

29 January 2015

Mr Mathew Bates
Principal Research Officer
Legislative Assembly Committee Office
Level 1
11 Harvest Terrace
WEST PERTH WA 6005

Dear Mr Bates

Education and Health Standing Committee Inquiry into Mental Health Impacts of FIFO Work Arrangements: Lifeline WA response to Discussion Paper

Thank you for the opportunity to respond to the Education and Health Standing Committee Discussion Paper, *Shining a Light on FIFO Mental Health* (Report No.4, November 2014).

Lifeline WA remains concerned about the mental health and emotional wellbeing of FIFO and DIDO workers and their families. Lifeline WA appreciates the opportunity to have made submissions and to have given evidence to the Inquiry, and notes that its research¹ was cited frequently and prominently throughout the Discussion Paper.

More specifically, as the leading provider of suicide prevention and emotional crisis support services in Western Australia (with around 70,000 service provisions each year), Lifeline WA is concerned about the suicide rate of FIFO workers and their immediate family members.

The research commissioned by Lifeline WA sought to identify the propensity of FIFO workers to seek help for mental health and/or emotional crisis issues. In assessing this help-seeking propensity, the research considered the FIFO worker demographics, stress levels and stressors of 924 respondents.

Lifeline WA submits that FIFO work factors may be causal factors for mental health issues and that the FIFO workforce experiences a higher incidence of mental health issues than the general community.² That notwithstanding, mental health is a general population issue, with an estimated one in five people experiencing a mental illness in any twelve month period. Given that FIFO workers are recruited from this general population pool, it is likely that a comparable instance of mental illness would occur within the FIFO worker population and their families.

Further, Lifeline WA submits that cases could be made that FIFO work practices have a negative impact on vulnerable groups, and also that they have a negative impact when the workforce has a low level of literacy of and motivation towards self-care. There are a number of known work

¹ Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013

² “[...] compared to the general population [...] there is a higher prevalence of psychological distress, and a greater likelihood of psychological disorder incidence amongst FIFO workers [...]”, Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013, p58

stressors, regardless of sector, such as long shifts and physical exertion; FIFO work involves a number of these stressors. This could lead to conclusions about the safety of particular work practices (ie long shifts, high compression rosters) and place a greater obligation on employers to provide robust, relevant and timely access to supports (such as family and social connections) and support services (such as EAPs, GPs, counsellors and crisis support services).

The Lifeline WA research found that there were three barriers that limited help-seeking within the FIFO population:³

1. Knowledge of how to identify the signs of mental illness or emotional crisis in oneself and in others; knowledge of what supports (eg, family, friends, diet and nutrition) and support services (eg, GP, crisis lines, EAPs) and are available;
2. Access to services and supports, which was often limited due to poor onsite telecommunications⁴ and, of course, the inability of workers to return home after work to family, friend and community supports; and,
3. Stigma, which was the most impactful of the three barriers cited, yet one of the areas (through corporate culture, workplace education and family support) where employers can arguably more readily make a positive and proactive difference.

Given the unique characteristics of FIFO work (specifically, the lack of ability for employees to return home at the end of a shift), it is even more critical that employers provide robust, timely and relevant access to support for their employees and contractors. Moreover, given that a number of key risk factors coalesce in FIFO work and FIFO workers, it is critically important that there are highly effective mechanisms to observe, identify and act upon signs of those at risk of suicide. Moreover, Lifeline WA supports the Committee's view that employers' duty of care needs to be better understood and that regulation needs to be both efficient and effective in this regard.

In support of the Discussion Paper, Lifeline WA would like to draw attention to a number of issues and opportunities.

1. Mental health demographics and the FIFO workforce (p13ff)

"The resources industry predominantly employees people in the age-range that is most at risk of mental illness and particularly those mental illnesses described as "affective disorders", including depression." –Discussion Paper, p15

It has been acknowledged throughout the Discussion Paper that the demographic characteristics of the average FIFO worker (being a 38 year old male⁵) are high risk in terms of mental illness and

³ General findings of the Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, FIFO/DIDO Mental Health Research Report 2013, commissioned by Lifeline WA, Western Australia, 2013

⁴ Lifeline's 24/7 telephone and online crisis support services are frequently promoted (by government, employers, media), yet lack of access to them could be a real issue for FIFO workers (ie because of poor telecommunications onsite).

