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**Mr Matthew Bates
Principal Research Officer
Education and Health Standing Committee
Inquiry into mental illness in fly-in, fly-out workers**

Dear Committee Members,

The Western Australia government requested the WA Parliament Education and Health Standing Committee to review and report on the mental health of fly-in/fly-out (FIFO) workers. Accordingly, a subcommittee (chaired by Dr Graham Jacobs MLA) has called for submissions addressing the mental health and wellbeing of FIFO mining industry employees, their families and their communities.

We thank you for an opportunity to provide comments on this significant issue. Whilst the definition of FIFO is broad and multifaceted, for the purpose of this submission we have grouped the drive-in/drive-out (DIDO) workers in this population as they and their families face similar although not identical challenges, and may have a higher representation of indigenous employees.

Our submission relates specifically to supporting the mental health and wellbeing of, and reducing mental illness/ suicide amongst FIFO/DIDO workers.

SUMMARY OF ISSUES AND RECOMMENDATIONS

Issue 1: Lack of sound quantitative data on mental health and wellbeing of FIFO/DIDO workers.

Recommendation 1: Quantify serious physical and mental health morbidity requiring hospital and emergency department attendance (or mortality) in the FIFO/DIDO workforce utilising Western Australia's linked health data system according to type and period of hospitalisation. A comparison of this profile should subsequently be matched to a sample of the general population to obtain an accurate reflection of the current situation.

Issue 2: Although support mechanisms exist, unknown or poorly defined factors impede workers from seeking or accessing timely assistance when in crisis.

Recommendation 2: Upskill key personnel to establish an early intervention approach that is not specifically focused on mental health to identify persons at risk and establish a pathway which includes family members as part of an early warning system without prejudicing employees' job prospects. An evaluation of such interventions should follow to assess its effectiveness and identify potential improvements.

Issue 3: FIFO/DIDO working arrangements may place pressure on family relationships and may not suit every family.

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Recommendations:

3(a): Effective pre-employment screening and education programs with an open discussion of the pros and cons of the FIFO/DIDO lifestyle which involves both prospective employees and their partners should form an integral component of the corporate recruitment processes.

3(b): A longitudinal study is needed which examines the effects of FIFO/DIDO lifestyle on domestic relationships, partners and children and the role of pre-existing factors on these outcomes. This will inform recruitment practices and pre-employment screening.

Issue 4: A possible higher rate of suicide amongst the FIFO/DIDO workforce may indicate that, similar to military and police personnel, this workforce has a higher proportion of persons who have an “acquired capability” for suicide than the general population.

Recommendation 4: Investigate the employee profile of FIFO/DIDO workforce with particular focus on suicide risk factors to develop appropriate screening tools and identify those at greater risk of suicide.

Issue 5: Although increasing numbers of indigenous workers are employed in the mining sector, the positive and negative effects for individuals, families and communities are poorly understood.

Recommendation 5:

Funding should be allocated specifically to prioritise and address key research questions concerning outcomes for indigenous employees, families and communities as a consequence of employment in the mining sector.

ELABORATION OF ISSUES AND RECOMMENDATIONS

Issue 1: Lack of sound quantitative data on mental health and wellbeing of FIFO/DIDO workers.

A review of recent literature reveals that there has been relatively limited state-based research conducted on the health and wellbeing of the FIFO/DIDO workforce and their families given size of the workforce in Western Australia. Whilst this evidence may inform community discussions and deliberations of the Commission to a certain degree, it is important to note that much of these studies suffer from poor design, often based on small sample sizes without provision of a control group making generalizations impossible.

Whilst FIFO/DIDO work arrangements may place pressure on home life and relationships, in the absence of substantial quantitative data, it is unclear whether this workforce has greater prevalence and incidents of serious mental illness that could likely lead to suicide than the general population. Quality longitudinal and qualitative data on the physical and mental health of FIFO/DIDO workers, their families and their communities is needed.

