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Mr Mathew Bates, Principal Research Officer  
The Education and Health Standing Committee  
The Legislative Assembly Committee Office  
Level 1, 11 Harvest Terrace  
West Perth WA 6005  
Email: [laehsc@parliament.wa.gov.au](mailto:laehsc@parliament.wa.gov.au)

Dear Mr Bates,

**Re: Inquiry into mental illness in fly-in, fly-out workers**

I am writing to make a submission to the Education and Health Standing Committee regarding the inquiry into mental illness in fly-in, fly-out workers.

I wish to express my strong support for the Committee's work to identify and address factors that may lead to mental illness and suicide amongst fly-in, fly-out (FIFO) workers.

I am a Fellow of the Australasian Faculty of Occupational and Environmental Medicine (AFOEM). My medical specialty focuses on the effects of work on health and also on the effects of health on work. Mental health is a central component of health at work. I consult to a number of mining organisations and we are currently working on solutions to the mental health challenges that fly-in, fly-out workers can face.

**Prevalence of mental illness and suicide in FIFO workers**

In my view one of the most important long-term goals is to obtain high quality evidence about the prevalence of mental illness and suicide in FIFO workers. In order to improve outcomes in the long-term it is essential to gather accurate information about the current situation.

It is important to study the more obvious potential factors including separation from family, remoteness and shift work. It will be equally important to determine if these are causal, contributory or coincidental. Factors which are already associated with mental health issues, including alcohol, drugs and family history will clearly need to be accounted for in the research analysis. More detailed research would be particularly helpful in trying to identify

any characteristics or subgroups within the FIFO population that may be at higher risk. Similarly it may be useful to consider factors which are more likely to lead people to choosing a FIFO lifestyle. These sorts of questions will need to be addressed in a careful and sensitive manner.

It will also be important to know the difference between the prevalence of mental illness and suicide in FIFO workers compared to other remote workers, metropolitan workers and other groups. It will, for example, be important to be able to compare differences with the rates of mental illness and suicide in the rural workforce.

This quality of information will be needed in order to make the best decisions for the allocation of appropriate resources and funds.

### **Current Strategies**

Various strategies for addressing mental health and suicide risks are already in place in the community and within organisations. It is important to acknowledge these existing services and to consider how they can be developed and improved.

Some businesses, for example, already have strategies including:

- a) Peer support services.
- b) Employee assistance programs.
- c) Psychologists that visit sites.
- d) Specialised Occupational Physicians who visit sites.
- e) Health and Wellness initiatives.

In my view, there are significant potential benefits for smaller organisations to learn from the experience and systems of larger organisations.

### **Confidentiality and Privacy**

It is essential to acknowledge that there are different requirements and perspectives with regard both to privacy and confidentiality. Historically mental health conditions have been somewhat of a “taboo” subject for patients to discuss at work. Organisations that employ FIFO workers need to carefully balance their obligations as an employer with the rights of individuals in the workforce. This requires careful consideration and discussion.

### **Expectations**

Within our community and in workforces in general, expectations are evolving over time with regard to what services employers should be expected to provide. Historically discussions about mental health were regarded as something that would not occur between an

employee and an employer. Not many years ago, the best practice was to provide completely confidential counseling services. However there is now a greater expectation for employees to feel free to be able to raise their mental health concerns directly with their supervisors and managers. These changing expectations require education and an evolution of ideas for both employees and employers.

### **Discrimination**

It is essential that any new initiatives with regard to workplace mental health do not result in the unintended consequence of unfair discrimination against the employment of applicants with a history of mental health conditions. Employment is an important component of managing many health conditions and it is important that medical practitioners assist patients with mental health conditions to find suitable and safe employment. It is also our role to educate employers about the approaches required for employees with mental illnesses.

### **Consensus Statement on the Health Benefits of Work**

When considering the potential adverse effects of employment on mental health it is also essential to be mindful of the proven health benefits of being in employment.

I wish to advise the Committee about the AFOEM “Consensus Statement on the Health Benefits of Work.” I believe that this document contains information which will be of relevance to the matters under investigation. WorkCover WA and WorkSafe WA are both signatories to the Consensus statement.

The Consensus Statement can be accessed online at:

<https://www.racp.edu.au/page/racp-faculties/australasian-faculty-of-occupational-and-environmental-medicine/health-benefits-of-work/consensus-statement-signatories/consensus-statement-signatories-new-zealand/>

### **Goals and opportunities**

Suicide is a problem of tragic proportions in Australia. We need to foster a culture of communication and cooperation in tackling this challenge. There are excellent opportunities in the workplace for research, education and change.

One of the primary goals of occupational medicine is the development of healthy workplaces. Historically there has been much more emphasis on workplace safety than on health. An increasing emphasis and effort with regard to improving workplace mental health will result in significant benefits for workers, employers and for our community

### **Conflict of interest**

I do not believe that I have any conflicts of interest in this matter. For the purposes of disclosure however I provide the following information. My current roles include:

- President-Elect, The Australasian Faculty of Occupational and Environmental Medicine
- Consultant Occupational Physician, in private practice, providing specialist occupational health consultancy, including to the mining industry
- Adjunct Associate Professor, the School of Medicine, The University of Notre Dame
- Member of the Commission for Occupational Safety and Health, Western Australia.

I again wish to express my strong support for the Committee's work to identify and address factors that may lead to mental illness and suicide amongst FIFO workers.

With kind regards,

Yours sincerely



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