under this programme, we provide employment opportunities to people living in eight regional towns across Western Australia.<sup>6</sup> In this way, we offer regionally-based employees the opportunity to obtain employment and utilise their expertise, while allowing them and families to remain living in their home town. The regional FIFO programme also generates significant benefits for the local community, including contributing to the economic, social and demographic sustainability of these regional towns.
122. Finally, as previously noted, it must be recognised that employers have limited control over those factors that exist outside of the work environment and, in any event, the workplace is not the appropriate place to try to diagnose or treat mental illness. That being said, there are many things that resource companies in Western Australia already do to promote better mental wellbeing for FIFO employees.
123. For example, in recent years, we have seen a greater variety of FIFO rosters available, as well as a dramatic improvement in accommodation quality and the facilities available. Additionally, companies are increasingly recognising the critical importance of employee wellbeing, with most companies providing support groups and employee assistance programmes to help new employees adjust to FIFO lifestyle.
124. Across Rio Tinto's operations, we are also encouraging our employees to talk openly about mental health with the aim of promoting general awareness, reducing stigma and focusing on the active promotion of wellbeing. In our view, building a healthy, functioning workforce, focussing on wellbeing and the importance of positive mental health will enable the end goal of preventing suicides, rather than focusing on the tragic consequences of suicide.

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<sup>6</sup> Flights go direct to our Pilbara operations from Derby, Broome, Exmouth, Geraldton, Carnarvon, Meekatharra, Busselton and Albany.

***TR (b): Current initiatives by Government, industry and the community, and recommend improvements***

125. As we all know, mental health is complex. It is therefore critical that business, government, mental health experts and other stakeholders work together to continuously improve mental health and wellbeing outcomes.
126. To this end, Rio Tinto works closely with these stakeholder groups to design and implement appropriate mental health and wellbeing strategies across our business.
127. We also support a range of community partnerships and relationships with mental health experts, service providers and key stakeholders relating to mental health and suicide prevention. A number of examples of these partnerships and relationships are detailed in Part 1 above.
128. We also take an active role in a number of forums and volunteer activities dedicated to promoting good mental health and wellbeing.
129. For example, Rio Tinto is an active participant in the Mental Health Working Group established by Chamber of Minerals and Energy WA (CME). This group provides an opportunity for businesses to share information about best practice, and identify opportunities to continuously improve businesses response to mental health and wellbeing. Our Chief executive for RTIO, Andrew Harding, also takes a very active and personal approach to his role on the Ministerial Council for Suicide Prevention.
130. More broadly, Rio Tinto was a sponsor of the Suicide Prevention National Conference (July 2014) in order to support mental health practitioners to build their evidence base and understanding of mental health issues and suicide prevention.
131. Rio Tinto is also the largest national supporter of Movember, which raises money for Beyond Blue, Movember Foundation and Prostate Cancer Research

Foundation. Over a number of years our employees have raised more than \$2 million in support of Movember.

### **Western Australia Mental Health Commission**

132. While there are many worthwhile government and community initiatives that we have not listed in this Submission, we consider that the establishment and role of the Western Australia Mental Health Commission – and our relationship with them – warrants particular mention.
133. In 2010, Western Australia became the first state in the country to establish a Mental Health Commission. The role of the Mental Health Commission is to provide leadership and strategic direction that will further improve mental health in Western Australia.
134. In 2013, Rio Tinto was the first resources company to sign an MOU with the Mental Health Commission (MHC), which outlines our intent to work on collaborative projects that improve mental health outcomes for individuals, families and communities of interest.
135. Rio Tinto is committed to ensuring our approach is aligned with the Mental Health Commission's ten year strategic policy, *Mental Health 2020: Making it personal and everybody's business* and the *Western Australian Suicide Prevention Strategy*.
136. Rio Tinto is one of more than 200 other large and small businesses, industry bodies, community organisations and government agencies who are One Life Partners.
137. We consider One Life to be a very positive initiative that encourages the promotion of mental health and wellbeing in workplaces right across Western Australia.

## Summary Comments:

138. In our view, there is some tremendous work already being done by governments, industry and communities in the promotion of mental health and wellbeing. However, there is always more that can be done.
139. In particular, the importance of ensuring access to the right resources is paramount, no matter where people come from or where they are located. This is not the responsibility of industry alone and requires greater (and ongoing) levels of partnership and shared vision between all stakeholder groups.
140. In this regard, we note that establishment in 2012 of the Mentally Healthy Workplace Alliance (the Alliance) by the National Mental Health Commission (NMHC). This national Alliance was established to bring together key stakeholders committed to helping businesses continually improve mental health outcomes in their workplaces. The Alliance has implemented a range of initiatives to improve mental health in workplaces, including commissioning research, identifying and promoting best practice, and developing tools and guidance material for businesses.

## Recommendations:

- 141. We recommend that the Minister for Mental Health should consider the establishment of an Industry Reference Group under the auspices of the Mental Health Commission in order to promote industry best practice and enhanced stakeholder engagement in mental health, wellbeing and suicide prevention in Western Australia.**
- 142. In our view, an Industry Reference Group could be effectively utilised to foster greater collaboration between relevant industries (not limited to the resources sector only) to promote the benefits available from sharing best practice expertise, resources, networks and experiences dealing with workplace mental health and wellbeing.**



143. An Industry Reference Group could also be used as a forum to inform and contribute to the development of:
- Practical guidance materials for use by industry to promote a mentally health workforce;
  - Much-needed research and data collection in relation to mental health, wellbeing and suicide in Western Australia; and
  - Advocacy and feedback to the State Government in relation to mental health and wellbeing policy issues.