Western Australia has one of the most sophisticated health data systems in the world. The WA Data Linkage System (established in 1995) and Royal Flying Doctor Service database serve as an untapped reservoir of data on the prevalence and nature of hospital admission and mental health presentations and mortality profile of the FIFO/DIDO workers (pre- and post- employment period) from urban and remote areas of the state. This pre-existing data should be analysed and compared to a matched sample of the general population. Such analysis should retrospectively provide a clear picture of the impact of FIFO/DIDO lifestyle on health and wellbeing of workers and their families.

Preliminary discussions have been held by Professor Gary Hulse representing the University of Western Australia (UWA) School of Psychiatry with the executives of Fortescue Metals Group Limited - Mr Neville Power (CEO), Mr David Bradbury (Fortescue Chaplaincy) and Ms Linda O'Farrell (Human Resources Group Manager) who have presented this item to the Chamber of Minerals and Energy of Western Australia Inc. (CME) for consideration and to invoke the collaboration of other mining companies operating in the state (see Appendix 1).

Recommendation 1: Quantify serious physical and mental health morbidity requiring hospital and emergency department attendance (or mortality) in the FIFO/DIDO workforce

utilising Western Australia's linked health data system according to type and period of hospitalisation. A comparison of this profile should subsequently be matched sample of the general population to obtain an accurate reflection of the current situation.

Issue 2: Although support mechanisms exist, unknown or poorly defined factors impede workers from seeking or accessing timely assistance when in crisis.

Thus far, considerable effort has been put into development of appropriate workplace resources and mechanisms to support employee mental health and wellbeing. The mining industry has invested heavily in the development of work place policies, practices, and strategies to address the mental health needs of FIFO/DIDO employees. Despite such efforts, we have observed the unfortunate loss of lives from suicide in this population over the last 12 months.

Factors that prevent individuals at risk from seeking or receiving appropriate supports and interventions when in crisis are poorly defined. However, a factor that has been consistently reflected in multiple studies is the stigma attached to seeking professional help for mental health issues and the perceived negative impact it may have on continuing employment.

To address this issue, a multiple pathways approach may be appropriate. The goal of such a system is to provide access to services via multiple entry points which may or may not be explicitly defined as mental health services. For example, Fortescue Metals Group Limited has an extensive chaplaincy service that could be expanded to include financial, accommodation assistance and/or domestic spouse and child welfare. A discussion initiated on these topics could lead into areas causing stress, anxiety and pressures on domestic relationship. Similarly, when the Human Resource Department is approached to discuss a roster change, this opportunity could be utilised to initiate a discussion on family and pressures at home. Such broadening of entry points would likely enhance FIFO/DIDO workers' participation by removing or reducing any stigma and initiate discussions around relevant issues that may influence their mental health. To support this approach, education and training initiatives across a range of occupational groups is required to ensure that those in key positions have the appropriate skill set to recognise warning signs and take appropriate and effective actions.

The establishment of a family-friendly mechanism that would also enable greater engagement with families and include them as part of an "early warning system" without prejudicing employment prospects is a logical approach. However, such initiatives need to be handled sensitively to be effective.

A robust evaluation of the program should then take place to assess its effectiveness.

Recommendation 2: Upskill key personnel to establish an early intervention approach that is not specifically focused on mental health to identify persons at risk and establish a pathway which includes family members as part of an early warning system without prejudicing employees' job prospects. An evaluation of such interventions should follow to assess its effectiveness and identify potential improvements.

Issue 3: FIFO/DIDO working arrangements place pressure on family relationships and may not suit every family.

A report by the Australian Institute of Family Studies (AIFS) (Meredith et al, 2014) has examined the effects of FIFO/DIDO working relationships on family, outlining impacts on children and domestic relationships. It revealed that some employees enter into these working arrangements without a clear understanding of its potential negative impacts. Particular care must be taken with the recruitment of first time FIFO/DIDO employees.

