SUBMISSION ON THE TERMS OF REFERENCE FOR THE INQUIRY INTO MENTAL HEALTH IMPACTS OF FIFO WORK ARRANGEMENTS

The contributing factors that may lead to mental illness and suicide amongst FIFO workers

The profile of an average fly in, fly out (FIFO) worker mirrors the demographic most at risk of suicide – males aged between 15 and 44 years of age. People who are experiencing difficulties in their life may find that the FIFO lifestyle could increase risks of suicide or mental ill health due to social isolation, family and relationship stress and being exposed to high risk activities.

Other factors which can increase risks of suicide or mental ill health include:

- the 'rotation' workers are rostered on to;
- travel time and fatigue;
- alcohol and other drug consumption;
- poor communication infrastructure;
- limited recreational and leisure activities on some sites;
- a lack of informal settings to socialise without alcohol on some sites; and
- stigma.

The 'rotation' that workers are rostered on can have an impact on their mental wellbeing. Rotations of six weeks on, one week off; four weeks on, two weeks off; or four weeks on, one week off; are common in the contracting workforce and offshore. Being away from family and friends for such long periods is not conducive to harmonious family relationships or mental wellbeing. Working 12 hours a day, in often harsh conditions, for 28 days with only one day off in every seven, is likely to be exhausting. The Mental Health Commission (MHC) has been informed of companies offering financial incentives to workers to work even longer lengths of time – up to seven or eight weeks straight – in order to meet production targets. The night shifts and long hours can also contribute to sleep disruption and fatigue, with impacts on the risk to both physical and mental health.

As FIFO workers travel to and from work in their own time, this can have a serious impact on the time they have as leave and on fatigue management. For example, some FIFO workers may work 12 hours on site before flying from the Pilbara to Perth and then driving to Toodyay, Mandurah or beyond. There are also FIFO workers who travel to and from the eastern states, New Zealand or Asia, which can entail them travelling overnight before driving from the airport to home. This is a serious safety issue and due to the fact that the travel is done in workers' limited time off is a disincentive to take more time over the journey to ensure they're not tired.

Harmful alcohol consumption is linked to a range of mental health conditions, including depression, anxiety and social phobias. The mining workplace has an impact on the culture of alcohol use both on and off site for FIFO workers (Pidd, 2005). Research has identified nine workplace factors that are known to perpetuate and exacerbate alcohol and other drug use. Of the nine factors, the mining industry has six, including:

- shift work;
- working conditions that are hot and dangerous;
- use of alcohol and drugs in social groups;
- access to and availability of alcohol on site;
- social isolation and nights spent away from home; and
- a workplace culture that accepts alcohol consumption (Bull, 2009).

One of the most important influences of workers' alcohol consumption patterns is the alcohol-related culture of the wider work organisation which has a key role in shaping drinking behaviour (Pidd, 2005).

The MHC believes that the culture of alcohol use at accommodation sites is counter-intuitive to a safe site. Alcohol use is celebrated and accepted as a reward for a hard day's work. At some locations, workers are thanked at the end of their swing with cartons of beer from the company to drink on the bus that takes them to the local airport. Some regional airports have put in place liquor restrictions to address the issue of workers arriving drunk before they get on a plane and the MHC has been informed that there are frequent instances where drunk workers have been refused access to their flights. The culture of alcohol use associated with the FIFO lifestyle is systemic and needs to be addressed as such. Strategies targeting the workers alone will do little to change the culture when the culture is reinforced throughout the workplace.

Most accommodation sites offer a range of recreational activities including gyms, organised sport, television/movie rooms and other social functions. This practice should be encouraged and expanded to include activities around community building and more positive interaction with neighbouring mainstream communities. Companies could also investigate the instigation of more community friendly rosters that allow workers to participate in organised events, sporting activities and clubs within the local community. Despite the availability of healthy and engaging recreational activities and programs however, many workers still prefer to use the licensed facilities in their down time as their leisure activity. The provision of spaces where workers can meet informally without alcohol and without participating in a pre-organised or formal 'activity' should also be investigated.

While there is a growing body of evidence on alcohol-related harm within the FIFO workforce and associated communities, there is limited evidence relating to illicit drug use and the FIFO workforce.

