Government of **Western Australia**
Mental Health Commission

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Dr Graham Jacobs
Chair
Education and Health Standing Committee
Parliament House
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Dear Dr Jacobs

INVITATION TO MAKE FURTHER SUBMISSION TO THE COMMITTEE'S INQUIRY

Thank you for your letter and invitation to make further submissions to the Inquiry based on the interim report *Shining a Light on FIFO Mental Health: A Discussion Paper.*

The Mental Health Commission (MHC) welcomes the preliminary findings of the Education and Health Standing Committee (the Committee) and is pleased to note that a number of the points raised in our submission have been highlighted in the report, including issues relating to stigma, social isolation, family and relationship stress, travel time and fatigue, alcohol and other drug consumption, poor communication infrastructure, the 'rotation' that workers are rostered on to, limited recreational and leisure activities on some sites, and a lack of informal settings to socialise without alcohol on some sites.

The MHC has reviewed the comments by the Committee throughout the report and prepared a response to the issues raised, which is attached.

Yours sincerely

Timothy Marney
COMMISSIONER

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Enc.

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MENTAL HEALTH COMMISSION SUPPLEMENTARY SUBMISSION TO THE 'INQUIRY INTO MENTAL HEALTH IMPACTS OF FIFO WORK ARRANGEMENTS'

Drug and Alcohol Issues

The Committee is aware that excessive consumption of alcohol away from the mining workplace may be a problem for some FIFO workers, and would appreciate more information on the impact of these habits on the mental health of the worker and their family.

The Drug and Alcohol Office (DAO) contract a range of government and non-government agencies to provide alcohol and other drug (AOD) treatments and prevention programs throughout Western Australia.

To inform the response to the above question, DAO contacted key service providers in regions where FIFO/DIDO work is prevalent (Pilbara, Goldfields, Midwest), as well as in the Perth metropolitan area where a majority of FIFO/DIDO workers reside.

As it is difficult to source reliable data regarding this issue, it should be noted that the comments are the view of the service providers, based on their professional experience, and are anecdotal in nature.

Service providers report that alcohol-related problems among the FIFO community are an issue of concern. Services also report anecdotally that mental health problems are prevalent among this community. One service representative felt that more people are coming forward to seek help and that there is an increased acceptability to talk about mental health and alcohol and other drug (AOD) issues. However, workers' concerns regarding anonymity and the consequences of their employer finding out were also raised as barriers to seeking help.

Anecdotal reports from service providers to DAO suggest that harmful drinking is prevalent among FIFO workers when they return home, which is consistent with other statements provided in the Committee's report. Services report that this pattern of drinking can lead to a strain on families and relationships. FIFO/DIDO clients report a number of contributing factors to harmful consumption of alcohol. These include absence from family; using alcohol and other drugs to cope; to cope with increased family stress upon returning home; a way of managing social situations; and lack of awareness of how to manage feelings of anxiety or how to seek help.

The disruption to family time as a result of increased alcohol consumption when the worker returns home, was also reported. For example, it has anecdotally been reported to DAO that some workers will binge for several days at a time when they are home, which may lead them to disappear for several days at a time. A mental health service provider reported that families often appear to be under more stress when the worker is home as family dynamics are altered during this time. It has also been reported that spouses and partners with children use alcohol to cope and maintain stability while their partner is away, which in some cases has raised concerns about the impact this has on the care of the children.

It was also reported to DAO that many FIFO workers drink during their 'off-shift' recreational time in community. It was said to be common for FIFO workers to drink heavily on recreational trips to various locations in the Pilbara, such as national parks, resulting in community complaints relating to excessive alcohol consumption and littering, with many packaged liquor containers left behind.

As acknowledged in the Committee's report, the ready access to alcohol at worker accommodation sites and the culture of harmful drinking (even when limitations are placed on the amount of alcohol that can be purchased), results in some problems. I refer you to our previous submission for details. Being in a remote location where the primary recreational/social place for interaction has alcohol available is a contributing factor to harmful drinking.

Some AOD service providers raised the need for education (regarding AOD and mental health) for FIFO/DIDO workers and a number mentioned that they conduct education sessions via induction programs. Additionally, a number of AOD service providers raised the importance of planned activities for workers during their breaks and to link workers to people in the community in which they are working.

DAO also consulted with the Alcohol and Drug Information Service (ADIS) (located within DAO) regarding FIFO/DIDO related calls to the service.

Since September 2014[1], 24 calls have been identified by ADIS as being related to FIFO/DIDO (either a worker, family member or organisation seeking information). For each call, ADIS records data on location of the caller and what their main and secondary drug of concern is. ADIS also records if the caller reveals they participate in FIFO working conditions. Other topics discussed in calls are not typically recorded. As a result, no comment can be made as to whether the calls have been in relation to concern regarding alcohol use and mental health.

In January 2014, ADIS commenced a project providing a unique FIFO/DIDO telephone number to provide tailored counselling, information and referral to the FIFO/DIDO community. The service builds on the existing core business and expertise of ADIS.

The FIFO/DIDO service will be a confidential, anonymous, state-wide, 24/7 telephone counselling, information and referral service specifically tailored and promoted to support FIFO/DIDO workers, their families and the FIFO/DIDO community, who are concerned about their own or others' alcohol and other drug use and mental health and wellbeing.

In addition to the FIFO/DIDO telephone number, there will be a dedicated FIFO/DIDO email address and a Live Chat component to increase accessibility to those who are geographically isolated and/or have difficulty accessing mainstream services. Clients will also be provided with additional information and support materials via mail or email as requested.