### **PART 3 – DETAILS ON RIO TINTO FIFO EMPLOYEES BY BUSINESS UNIT**

144. The Standing Committee has requested that Rio Tinto provide information about the employment conditions of our FIFO employees.
145. This information is detailed below in relation to the three major Rio Tinto business units operating in Western Australia, being RTIO, DSL and Argyle, as detailed below.

#### **Employment Conditions of FIFO employees**

146. Our business requires a mix of a fly-in fly-out (FIFO) and residential workforce. Rio Tinto currently employs 7,367 FIFO employees across a number of sites in the Pilbara and East Kimberley.
147. We offer a range of roster arrangements that suit a variety of lifestyles and personal circumstances. These rosters can vary from site to site.
148. In designing rosters, we utilise a roster assessment tool. This tool is designed to provide an objective assessment of rosters to ensure they conform to the shift and roster design guidelines set out in our Fatigue Management Work Practice.
149. This work practice has been established with reference to the Western Australia Working Hours: Code of Practice (2006), Government's Working Hours policy (2006) and to best practice in this area in the Australian mining industry.

150. For the operator trade population, there are a variety of roster options. Employees are able to pursue roles at a site which has a roster most suited to their personal circumstances.
151. For managerial or professional support personnel, there are also different roster arrangements.
152. Most rosters involve a 12 or 12 and half hour shift. In addition to meal breaks, an employee can take additional breaks in accordance with their health and safety needs in consultation with their supervisor.
153. However, most importantly, Rio Tinto offers a range of roster arrangements to our FIFO employees and their families.
154. These rosters also reflect the preference of many of our employees, who value the flexibility provided by these arrangements, which allows them to retain employment in a form that meets the needs of their individual circumstances and lifestyle choices.
155. In this context, it is noted that our roster arrangements have been based on the direct discussions we have had with our workforce over many years to identify what arrangements suit our business and our employees.
156. We also have a flexible work arrangements policy which is designed to offer more tailored options to better suit the needs of individual employees while continuing to meet the needs of the business.
157. There are many different types of flexible work arrangements that may be considered:
  - Permanent part-time work
  - Job share
  - Phased retirement
  - Working from home
  - Flexible work times

158. Details regarding the employment conditions of FIFO employees in our main Western Australian business units – RTIO, DSL and Argyle – are included below.

## **Rio Tinto Iron Ore**

159. Rio Tinto Iron Ore (**RTIO**) employees 7,012 FIFO employees in WA. We employ a further 651 Category 1 contractors as 'back fill' for FIFO positions.

160. Most rosters involve a 12 or 12 and half hour shift. In addition to meal breaks, an employee can take additional breaks in accordance with their health and safety needs in consultation with their supervisor.

161. Annual leave for all full time rostered FIFO workers is 6 weeks per annum. There are a variety of other leave types available including long-service, sick, carers, unpaid, emergency service leave etc.

## **Argyle Diamond Mines**

162. Argyle Diamonds employs 319 FIFO employees in the East Kimberley region.

163. Roster arrangements and employment conditions for FIFO workers at our Argyle Diamonds operations are equivalent to those offered by RTIO, as described above.

## **Dampier Salt Ltd**

164. Dampier Salt employs 36 FIFO employees in the Pilbara region.

165. Roster arrangements and employment conditions for FIFO workers at our DSL operations are also equivalent to those offered by RTIO, as described above.

166. At DSL, most FIFO employees have accommodation at a local FIFO camp. The camp accommodation has a pool table, fully equipped gym, mini golf course and outdoor alfresco area with bbq facilities. All rooms have a flat screen television and satellite channels. WiFi is available in every room.

## CONCLUDING COMMENTS AND RECOMMENDATIONS

167. As a business we care about the total wellbeing of our workforce. Our vision is for our people to be safe, healthy, resilient and engaged.
168. We understand that the contributing factors that may lead to mental illness and suicide are common amongst our Australian society and not restricted to FIFO workers. The mental wellbeing of our employees may be impacted by a number of factors, including the quality of their family and social supports and networks, their environment and individual factors.
169. As with physical wellbeing, the line between mental health and illness is not fixed, and mental wellbeing is not simply about the absence of illness. Our approach is not simply the prevention of and intervention in mental illness, but the creation and maintenance of an environment where positive wellbeing, mental and physical, is optimised.
170. We acknowledge that we are on a journey to learn more and better understand the complexity of mental wellbeing for our organisation.
171. Our current approach to mental health involves a number of programmes to:
- Assist employee wellbeing;
  - Breakdown the stigma associated with seeking help;
  - Raise awareness in relation to mental health and service provision models that can support our employees, our contractors and their families.
172. To further progress this work into the mental wellbeing space, we have for some time now been developing a Mental Wellbeing strategy. We are currently developing a pathway and execution plan over the next 3 years to build on current programmes and new initiatives.
173. By focussing on wellbeing and the importance of positive mental health, it is our hope that we will enable the end goal of preventing suicides, rather than focusing on the tragic consequences of suicide.