Although mine sites conduct rigorous drug testing in relation to the detection of illegal substances in their workforce onsite, and the enforcement of a zero tolerance approach, we are aware of the following issues in relation to illicit drug use amongst the FIFO workforce:

- Anecdotal evidence that many FIFO workers are choosing stimulant type substances over cannabis. The reason often given is that cannabis is detectable in the system for a longer period of time than stimulant type substances.

- A significant increase in the detection of synthetic cannabinoids amongst drug tests conducted on FIFO workers. This immediately decreased as processes were implemented to ban synthetic cannabinoids, demonstrating that legality does influence decisions around use of drugs.

- In addition to stimulant and synthetic cannabinoid use, steroid use has become of growing concern, with an increase in FIFO workers choosing to use a range of Performance and Image Enhancing Drugs, including steroids, to enhance body image.

- Emergency Medical Officers (EMOs) on sites have stated that they have noticed significant increases in the number of FIFO workers using prescription drugs such as antidepressants in the past couple of years.

Stigmatising attitudes are particularly prevalent in the resources sector and provide significant barriers to individuals recognising problems and accessing help. In 2012, the MHC contracted TNS Social Research to research ways to reduce stigma and discrimination around mental illness. The results highlight current community attitudes towards mental illness, and support for strategies to create positive behaviour change, which are relevant to individuals and families involved in the FIFO workforce.

Of importance, demographically, significantly more stigmatised attitudes are reported for:

- people who do not know anyone who has experienced a mental illness;

- males;

- non-consumers (people not accessing mental health services); and

- younger people (18-44).

Additionally, over half of consumers (people self-identified as experiencing a mental health illness or problem and/or accessing mental health services) have self-stigmatised, with three in 10 not disclosing illness in the workplace and three in 10 avoiding social events. These attitudes are reflected in the findings of the aforementioned Lifeline WA study, which found a significant number of FIFO workers were not likely to make use of any mode of mental health information and services offered on-site or in the community. The blokey culture and image of miners and construction workers as tough, strong and resilient reinforces this stigma and makes it difficult for workers who may have mental health issues to disclose and seek help early. Stigma is the main barrier to help-seeking, with the principal reason workers do not reach out for assistance being the fear of appearing to be 'soft', weak or unable to cope.

The other main barrier is structural, being the lack of service accessibility onsite and the lack of access to services from remote sites, including the lack of mobile phone coverage and/or internet access. This adversely affects workers ability to maintain support networks through families and friends.

The current legislation, regulations, policies and practices for workplace mental health in Western Australia

The workplace can be a major determinant of peoples' mental health, both positive and negative. Mental health disorders are now the leading cause of long-term sickness absence and work incapacity in the developed world. Research highlights that mental ill health costs the Australian economy over $12 billion per year in lost productivity and job turnover, as well around $200 million in workers compensation claims.

According to the World Health Organisation, worker suicide is a result of complex interaction between individual vulnerabilities and work-related environmental factors that trigger stress reactions and contribute to poor mental wellbeing.

To avoid duplication and overlap between submissions from agencies, the MHC contacted the Department of Mines and Petroleum (DMP), Worksafe and the Drug and Alcohol Office (DAO) regarding the regulation of mental health in the resources sector.

The DMP has addressed this issue in their submission to the Inquiry, which includes:

- main contributing factors to mental health issues;
- applicable legislation and codes of practice;
- explanation of jurisdiction;
- how safety and health is regulated, assessed and reported;
- activities to promote mental health issues and make improvements; and
- data on mental health issues.

The DMP advised that from industry and employee reports, the main contributing factors are:

- stress;
- fatigue (also related to rosters and/or workload);
- substance abuse;
- harassment;
- bullying; and
- relationship difficulties.

According to Worksafe, under the *Occupational Safety and Health Act 1984* (the OSH Act), all parties involved with work have responsibilities, so far as is reasonably practicable for safety and health (including mental health) at work. The parties identified in the OSH Act include employers, employees, self-employed persons and others, such as people who control workplaces, design and construct buildings or manufacture and supply plant.

WorkSafe has specialist Psycho-social inspectors who conduct investigations related to workplace mental health matters. The investigations can be prompted by workers notifying WorkSafe of their exposure to workplace factors or employers notifying WorkSafe of an injury or disease of a kind that is prescribed. Inspectors may also conduct proactive inspections initiated by WorkSafe, typically in support of particular campaigns. In cases where WorkSafe has determined that compliance action is necessary, generally improvement notices are issued to address the workplace hazards relating to the mental health matters. In addition to inspectors addressing mental health matters, WorkSafe provides extensive workplace mental health information through regular educational public seminars and workshops, its Customer Helpline and on its website.

