

Mental Health Impacts of FIFO Work Arrangements

*Inquiry Submission and
Comments on Discussion
Paper 'Shining a Light on
FIFO Mental Health'*



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“The Spiritual Face of Workplace Health, Wellbeing and Employee Assistance”

**Specialists in Workplace Chaplaincy / Counselling /
Employee Assistance / Health and Wellbeing / Industrial Relations /
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Attention of Dr Graham Gibson Jacobs

Inquiry Submission and Comments on Discussion Paper 'Shining a Light on FIFO Mental Health'

Dear Dr Jacobs,

Thank you for your invitation to provide a submission including comment on the discussion paper 'Shining a Light on FIFO Mental Health'.

Workplace Chaplains International (WCI) has decided to respond to this invitation as we believe that pastoral care should be presented to the Education and Health Standing Committee as a very important contribution to supporting and promoting mental health in the workplace.

It is the intention of our submission to highlight to the committee that 'spirituality' is fundamental to mental health and that chaplaincy programs can provide an effective method to reach out and help the deeper needs of people suffering with suicidal thoughts and feelings amongst other mental health issues.

To support the inquiry further, WCI would be keen to participate in the public hearing process to assist the committee with its review of employee support programs.

Finally, WCI would like to thank the other organisations and individuals who have taken the time to contribute towards this important issue.

The following report provides our submission including comment and feedback on the recent discussion paper.

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A handwritten signature in black ink, appearing to read 'Richard Wiltshire', is written over a horizontal line.

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1 Introduction

Due to our commitment to promote pastoral care and chaplaincy in the workplace, Workplace Chaplains International (WCI) were very interested in the opportunity to respond to the recent discussion paper in terms of the analysis of the fundamental problems including possible solutions to improve the mental health of FIFO workers.

In this submission, WCI will attempt to outline the key issues regarding mental health in the FIFO industry from a pastoral care perspective as well as comment on the findings from the discussion paper 'Shining a Light on FIFO Mental Health'. We would also like to suggest to the committee our recommendations to key stakeholders that have an interest in mental health in the workplace.

1.1 Background to Workplace Chaplaincy

Chaplaincy is a well-established ministry of presence which has been practiced in a wide variety of secular organisations and institutions for many years including hospitals, prisons, emergency services, armed forces, schools, universities, sporting clubs and more recently within workplaces.

The workplace chaplaincy service offers a pro-active and informal model of care based on familiar face-to-face interactions with the workforce as well as providing an opportunity for private discussions. This regular personal contact with individuals demonstrates high levels of visibility which helps to build both quality relationships and trust. Conversations are based on the values and needs of people and include flexible and holistic support.

Chaplains are normally trained and registered individuals who are often called into this ministry due to a great passion to care for and reach out to people who are experiencing pain, distress and suffering in their lives. Chaplains tend to have great empathy which is demonstrated by their ability to facilitate genuine heart to heart conversations and show deep compassion for others. These conversations are strictly confidential (unless there is a mandatory reporting requirement e.g. child protection or threat of harm to themselves or another person), although when requested by the individual, chaplains can provide independent and neutral mediation between other parties e.g. supervisors, human resource management and health and safety professionals. They can also act as a bridge to professional services including psychologists, doctors and community agencies through referral assistance.

The purpose of the chaplain is not to proselytize any set of particular religious or denominational beliefs although chaplains will respond to spiritual or theological questions, if initiated, by an employee who feels that such answers are necessary for their health, wellbeing or recovery. In such situations, any response given shall be handled with great care and in a manner which is culturally appropriate and sensitive to a person's beliefs and in accordance with a strict code of conduct. In addition, employees are encouraged to seek wisdom and meaning through their own search for truth.

1.2 Workplace Chaplains International

Workplace Chaplains International is an organisation based in Western Australia with a mission to be the '*Spiritual Face of Workplace Health, Wellbeing and Employee Assistance*'. This includes specialist services in:

- Workplace Chaplaincy
- Counselling
- Employee Support and Assistance
- Health and Wellbeing
- Industrial Relations
- Leadership; and
- Management of Psychosocial Hazards

Our contribution to promoting mental health is to provide the much needed missing link that very few organisations have acknowledged, that you cannot provide a sufficient solution to mental health and wellbeing without including 'spiritual health' as the fundamental component to psychological health.

WCI provides pastoral care to employees from a Christian perspective whilst supporting (and adopting where applicable) best practice from other work related disciplines. Our intention is to provide support, love and care for anyone regardless of their beliefs, culture and background.