⁵ Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013 – p43ff 4.1.1 Sample demographics and FIFO indicators

suicide. To put this another way, it could be argued that the average FIFO worker has a high suicide risk profile. Therefore, there is clearly a role for employers and employer groups to acknowledge and to understand these risks, and – in doing so – to accept responsibility for ensuring safer workplaces for this inherently at-risk demographic.

2. Characteristics of the FIFO Lifestyle: Disconnection from family (pp26ff)

“The Committee would welcome additional information about the impact of FIFO work arrangements on families, as well as the risks associated with reduced engagement with family life upon the mental wellbeing of FIFO workers.” –Discussion Paper, p27

Research commissioned by Lifeline WA has demonstrated that, “although the instance of divorce was higher in this FIFO population [,] it is not possible to determine if a FIFO lifestyle contributed to the marital dissolution, or if divorced males were attracted to a FIFO lifestyle post-separation or divorce.”⁶

Nonetheless, given that there are higher rates of divorced people (1 in 10 workers, compared to 1 in 12 in the general Australian population⁷), it therefore follows that there is an opportunity for workplaces to be more understanding and accommodating of the complex stresses faced by divorced people, such as shared custody arrangements and financial settlement factors.

Further, workers with children “who reported being employed to work high compression rotations (>2.01) reported the lowest relationship quality compared to all other combinations of parental status and rotation compression.”⁸ Additionally, an overwhelming number of respondents outlined time away from family and friends and the sense of ‘missing out’ as being a major challenge of the FIFO lifestyle.⁹

Furthermore, research has indicated that “stress increased and was highest in the days leading up to leaving for work, reducing steadily during their time at work toward the lowest levels during the initial days after arriving home.”¹⁰ This would suggest that a greater understanding of the ‘transition’ to and from home is critical to ensuring that FIFO workers stress levels are managed effectively through this adjustment phase.

3. Characteristics of the FIFO Lifestyle: Accommodation facilities – Motelling (p39ff)

“The practice of motelling reduces the sense of community in accommodation facilities in the FIFO sector and this loss of community potentially contributes to the feelings of isolation and loneliness

⁶ Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013 – p43

⁷ Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013 – p43

⁸ Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013 – p52

⁹ Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013 – p63

¹⁰ Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013 – p59, p65

experienced by some FIFO workers. A sense of community helps to build resilience amongst workers.” –Discussion Paper, p40

While not a key focus of the Lifeline research, a large number of research respondents cited their workplace conditions as being a major challenge of the FIFO lifestyle, particularly in relation to the accommodation (“a different bed every night”).¹¹

4. Characteristics of the FIFO lifestyle: Stressors – Fatigue (p42)

“The Committee intends to further explore the connection between fatigue and mental health and welcomes further engagement from stakeholders on this issue.” –Discussion Paper, p42

In responding to the Lifeline research, participants commonly cited sleep deprivation was a challenge of the FIFO lifestyle, “with some outlining that the living quarters are not conducive to a good night’s sleep.”¹²

There is much evidence to suggest that there is a correlation between sleep deprivation and emotional distress and/or mental illness. While the Lifeline research did not suggest that the accommodation facilities in FIFO were specifically contributing to worker fatigue, it is clearly critical that workers’ ability to achieve quality, regular sleep is fundamental to employee wellbeing.

5. Research on the mental health of FIFO workers (p47ff)

There is a clear opportunity for further independent and academically rigorous research to be undertaken into FIFO workers and their families’ mental health, emotional wellbeing and suicidality. The Lifeline WA research would appear to be one of only a few credible pieces of research, cited by many who made submissions to and/or gave evidence at the Inquiry.

Lifeline WA urges the Committee to be clear and specific about which entity or entities ought to take the lead role in research, be that government (eg through the Mental Health Commission or Department of Mines and Petroleum), industry (eg employers, unions and/or employer groups), non-government organisations and/or collaborations. Lifeline WA does not recommend that industry be charged with full responsibility for undertaking this research as it is critical that any findings are independent and readily available to the broader sector. Moreover, this is a general population issue, not only a FIFO industry and/or employer one.

Moreover, what remains unknown is the wider and longer-term impact on mental health, emotional wellbeing and suicide in terms of family members (spouses, partners and/or children of FIFO workers) and/or the downstream impacts (ie are some people in the community taking their life because of a proximal relationship to the FIFO ‘lifestyle?’).

Lifeline WA believes that longitudinal research, along with more effective data collection and reporting, is critical to understanding the social impacts, both positive and negative.