WorkSafe only administers the OSH Act. Section 4 of the OSH Act; however, specifically states that the OSH Act does not apply to a workplace:

1. that is, or at which is carried out on, a mine to which the Mining Act 1978, or the Mines Safety and Inspection Act 1994, applies.

2. at which a petroleum operation of geothermal energy operation, as defined in section 5(1) of the Petroleum and Geothermal Energy Resources Act 1967, is carried out.

3. at which an offshore petroleum operation, as defined in section 4 of the Petroleum Pipelines Act 1969 and Petroleum (Submerged Lands) Act 1982 is carried out.

It should be noted that many FIFO workers are at workplaces where the mining and petroleum legislation applies.

The DAO has advised that a large number of FIFO accommodation sites have liquor licences (most commonly Special Facility Wet Mess licences) and it is standard practice for the Director of Liquor Licensing to place conditions on the licences that limit the time alcohol is sold on site, the quantity of alcohol able to be taken back to accommodation, and who alcohol can be sold to. For example, while each licence is different, trading hours are generally limited to 1.5-2 hours in the morning (e.g. 6am-7.30am), with evening hours often split with a break for meals (e.g. 6pm-7pm, 7.30-9pm).

It is standard for packaged liquor for workers to take back to their accommodation to be limited to a six pack of beer or a bottle of wine. Many only permit the six pack. The Executive Director Public Health (supported by the DAO) and the Commissioner of Police commonly use their statutory ability under Section 69 of the *Liquor Control Act 1988* to intervene on these applications to recommend such conditions.

Traditionally, mining and related accommodation sites and their related Special Facility Wet Mess licences have been located remotely, away from communities. On the one hand, this limits the potential for impacts on the broader community regarding alcohol-related harm. However, the remoteness of the sites also means that organisations are largely unmonitored regarding their liquor licences. Effective, proactive enforcement is difficult to undertake because Police must announce their arrival to gain entry, and the distance renders regular visits untenable.

Similarly, alcohol-related harms that do occur are responded to on-site by company employed practitioners, making data collection about the extent of harm occurring on site difficult to quantify. Communities share anecdotal stories of harms such as onsite violence and road crashes, however, these are generally unable to be substantiated by other evidence given they are responded to in-house. The literature relating to licensed environments shows that limits on trading hours and quantities sold are positive harm minimisation strategies.

In the context of being in a remote location where the primary recreational/social place for interaction has alcohol available at relatively affordable prices, it is likely that alcohol use will become more common than when that same person was in an environment where a different culture towards alcohol exists. Increases in overall consumption are usually associated with increased harmful consumption and related harm. Other risk factors such as the workforce being predominantly males, younger ages and relatively high disposable income, are likely to exacerbate the environmental cues for harmful alcohol use that has already been discussed. It is also possible that people self-medicating emerging and existing mental health problems, such as depression, with alcohol will be further supported in the risky behaviour.

In more recent times, some mining accommodation has been established at town sites (e.g. Onslow, Karratha), presenting an increased risk of liquor related issues due to a range of issues, including increased availability and access to alcohol. Firstly, miners are able to go into town and consume alcohol at licensed premises that do not have the same limitations that Wet Mess licences do, and also, usually, the mining organisation also provides a licensed area at the accommodation site. Mine sites have strict alcohol policies that require workers to blow zero on a breathalyser before commencing work. This approach, however; does not address the impact of a drinking session the night before that may have contributed to lost concentration due to a hangover, fatigue and other such factors, all of which have the potential to impact on work performance and safety.

Current initiatives by government, industry and community, and recommended improvements.

Support and services for people at-risk

The most recognised at-risk groups for suicide are those with severe mental illness and substance use problems. The State Government will soon release the Western Australian Mental Health, Alcohol and Other Drugs Serviecs Plan. This will act as a blueprint for the optimal mix of programs and services needed to provide a better, more responsive mental health system which supports people to recover from mental illness.