2 Observations and Feedback

The following comments include our inquiry submission as well as our feedback from the discussion paper 'Shining a Light on FIFO Mental Health':

2.1 The problem of suicide

It is certainly true that any suicide is a tragic event, not only due to the loss of a precious life, but also because of the impact it has on the family, friends, colleagues and community left behind.

WCI believes that there is a fundamental sanctity to human life and as individuals, employers and industry stakeholders we are responsible to reach out to anyone who we know to be at risk from suicidal thoughts and feelings.

Whilst the discussion paper correctly identified many contributing factors which can increase the likelihood of suicide (e.g. FIFO lifestyle characteristics, working conditions, family difficulties, mental health problems / illness including demographic factors and lack of a clear regulatory framework etc.) WCI believes that the findings did not acknowledge adequately the deeper individual and societal forces at work which can often lead to a person deciding to take their life.

Many chaplains who work in a pastoral care role or provide spiritual counselling understand that despair originates from a much deeper source, namely that such a person may be suffering with a sense of being lost or without hope or meaning in their lives ^{1 & 2}. It is paramount that without understanding the real cause of despair, the FIFO industry may only be offering superficial solutions unless the deepest and most vital needs of a person's life are acknowledged.

Therefore company policies and procedures, legislative reform, training and information, better accommodation, helplines and other such measures, whilst well intended and supportive to mental health are unlikely to address the underling root cause of despair. The method of solving problems from the outside in, rather than the inside out is why such measures rarely help people in ways that truly matter to the individual.

2.2 Mental health industry

For anyone who is suffering with a mental health problem or illness that may lead to suicide, it is commonly understood by most employers, that such a person be referred for professional help whether in the form of a doctor, psychologist or a psychiatrist for assessment, diagnosis and treatment. This fact was widely acknowledged by many respondents to the inquiry. To assist the mental health industry, it is important to point out that most chaplains are well versed in referring individuals for professional help when clinical expertise is required.

As the ministry of pastoral care certainly has many synergies with the mental health industry and both skill sets are often complimentary, WCI believes that chaplains and mental health professionals can certainly learn a lot from each other. It is interesting that many pastoral care workers are keen to study psychology and many chaplains have educated themselves in both disciplines. For example, it is not uncommon for a chaplain to hold a university qualification e.g. BSc or MSc in psychology whilst practising as a chaplain. Similarly it is not uncommon for psychologists to be interested in spirituality. ² The interface between psychology and spirituality is an interesting dialog that WCI believes is important for the shared learning of both professions when supporting mental health.

In particular, the mental health industry is strongly encouraged to be more open to the powerful health benefits of spiritual experience. This is summed up powerfully in the following quote by Professor Andrew Sims former President of the Royal College of Psychiatrists:

"The advantageous effect of religious belief and spirituality on mental and physical health is one of the best-kept secrets in psychiatry and medicine generally." ³

Professor Sims also cites as evidence the *American Journal of Public Health's* major meta-analysis of epidemiological studies on the psychological effects of religious belief:

*“In the majority of studies, religious involvement is correlated with well-being, happiness and life satisfaction; hope and optimism; purpose and meaning in life; higher self-esteem; better adaptation to bereavement; greater social support and less loneliness; lower rates of depression and faster recovery from depression; lower rates of suicide and fewer positive attitudes towards suicide; less anxiety; less psychosis and fewer psychotic tendencies; lower rates of alcohol and drug use and abuse; less delinquency and criminal activity; greater marital stability and satisfaction”.*³

Therefore if such benefits are well known to psychologists, psychiatrists and doctors WCI believes that there should be a much greater collaboration between chaplains and health professionals. Also pastoral care can be subjected to the same degree of scrutiny as psychological research to demonstrate its proven effectiveness (as illustrated above). If academic research is promoted in this area, this may help to promote chaplaincy to a much wider audience including the FIFO industry as an effective method of care to people suffering with suicidal thoughts and feelings.

It is the experience of many pastoral care workers that there is no greater source of strength and healing than someone who experiences a life defining moment that originates from ‘spiritual’ experience.⁴

In certain cases, it may be appropriate for pastoral care or spiritual counselling to be provided upon the clients request as supportive to traditional psychological therapy when such methods prove to be ineffective in resolving certain personal problems. This is especially important when spiritual health or the meaning of a person’s life is the main focus of attention. It is important to emphasise to the committee that many pastoral care workers experience ‘spirituality’ as fundamental to psychology and not the other way round.⁵ For example if a client is not aligned to deep sense of spiritual truth or if poor moral choices continue, this is likely to result in further depression, anxiety and conflict even if a person desires psychological health. Therefore psychological health is often considered to be the natural byproduct of living in accordance with a deeper life purpose.