UWA School of Psychiatry has held a number of meetings with the executives of Fortescue Metals Group Limited - Mr Neville Power (CEO), Mr David Bradbury (Fortescue Chaplaincy) and Ms Linda O'Farrell (Human Resources Group Manager) to discuss the need for such pre-employment

programs. Concerns remain about identifying funding for the provision and evaluation of such programs.

The AIFS report noted that “the absence of longitudinal studies examining FIFO work practices” severely limits our understanding of the effects of pre-existing factors on employment outcomes. There is also limited research evaluating the impact of FIFO/DIDO lifestyle on family relationships especially on children.

Recommendations:

3(a): Effective pre-employment screening and education programs with an open discussion of the pros and cons of the FIFO/DIDO lifestyle which involves both prospective employees and their partners should form an integral component of the corporate recruitment processes.

3(b): A longitudinal study is needed which examines the effects of FIFO/DIDO lifestyle on domestic relationships, partners and children and the role of pre-existing factors on these outcomes. This will inform recruitment practices and pre-employment screening.

Issue 4: A possible higher rate of suicide amongst the FIFO/DIDO workforce may indicate that, similar to military and police personnel, this workforce has a higher proportion of persons who have an “acquired capability” for suicide than the general population.

Current psychological theory suggests that a person must desire death, and experience fearlessness and pain insensitivity (to the extent that the act of suicide is not in itself a deterrent) as a driving force to serious or lethal suicide attempt. This state of mind develops over time through repeated exposure to psychologically provocative or fear inducing and physically painful life events and is technically known as the “acquired capability” for suicide (Van Orden, 2008). Whilst many factors contribute to the mental state that leads to suicidal ideation (i.e. contemplating suicide) “acquired capability” is considered to be a major discerning factor that distinguishes those with higher risk of attempting and completing suicide (Smith et al, 2010). Past employment experience in the military or police force, serious emotional or physical trauma, contribute to this factor and serve as higher predisposition to suicide. This would imply that appropriate screening of prospective employees in combination with adequate support mechanisms might be key to lowering the suicide risk amongst the FIFO/DIDO workforce.

Recommendation 4: Investigate the employee profile of FIFO/DIDO workforce with particular focus on suicide risk factors to develop appropriate screening tools and identify those at greater risk of suicide.

Issue 5: Although increasing numbers of indigenous workers are employed in the mining sector, the positive and negative effects for individuals, families and communities are poorly understood.

Although indigenous employees make up a relatively small proportion of the FIFO/DIDO workforce, their numbers are increasing. Impacts of FIFO/DIDO working arrangements on indigenous communities, including impacts on the worker’s connection to land, people and community, have not been thoughtfully researched in the state of Western Australia.

Despite wide ranging recommendations from an exhaustive report dating over seven years (Barker 2006, Appendix 2), there has been no attempt to quantify benefits and possible negative consequences for individuals, families or communities to date. Some key recommendations of this report are:

- It is vital that efforts to improve Indigenous employment levels within the industry are coupled with an appropriate research and monitoring framework. Indigenous employees and community members are the ultimate possessors of knowledge about the ways in which mine work affects them. This requires the development of culturally appropriate research frameworks.
- Where practical, research and monitoring should have a regional focus rather than just being restricted to individual mining sites.

- The mining industry is a significant employment contributor in mining regions and is often located near Aboriginal communities or land with Aboriginal interests. The mining industry therefore is ideally placed to develop an inclusive and comprehensive approach to evaluating the outcomes of Indigenous employment initiatives and, in doing so, provide a model for other industries (Barker, 2006 pii-iii).

Given Fortescue Metals Group Limited's commitment to the employment of Aboriginal workers, UWA School of Psychiatry has held a number of meetings with the executives of Fortescue Metals Group Limited - Mr Neville Power (CEO), Mr David Bradbury (Fortescue Chaplaincy) and Ms Linda O'Farrell (Human Resources Group Manager) to discuss the need for comprehensive evaluation of aboriginal employment and impact on workers, community and culture.