¹¹ Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013 – p66

¹² Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013 – p66

Lifeline WA believes that NGOs and collaborations are the most appropriate entities to undertake research.

6. Research on the mental health of FIFO workers: Non-industry submissions on suicide – Unreliable official sources of data (p53ff)

In the absence of accurate, timely and consistent data, it is not possible to assess reasonably the size and impact of mental illness, emotional crisis and the number of people who are at risk of suicide, who have attempted suicide, or who have taken their own life. Therefore, Lifeline WA supports the Committee's view that it is critical that data collection and reporting be improved.

A number of industry groups have made comparison between the overall suicide rate in Western Australia and the estimated suicide rate in the FIFO worker cohort. Lifeline WA suggests that this comparison is not useful for two reasons.

Firstly, Western Australia's suicide rate is influenced heavily by aboriginal suicides. If aboriginal suicides were removed from the WA data set, the rate would be materially lower: if a comparison is to be in any way useful, it is this lower suicide rate that should be taken as the comparator.

Secondly, the FIFO worker group is a relatively small population size and, therefore, statistically problematic when considering suicide rates. For instance, an annual move in suicide rates by only one would result in an apparently large movement from a statistical perspective, with the potential to give rise to unhelpful and alarmist reactions and responses.

Lifeline WA supports the Committee's view that there needs to be a greater focus on reporting of suicides and suicide attempts of FIFO workers, regardless of where the suicide or attempted suicide takes place. Further, Lifeline WA recommends that reporting of suicide and suicide attempts of *former* FIFO workers (such as those who have worked FIFO up to 12 months prior to the suicide or attempt) should be improved. Furthermore, Lifeline WA recommends that reporting of suicide and suicide attempts by a current or former (up to 12 months prior) FIFO worker's immediate family should be improved.

Lifeline WA recommends that all WA suicide data be codified and monitored longitudinally such that particular factors can be assessed over time, including whether the suicide or attempt has a proximal relationship to any of those specific factors (such as relationship breakdown, FIFO work and financial stress).

7. Research: The connection between FIFO and mental health (p56ff)

"[...] there are a number of stressors that directly result from the requirement that FIFO workers be accommodated away from home. It would therefore be naïve in the extreme to argue that there is no connection between the nature of FIFO work arrangements and the mental health of those working under those arrangements." –Discussion Paper, p57

"In the Committee's view, research is needed to establish that FIFO work practices are a safe system of work and to identify specific hazards that might impact on the mental health of the workforce as a result." –Discussion Paper, p58

Lifeline WA agrees strongly with the Committee's view that there is much by way of anecdotal evidence and individual 'case studies', but that there is a dearth of independent and academically rigorous research: this must be addressed as a matter of priority such that thorough policy development can occur.

8. Industry initiatives (p59ff)

Lifeline WA supports the view that greater emphasis should be placed on mental health and suicide prevention workplace education leading to an improvement in mental health literacy. The low literacy of mental health in the sector would appear to be a key contributor to the stigma, which – in turn – is one of the main reasons that people in the FIFO workforce do not seek help, even when they are aware that they might benefit from it.¹³

Lifeline WA believes that improved onboarding in terms of the psycho-social impacts and opportunities of FIFO work would be useful across the sector. Further, Lifeline WA believes that a 'scaffolding' of information in order to build worker knowledge and literacy over time will reduce the stigma surrounding mental illness and improve the propensity of workers to seek help.

9. Regulation (p71ff)

"In the Committee's view, regulation must be efficient in addition to its fundamental requirement of effectiveness." –Discussion Paper, p74

Lifeline WA supports the Committee's view that more efficient and more effective legislation and regulation is required, particularly in the areas of employer responsibility and reporting requirements.

Lifeline WA and the Lifeline Australia Foundation welcome any further queries from the Committee and would be pleased to provide additional evidence should they be called upon to do so.

In summary, Lifeline WA supports the Committee's findings to date and welcomes further insights into FIFO workers and their families' mental health and emotional wellbeing. Given that FIFO workers are typically drawn from a 'high risk' group in the community, Lifeline WA concurs with the Committee that it is naïve to believe that there are no negative impacts of FIFO work practices. The lack of research and the inconsistency in reporting are limiting factors, both of which need to be addressed as matters of priority.

Yours sincerely



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¹³ Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013 – p86ff 5.2.5 Support seeking behaviours