2.3 Occupational Health and Safety Industry

WCI believes that it is important for the occupational health and safety industry to play a key role in addressing mental health concerns within the workplace. Whilst it is pleasing to observe that a much greater focus has been placed on human factors in recent years (e.g. safety culture, safety leadership, behavioural safety and psychosocial hazards etc.), WCI believes that further improvement can be made to promote mental health.

The following are a number of opportunities for improvement that WCI would like to highlight to the committee based on our experience:

1. Psychosocial hazards, risks and controls (e.g. stress at work and bullying) are rarely captured adequately on most risk assessments completed within the workplace (including the FIFO industry)
2. Many employees (including health and safety advisors and representatives) often lack the skills and training required for identifying and managing mental health concerns in the workplace
3. Health and wellbeing programs only tend to focus on physical and psychological health and do not include spiritual health as a fundamental component of health and wellbeing
4. Injury management and return to work programs only tend to focus on physical rehabilitation and rarely consider or adequately address emotional needs
5. Most incident investigations do not adequately consider the role that personal life issues and psychosocial hazards play in incident causation in terms of reducing concentration and making poor behavioural choices
6. Many alcohol and drug testing programs do not have a robust or effective debriefing process which involves reaching out and helping a person with underlying life problems when someone tests positive
7. Most workplaces lack adequate critical incident response arrangements for dealing with trauma and bereavement from a pastoral care perspective
8. Many managers and supervisors do not have the time or skills to respond effectively to employees with mental and emotional health concerns

2.4 Traditional Employee Assistance Programs

WCI would like to support the comments raised within the discussion paper that further research needs to be undertaken to demonstrate the effectiveness of traditional employee assistance programs (EAP's).

It has certainly been our experience based on numerous discussions with clients that there is a concern that EAP programs are rarely used by most employees and are generally considered to be ineffective in supporting people with mental health concerns. The following points highlight WCI's main concerns with employee assistance programs ^{6, 7 & 8}:

1. EAP's are often perceived as a formal referral mechanism for dealing with employee problems via Human Resource Management.
2. The service is often considered to be impersonal as arrangements tend to involve telephone calls or formal appointments that must be booked in advance.
3. Many clients complain of the restricted visibility of EAP's. For example, many employees don't know about the service and many employers don't know how well utilised or effective the program is
4. EAP's are often perceived as a mechanism for management to evaluate people and many employees are afraid about the confidentiality of such services
5. Many employees are afraid of asking their Human Resource Management department for details of the EAP service provider as they feel that they may be noted by their employer as having a problem which may impact on their job security
6. EAP's provide a reactive rather than a proactive model of employee care
7. Many employees are afraid of being stigmatised by their employer or colleagues for having a psychological problem and receiving psychological counselling

In contrast to EAP programs, workplace chaplaincy is based on the pastoral care model which is informal in nature and based on regular face to face personal contact with the workforce. By providing an accessible and familiar presence on site makes the service highly visible to both the employer and the employees. As chaplains are considered by most employees as having exceptionally high standards of moral accountability, they are more likely to be trusted as neutral and independent when holding confidential conversations. Additionally, as the service is pro-active in nature chaplains bypass employee fears that they may be stigmatised as having a psychological problem for talking to a chaplain, as they are just as likely to talk to people who are having a good day as well people who are having a bad day.

The following table provides a comparison between a workplace chaplaincy program and a traditional employee assistance program (EAP):

Benefits	WCI Chaplaincy Program	Traditional EAP
Personal on-going relationship with employees	✓	—
High levels of visibility / face to face interactions	✓	—
Demonstration and modelling of a caring workplace culture	✓	—
Accessible and regular site presence / visits	✓	—
Informal approach (no stigma)	✓	—
Proactive model of care	✓	—
Counselling support (work issues / personal / family / psychological)	✓	✓
Spiritual advice and counselling	✓	—
Prayer support	✓	—
Religious services / teaching	✓	—
Liaison with employees spiritual / pastoral leader	✓	—
Advice to leadership on ethics, morals, morale and values and how this impacts on the organisation and individuals	✓	—
Referrals to professional support and community agencies	✓	✓
Telephone helpline service	✓	✓
Confidential, neutral and independent	✓	(✓)