[1] Option for ADIS staff to record calls as relating to FIFO/DIDO commenced in September 2014. Prior to this, calls relating to FIFO/DIDO may not have been coded accordingly and is hard to report on.

Evidence based interventions for FIFO/DIDO workers and the broader FIFO/DIDO community will be explored and ADIS Branch staff will be provided with additional training as required. An evaluation of the program will be conducted.

Policies for dealing with the immediate aftermath of a suspected suicide

The Committee would be interested to learn of the policies in place for staff when dealing with the immediate aftermath of a suspected suicide, including securing the location, handling the deceased in a respectful manner, informing the family and the workforce of the death and arranging for counselling and other supports.

The MHC does not have information about the policies and procedures employed by companies following suicides on sites. However, the way in which sudden deaths, including suicides, are managed has an impact on those who are bereaved. This applies to workmates and other workers as well as family members. The shock and distress experienced following a sudden death is made worse if the situation is not managed sensitively and the psychological impact of sudden death is not understood.

There is evidence that people bereaved by suicide are at greater risk of developing adverse physical and mental health reactions, including prolonged grief disorders and complications to pre-existing health problems. Such reactions may contribute to the increased risk of suicide by people bereaved by suicide. The Australian Institute of Family Studies has highlighted the impact of suicide bereavement:

There is a growing indication that suicide bereavement is different from bereavement associated with other forms of death. Suicide-bereaved people tend to struggle more with the meaning of the death, guilt, blame (from self and others) for not preventing the death, feelings of rejection (Clark & Goldney, 2000), isolation and abandonment, anger towards the deceased (Jordan, 2001), and complicated grief (Provini, Everett, & Pfeffer, 2000), and experience slower recovery (Beautrais, 2004).[2]

The impact on other workers of a sudden death is significant and is often overlooked. A sudden death, and in particular a suicide, on site can be a stark reminder to others of their own, and their loved ones, mortality and vulnerability. Their sense of isolation from family and friends at such a time can be acute. The situation may trigger other losses they have experienced. Importantly, the way in which the situation is managed will have an impact as well, by either allaying or increasing levels of distress and concern.

The importance of clear policies and procedures to manage risk and respond well to a crisis is never more obvious than in cases of sudden death. They provide managers and emergency response workers with clear guidelines. They also demonstrate to the workforce that the company is prepared and can manage a crisis. This provides psychological safety that will support workers' mental health and sense of security when it may feel compromised.

[2] Flynn L. and Robinson E., Australian Institute of Family Studies, AFRC Briefing No 8 – Feb. 2008

The MHC has had reports from family members who have been distressed by the way in which they have been informed of the suicide of a family member on site. Families have said that they were not informed in a timely manner, were not provided with information and answers to questions that would have helped them understand what had happened to their loved one and given them the opportunity to accompany their loved one's body, and that they were not provided with any counselling or other support. One family reported being asked to sign an indemnity releasing the employing company of any responsibility within days of their son's death, an insensitive action that added to their severe distress.

Employee Assistance Programs (EAP) counsellors who have attended critical incidents including sudden deaths and suicides on sites have corroborated these reports. They provide support to managers and supervisors who have stated they feel ill-equipped and unable to adequately respond to sudden deaths and suicides onsite. These managers and supervisors are not trained in responding to trauma, do not feel equipped to deal with the distress and fear that speaking to other workers about the death will create further trauma.

However, when workers are not informed or provided with appropriate, accurate information or reassurance and do not see that the situation is being well managed following a sudden death, the risk of distress escalates. When someone dies suddenly and unexpectedly, it is a normal response to feel frightened and unsure. Appropriate information and reassurance can help alleviate this concern. Without it, people will seek out information from sources that may not be reliable (for example, social media, co-workers who may have opinions and ideas but who may also be grappling to understand what's happened and to alleviate their own anxiety). People in this situation are likely to 'fill in the blanks' of their lack of information with rumours and misinformation that may contribute to even higher levels of fear and concern. In this way the distress escalates and the risk of further trauma increases. The need for well-managed and skilled responses to sudden deaths is clear.

Reports of the lack of appropriate responses suggest there is limited understanding of the importance of policies and procedures relating to sudden death and suicide, and highlight the need for training in trauma response and risk management. The risks are significant, both to workers' and family members' mental health and to companies' legal obligations to provide a safe work environment.

Companies providing EAP to employees may also extend this support to close family members. There are some serious challenges with the EAP model when critical incidents, including suicides occur on remote sites. Trauma support may take some time to arrive on site. Some workers will not seek support from an unknown counsellor. Mates in Construction provide a model of peer support in which workers can seek support from fellow workers who have received training and can link a worker into support services. Further, Mates in Construction have recently partnered with StandBy Suicide Response to provide support for families and workers following a suicide in a pilot project in WA. The evidence gathered from this pilot will provide valuable information about responding to suicides in the construction sector.

The MHC acknowledges the importance of policies and procedures to support workers and family members in the aftermath of a suicide death. Equally significantly, workplace practices that promote social connection, build a sense of

belonging, provide education about mental wellbeing and address the stigma about mental health issues are critical preventative measures. The mining, construction and resource sector's investment in developing mentally healthy workplaces will value its employees as well as support its business. Price Waterhouse Cooper's *Creating a mentally healthy workplace* Return on Investment Analysis Report highlights the economic benefits to businesses of investing in mentally healthy workplaces. [3]

[3] Price Waterhouse Cooper's *Creating a mentally healthy workplace* Return on Investment analysis report, 2014.