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The Hon Dr G.G. Jacobs, MLA
Chair of 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

Dear Dr Jacobs,

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

Thank you for your letter of 8 December 2014 inviting me to make a further submission to the Education and Health Standing Committee's inquiry into the mental health impacts of fly-in, fly-out workers. Thank you also for the Committee's interim report, titled *Shining a Light on FIFO Mental Health: a Discussion Paper*.

I again express my 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.

Committee Comments

I wish firstly to address two of the Committee Comments. The comment on page 34 states:

"It has been reported to the inquiry that people have stopped taking their antidepressant medication, or have not commenced taking it, as a result of fear of adverse consequences for their employment should the use of medication be discovered."

"It is essential that stigma and the associated fear of disclosure of mental health problems are eliminated from the workplace and that FIFO workers are able to get the treatment they require for their illness."

I wish to advise the committee that routine workplace drug screening methods do not test for currently used prescription antidepressant medications. The screening does however test for benzodiazepines, such as diazepam, which in the past was used for anxiety. Diazepam is not however currently recommended for ongoing management of anxiety disorders. There can be a misconception that drug screening does test for antidepressant medications, however that is

not in fact the case. This issue can be effectively addressed by a suitable workplace education program.

Regarding the issue of the stigma and associated fear of disclosure of mental health problems I agree that it is essential for this to be eliminated from the work force. This is however an issue for all workplaces and the wider community, not only for FIFO workers. It is also useful for us to reflect on changes in community attitudes over time with regard to the stigma of other medical conditions. Historically, for example, patients were very reluctant to discuss a diagnosis of “cancer” at work. This resulted in significant limitations on a doctor’s ability to communicate with employers about the patient’s fitness for work. Community attitudes have since changed enormously and workplaces have in fact evolved to being important supporters of cancer research. I hope that the same evolution will occur in our community sooner rather than later with regard to mental health.

Regarding the fear of adverse consequences for employment, both medical practitioners and employers need to apply the basic principles of equal employment opportunity. If someone has a mental health condition which does not materially affect their safety or performance at work, then they should not be unfairly discriminated against. The same basic principle should be applied in all workplaces with regard to all medical conditions. This does however require a medical practitioner to have an adequate understanding of his or her patient’s job.

It is not uncommonly a major challenge for the medical practitioner to communicate with the employer whilst maintaining the expected level of patient confidentiality. Medical practitioners need to carefully assess any fitness for work implications of a mental health condition, whilst considering the specific job requirements. This is more challenging when assessing patients who work at remote locations - away from the immediate support of their family, doctor or psychologist. These challenges require doctors to carefully apply ethical principles and to develop trust and good communication with both workers and their employers in order to achieve fair, safe and healthy outcomes.

The Committee Comment on page 66 refers to the procedures that companies have in place for a mental health evacuation:

“The committee would like to receive further information on what is considered to trigger a mental health evacuation, what exactly is involved in such an evacuation, and how far companies feel their duty of care extends to their employee (i.e. as far as Perth airport, or as far as the employee’s home).”

The evacuation of a worker with a mental health condition from a FIFO mine site requires a process to be applied which includes an initial assessment, medical management, referral planning, effective communication and logistics planning. The first step is for an initial assessment of the mental health condition, which requires that the on-site health staff have adequate training in mental health triage techniques. They also need to be able to seek advice

and support from other sources such as an on-call doctor, the local hospital, the RFDS or an on-call psychologist. Decisions can then be made about immediate treatment requirements and when and where the patient will be transferred to. These decisions are determined by the nature and severity of the condition. Communication with the patient's family must take into account the patient's wishes and the usual principles which guide confidentiality.

The employer's duty of care is for the patient to be safely transported to a suitable location for continuation of their ongoing care. The destination and method of transport depends on the nature and severity of the patient's condition. At one extreme that may require accompanied transport to a psychiatric hospital, and in other cases the patient may be well enough to travel alone to their own home with an appointment to see their usual treatment provider. Although this process may initially seem daunting to an employer, they are in fact the same principles and processes that are applied to the evacuation of most medical conditions - for example a worker with a chest infection or a worker with a back injury.

Opinions and Opportunities

In my view the Education and Health Standing Committee's inquiry has the potential to be an important landmark in the evolution of both mental health and occupational health in Western Australia. In my view it presents an opportunity for us to make significant advances in workplace and community understanding of mental health conditions. There is the opportunity for the inquiry to lead us to improved attitudes to mental health in all workplaces, not just FIFO. In my view it could be argued that the need for this inquiry reflects a broader failure in the understanding and delivery of both mental health and occupational health services in our community.

In my view it is essential for further research to be conducted in order to carefully consider whether or not factors related to FIFO play either causal or contributory roles in mental health conditions - or are some of the associations only coincidental. It is essential that, when or if proven, that we address any such factors in an effective and appropriate manner.

At the same time it is also essential, for the health and welfare of current and future FIFO workers, that they are not living and working under false impressions which have arisen due to unscientific or unproven information from coverage in the media. It is also important to be mindful of the major and well documented "health benefits of work." We must not under any circumstances "throw out the baby with the bathwater."

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 workplaces for research, education and change. Historically there has been a much greater emphasis on workplace safety than on health. An increasing emphasis and effort with regard to improving workplace mental health has the potential to result in significant benefits for workers, employers and for our community.

In my view the medical profession has an important responsibility to take a leading role in researching and delivering solutions to the question of workplace mental health. I wish to respectfully propose a potential solution for the committee's consideration, namely the establishment of a dedicated "Centre for Occupational and Environmental Medicine" in Western Australia. The goals of the centre would include:

- the development of a centre of excellence of national and regional importance in occupational and environmental medicine
- increased collaborative work between researchers, doctors, industry and governments
- undertaking and promoting academic research into occupational and environmental medicine
- applying the research findings to reduce the incidence, severity and costs of occupational ill health and injuries
- applying best practice to the provision of occupational and environmental medicine
- facilitating the transfer of knowledge and expertise
- teaching occupational medicine at an undergraduate level and establishing higher level training

This concept was initially proposed about eight years ago. Unfortunately the proposal did not proceed at that time due to the effects of the global financial crisis. The proposal did however have widespread support, including the following organisations:

- the Faculty of Medicine at the University of Western Australia
- the Australasian Faculty of Occupational and Environmental Medicine
- the Royal Australasian College of Physicians
- the Australian and New Zealand Society of Occupational Medicine
- the Chamber of Commerce and Industry Western Australia
- the Chamber of Minerals and Energy of Western Australia
- the Australian Council of Trade Unions
- Unions Western Australia

I respectfully request that the Committee considers this proposal when considering recommendations to address the question of the mental health impacts of fly-in, fly-out work arrangements. This is exactly the type of question that such a centre of excellence would be established to address. Similarly it would have the potential to address a wide range of other important workplace health questions.

I would be happy to provide the Committee with any further information or to attend hearings if required.

With kind regards,

Yours sincerely

A handwritten signature in blue ink, appearing to read 'P Connaughton', with a stylized flourish at the end.

Dr Peter Connaughton
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Consultant Occupational Physician