Out of hour's service that is 24/7/365	✓	(✓)
Psychosocial risk assessment conducted prior to program commencement	✓	—
Conflict resolution support	✓	✓
Conflict resolution training	✓	—
Assisting supervisors with retention of employees	✓	—
Emotional support during return to work process	✓	—
Follow up after fitness for work issues have been identified	✓	—
Site based leadership training, coaching and mentoring	✓	—
Industrial relations mediation	✓	—
Hospital visits	✓	—
Employee support and attendance during funerals	✓	—
Involvement in employee support groups	✓	—
Family / home visits and support	✓	—
Critical incident response (crisis and grief counselling in the workplace)	✓	(✓)
Death and serious injury notification assistance to families	✓	—
Health and wellbeing promotion and advice	✓	✓
Substance abuse support and advice	✓	✓
Alcohol and drug test intervention / debriefing	✓	—
Legal / financial advice	—	✓
Measurement of program effectiveness	✓	(✓)

3 Conclusion

Changes to working and living conditions alone are unlikely to address the deeper aspects of despair that may lead to suicidal thoughts and feelings. This results from deeper individual and societal forces.

Workplace chaplaincy offers the missing 'spiritual' link to support mental health in the workplace and reduce the risk of suicide in the FIFO industry. Our greatest source of strength and healing results from 'spiritual experience' as demonstrated in much research.

Chaplaincy is a well-established and highly effective model of employee care. It has been tried and tested in a wide variety of secular organisations and institutions for many years including hospitals, prisons, emergency services, armed forces, schools, universities, sporting clubs and more recently within workplaces.

Chaplaincy programs practiced in the armed forces are particularly relevant to the FIFO industry due to the fact that such chaplains have vast experience working in a predominantly male environment and with people who spend very long periods of time away from family as well as face extremely stressful working conditions.

Chaplains are individuals who are often called into this area of ministry due to a great passion and gifting to reach out to people with love, compassion and wisdom. They are excellent listeners and communicators and can facilitate powerful life changing heart to heart conversations. They are also trained to refer people for professional support when required.

WCI believes that workplace chaplaincy offers a highly effective alternative to support and complement many of the existing FIFO practices that address mental health in the workplace e.g. the management of psychosocial hazards, health and wellbeing programs, mental health awareness campaigns and employee assistance programs.

4 Recommendations to the Committee

Workplace Chaplains International (WCI) would like to suggest the following recommendations to the Education and Health Standing Committee in response to the FIFO suicide inquiry and the Discussion Paper 'Shining a Light on FIFO Mental Health':

4.1 Recommendations to the Government of Western Australia (including WorkSafe and the Department of Mines and Petroleum)

1. Create a multi-disciplinary team with representatives from the health and safety industry, mental health industry and pastoral care to discuss and develop best practice methods of employee care
2. Provide information and reference to chaplaincy programs within codes of practice and guidance notes published by government agencies that address mental health in the workplace and psychosocial hazards e.g. stress at work and bullying
3. Consider supporting a government sponsored workplace / industrial chaplaincy initiative that FIFO companies (and other industry sectors) can subscribe to.

4.2 Recommendations to the FIFO Industry

1. Provide further opportunities for chaplaincy services and programs for FIFO workers. Services can include:
 - Pastoral care
 - Workplace onsite support
 - Out of hours helpline service 24/7/365
 - Employee assistance and support
 - Home visits and family support
 - Hospital / funeral visits
 - Special services and dedications
 - Spiritual / psychological counselling
 - Critical incident (trauma / bereavement) support
 - Psychosocial risk assessments
 - Conflict and dispute resolution training
 - Mediation and industrial relations support
 - Health and wellbeing programs / seminars
 - Return to work / rehabilitation assistance
 - Drug and alcohol debriefing and intervention
 - Referrals to professional or community services
2. Integrate chaplaincy services within existing health and safety and human resource management practices that address the mental health and the wellbeing of the workforce. This can include:
 - Employee assistance
 - Health and wellbeing programs
 - Injury management and return to work programs
 - Leadership and workforce mentoring
 - Conflict resolution procedures
 - Safety culture awareness
 - Risk management of psychosocial hazards
 - Behavioural safety programs
 - Drug and alcohol procedures
 - Critical incident response arrangements
 - Industrial relations support
 - Change management
3. Draw upon the experience of chaplaincy programs practiced within the armed forces and how they care for the needs of a predominantly male workforce, living away from home for long periods of time in highly stressful working conditions.