Training health and medical staff to be able to identify distress and support those who have suicidal ideation, is an important intervention. However, those at risk particularly men (both young and old) often face barriers to seek help, including stigma. Such individuals need to be supported to visit their General Practitioner. This can be done by 'gatekeepers' and community facilitators who play key roles in early detection within different target populations and act as multipliers in disseminating knowledge about depression and suicide risks. Gatekeepers need to be individuals who have a high likelihood of interacting with those who might be at risk. Examples of gatekeepers include teachers, coaches, youth workers, etc. Gatekeepers need to be trained in how to talk about suicide and where to seek help from. Through the State Suicide Prevention Strategy, Gatekeeper Training has been provided to professionals and para-professionals.

Since 2009, $21 million has been invested in the State Suicide Prevention Strategy (the Strategy), including $3 million in 2014/15 to maintain local community initiatives, strategic partnerships and services for at-risk youth. This funding provided for $490,000 worth of Suicide Prevention Community Small Grants, including funds for the City of Stirling to hold a FIFO Expo in September 2014. This event included guest speakers on topics such as finance and debt, relationships, and mental health.

The Strategy funded the not-for-profit organisation MATES In Construction (MIC) to deliver a community action plan (CAP) for the construction industry. During the course of the CAP, a total of 4,000 workers were trained in General Awareness Training, 170 were trained in Connector Training, and 50 were trained in Applied Suicide Intervention Skills Training. Many more workers were educated about the previously unknown high rate of suicide in the construction industry and breaking down the stigma and taboo around the subject. This training has increased workers' capacity to both self-help and support their on-site and off-site "mates" and family.

Following the training 250 workers required assistance, with 20% of these having had or currently having suicidal thoughts. Of the 4,000 workers trained, direct assistance has been provided to approximately 250 workers in need. This is equivalent to one in 16 workers seeking help. In one instance, MIC noted a 100% increase in help seeking. For instance, after providing training to a construction company with an Employment Assistance Program in place, in just two months sessions used for counselling rose from three to 30.

Alcohol and other drug prevention initiatives

The DAO has a number of Alcohol and other Drug (AOD) management groups in communities that have a high number of FIFOs, including Karratha, Newman, and Port Hedland. In the set-up of these groups agencies and community have often cited the behaviour of FIFOs in their communities in relation to alcohol use out of work hours and out of their accommodation as being of concern. The AOD management groups in each community are working to implement a range of strategies that seek to address issues, including those identified about FIFO. This includes activities to challenge the current culture of use and targeted programs such as raising awareness of issues around cyclone parties and alcohol consumption while boating.

The DAO recently launched the Healthy Workers Alcohol Project. A collaboration between Healthier Workplaces WA, the Department of Health and the DAO, the Program provides resources for workplaces to offer to their staff to help them to understand the effects of alcohol on their fitness for work, health and general well-being. The initiative uses online resources to help both employers and their staff to make safer – and healthier – choices around their use of alcohol.

The program includes an interactive alcohol risk assessment tool which allows participants to gauge whether their version of what's "normal" could actually constitute a risky pattern of drinking. There is also a standard drink tool, allowing individuals to pour what they *think* is a standard drink – and then to compare it with how much alcohol is actually contained in one standard drink.

For employers there's advice for establishing "fitness for work" policies. For employees, there are connections to confidential support, counselling and treatment services. The website provides direct links to the Green Directory of Services, as well as the confidential chat line and telephone service at the Alcohol and Drug Information Service (ADIS). It is possible that the Community Alcohol and Drug Services and ADIS may get increased contact from people or workplaces concerned about their alcohol use or alcohol-related problems.

A state-wide network of community alcohol and other drug services is provided under contract to the Western Australia Government, through the DAO. These services provide specialist alcohol and other drug prevention and treatment services to metropolitan and non-metropolitan communities but are limited in their ability to service remote locations. Each of these services usually have memorandums of understanding with regional mental health services addressing clients who have a mental health/alcohol and other drug use-related co-morbidity.

Other initiatives relevant to the mining sector

The MHC has a memorandum of understanding with Rio Tinto, which has developed a two-year project that aims to address the stigma of mental health in regional communities across Western Australia. The project, 'FIVE' addresses findings from recent research noting lack of communication and social isolation as contributing factors to poor mental health – particularly among the State's regional communities. It has engaged both FIFO and residential workers and their families, as well as members from Aboriginal, farming and young adult communities. Since 2013, experienced artists from DADAA have been working with participants in each of the five communities (Paraburdoo, Busselton, Geraldton, Derby and Esperance) to create artistic works that result from a process of collaboration and engagement.