Independent discussions have also taken place between UWA School of Psychiatry and senior aboriginal representatives from communities around Fortescue's Pilbara mining sites. There was a clear expression of interest by the Elders to participate in such an assessment.

Recommendation 5: Funding should be allocated specifically to prioritise and address key research questions concerning outcomes for indigenous employees, families and communities as a consequence of employment in the mining sector.

We also note that the Western Australia Ministerial Council for Suicide Prevention has recently extended representation from the mining industry with appointment of Rio Tinto's Chief Executive - Iron Ore, Mr Andrew Harding. This will undoubtedly bring mental health issues faced by the FIFO/DIDO workforce to the fore, and UWA Psychiatry has commenced preliminary talks with Rio.

Recommendations from this Commission of Inquiry will likely inform state-wide strategies which would require cooperation from various parties to avoid duplication of efforts and effective distribution of resources to tackle this complex issue.

The UWA School of Psychiatry is also keen to contribute and has taken the initiative to launch a research to obtain evidence-based data on some of the issues raised in this submission paper. At present, it is at the preparatory stage of engaging with various stakeholders in a collaborative effort towards a common goal. We believe that sound data and qualitative information will serve as a crucial first step to inform appropriate and timely responses.

Yours sincerely,

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Appendix 1: Mining Industry Representatives consulted in relation to Recommendations in this submission

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David Bradbury
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Appendix 2: Barker, T (2006) Employment outcomes for aboriginal people: An exploration of experiences and challenges in the Australian minerals industry. Centre for Social Responsibility in Mining (CSRMI) No 6

Summary of key research issues identified:

Culture

- determining the extent to which mining employment poses a cultural dilemma for Indigenous people employed in the mining industry and members of their communities
- evaluating the relationships between mining roster patterns, working hours and the ability of Indigenous employees to maintain cultural practices
- assessing the cultural adaptations that have resulted due to mine work

Income

- determining the aspirations and income flows of Indigenous mining employees
- evaluating the impact of mine salary and wages on family relations and power dynamics
- estimating the relative flow-throughs of salary and wages from mine work to other income streams obtained from mines and other sources of income for Aboriginal employees and the communities from which they are drawn
- determining the impact on mobility patterns both during and following employment in the mining industry

Skill development

- identifying the range of skills and attributes that mines can influence (including occupational, general life skills, self-confidence and cross-cultural skills)
- understanding the factors that inhibit or facilitate greater career progression of Aboriginal employees
- determining the extent to which skills developed at a mine are transferable to the family and communities of Indigenous mine workers

Gender relations

- determining the aspirations and occupational distribution of Aboriginal men and women across mining operations
- assessing whether industry employment experiences and practices have influenced existing gender roles in Aboriginal societies (either positively or negatively)
- determining the post-mine employment outcomes for Aboriginal men and women

Health

- accounting for the range of health factors that can be influenced by mine work (including occupation related effects, health & safety awareness and diet)
- determining the overall net effect of employment on the health of Aboriginal mine workers, their families and communities.

Appendix 3: References

Barker, T (2006) Employment outcomes for aboriginal people: An exploration of experiences and challenges in the Australian minerals industry. Centre for Social Responsibility in Mining (CSR) No 6

Meredith V, Rush P, Robinson E (2014) Fly-in Fly-out workforce practices in Australia: the effects on children and family relationships. CFCA Paper No 19

Smith et al (2010) The Acquired Capability for Suicide: A comparison of suicide attempters, suicide ideators, and non-suicidal controls. *Depression and Anxiety* 27:871-877

Van Orden et al (2008) Suicidal Desire and the Capability for Suicide: Tests of the Interpersonal–Psychological Theory of Suicidal Behavior Among Adults. *Journal of Consulting and Clinical Psychology* 76:72-83