4.3 Recommendations to the Health and Safety Industry

1. Ensure that psychosocial hazards, risks and controls (e.g. stress at work and bullying) are captured adequately on risk assessment used within the workplace
2. Ensure that anyone supporting an employee care / peer support program is adequately trained. An excellent example of such training is the Cert IV in Pastoral Care delivered by Chaplaincy Australia. This includes modules in:
 - Assess and respond to individuals at risk of suicide
 - Work effectively in mental health
 - Contribute to Work Health and Safety (WHS) processes
 - Use targeted communication skills to build relationships
 - Respond holistically to client issues & refer appropriately

- Provide pastoral care
 - Provide support and care relating to loss and grief
 - Maintain an effective work environment
 - Reflect on and improve own professional practice
 - Undertake pastoral care work
 - Work effectively with culturally diverse clients and co-workers
3. Include 'spiritual health' as an essential component of company health and wellbeing programs (in addition to physical and psychological health)
 4. Ensure that injury management and return to work programs focus on the emotional needs of employees in addition to physical rehabilitation
 5. Ensure that incident investigations consider the role that personal life challenges and psychosocial hazards play in incident causation in terms of reducing concentration and making poor behavioral choices
 6. Ensure that drug and alcohol testing programs include a robust and effective debriefing process which involves reaching out and helping a person that may have underlying life problems when someone tests positive
 7. Include pastoral care within critical incident response arrangements when dealing with trauma or bereavement following a fatality or major incident on site
 8. Provide training and mentoring support to managers and supervisors responsible for identifying and responding to the mental and emotional health concerns of their workforce
 9. Consider mental health during behavioral safety programs

4.4 Recommendations to the Human Resource Industry

1. Review the effectiveness of traditional employee assistance programs
2. Develop initiatives and opportunities for chaplains to act as an independent mediator between employees and management as well as unions and management during industrial relations activities that address the wellbeing of the workforce e.g. change management ⁸
3. Provide opportunities for chaplains to assist as an independent party during conflict resolution and grievance procedures
4. Provide opportunities for chaplains to assist with employee mentoring for individuals with emotional and personal challenges

4.5 Recommendations to the Mental Health Industry

1. Create a forum for the cross fertilization of best practice methods within the mental health industry and pastoral care
2. Develop initiatives to better understand and promote the contribution of 'spirituality' to mental health
3. Conduct academic research into the benefits of pastoral care when assisting persons suffering with mental health challenges including suicidal thoughts and feelings
4. Develop protocols for referring individuals to chaplains when such persons might benefit from pastoral care e.g. in cases where spiritual concerns or questions are raised during psychological counselling sessions

5 References

Notes

- 1) John Patton (2005), 'Pastoral Care – An Essential Guide'. Abingdon Press
- 2) Dr Karen Mason (2014), 'Preventing Suicide: A Handbook for Pastors, Chaplains and Pastoral Counsellors'. *IVP Books*
- 3) Professor John C. Lennox (2011), 'Gunning for God'. *Lion Hudson*; p.77.
- 4) William James (1985), 'The Varieties of Religious Experience'. Penguin Classics
- 5) Mike Kozlinski (2013), 'Apologetics in the Mental Health Field' *20th Annual Conference on Christian Apologetics (extract from speech)*
- 6) Richard Fortune & Kara Martin (2011), 'A Sustainable Framework for Mining Chaplaincy'. *National Mine Chaplaincy Network*; p.2 - 4.
- 7) Faith Wambura Ngunjiri, and David W. Miller (2013), 'Leadership Views on Corporate Chaplains: Business, Socio-Cultural, and Spiritual Justifications'. *Concordia College and Princeton University*.
- 8) Grant Michelson (2006), 'The Role of Workplace Chaplains in Industrial Relations: Evidence from Australia'. *British Journal of Industrial Relations*; section 5

Further Recommended Reading

'Experiencing Grief', H Norman Wright.

'Coping with Grief', Mal McKissock & Dianne McKissock

'Pastoral Care Emergencies', David K Switzer

Department of Commerce, WorkSafe – Stress <http://www.commerce.wa.gov.au/worksafe/stress>

Department of Commerce, WorkSafe – Bullying <http://www.commerce.wa.gov.au/worksafe/bullying>

Department of Commerce, WorkSafe – Psychologically Safe and Healthy Workplaces: Risk Management Approach Toolkit <http://www.commerce.wa.gov.au/publications/psychologically-safe-and-healthy-workplaces-risk-management-approach-toolkit>