The MHC is aware of numerous other initiatives available to the FIFO workforce, including State Government funded programs and resources, community driven initiatives and programs offered by private providers available for uptake by the resources sector. This includes:

- *Heads Up* which provides workplaces with a tailor-made Action Plan and online tools to support their staff to be mentally healthy and productive, and access any necessary training or support. *Heads Up* is an Australian-first national campaign by *beyondblue* in conjunction with the Mentally Healthy Workplace Alliance to encourage Australia's business leaders to take action on mental health. Heads Up followed on from a new PwC report revealing that Australian businesses will receive an average return of $2.30 for every $1 they invest in effective workplace mental health strategies. The research, which looked at the impact of employees' mental health conditions on productivity, participation and compensation claims, also found these conditions cost Australian employers at least $10.9 billion a year.

- www.thisfifolife.com, a site funded by the MHC and developed in consultation with FIFO workers and their families, It includes videos, blogs, and information on where to get help and offers tips and strategies for FIFO workers and their families to stay mentally healthy. It highlights the strengths of FIFO workers and sharing their strategies for making FIFO work well.

- In 2013/14 the MHC provided $1.7 million for suicide prevention services including crisis counselling, early intervention and postvention.

- MiningFamilies matters, an online resource published by the partner of a FIFO worker that includes magazine-style articles about topics ranging from finance to relationships and relocation.

- 'Minds in mines', a preventative program offered by the Australasian Centre for Rural and Remote Mental Health that is designed to raise awareness, grow understanding and reduce the stigma of mental health in the resources sector.

These programs show promising results, however, some are yet to be evaluated.

<u>After a suicide death</u>

Intervening appropriately after a suicide death to minimise trauma and provide bereavement counselling is also critical. Mates in Construction has a partnership with the national Standby service to provide professional intervention and support after a suicide – known as 'postvention' services. Research shows that people exposed to suicide can be three to four times at-risk of suiciding themselves, if grief and loss is not addressed effectively. Workplace policies, protocols and training around dealing with a suicide attempt or death in the workplace are an important area for further development.

The MHC has produced a resource on grief and loss titled "When someone takes their own life…what next?", which contains information on grief, the coroner's office, finance, how to talk to children and funeral arrangements. It also has sections on social media, getting help and how to support a friend or colleague through the loss of a loved one to suicide.

beyondblue has produced 'The way back' resources for people who have attempted suicide and their close family and friends. Developed by beyondblue with the Hunter Institute of Mental Health, the resources include:

- Finding your way back: for people who have attempted suicide

- Guiding their way back: for people who are supporting someone after a suicide attempt

- Finding our way back: for Aboriginal and Torres Strait Islander peoples after a suicide attempt

Crisis support services such as the Suicide Call Back Service and Lifeline offer 24/7 telephone counselling and have comprehensive information and on helping yourself when you are suicidal, warning signs, supporting others, grief and supporting children.

Data collection and information sharing

There is an urgent need to improve accurate surveillance on the incidence of suicide. The number of suicides from the FIFO workforce in WA needs to be verified through coronial reporting. The data collected by relevant agencies needs to be improved in-line with national standards, including Police reporting forms. Standardised data is essential to inform effective decision making, planning, service delivery and evaluation.

Further, only when preventive measures are undertaken concurrently with surveillance will the effectiveness of preventive measures be evident. Surveillance needs to be undertaken at all levels of data collection to obtain data on local and regional trends.

Recommendations

To address the barriers to help-seeking and provide supports to maintain and enhance the emotional wellbeing and mental health of the FIFO and DIDO workforce, it is recommended that:

1. Pre-employment supports are provided for workers on what to expect from FIFO, including strength based coping strategies and support services available.

   ACTION: Resource and construction companies; recruitment firms; CME; contracted induction training providers and unions.

2. Programs are delivered to employees, contractors and their families that strengthen mental health literacy and wellbeing; reduce stigma around mental illness and encourage early help-seeking behaviours.

   ACTION: MHC and Department of Mines and Petroleum (DMP) in partnership with the Chamber of Minerals and Energy (CME) and resource and construction companies and unions; and health providers including General Practitioners.

3. Address barriers to accessing appropriate personal, peer and professional support within organisational culture and infrastructure, such as improving information technology; making services available on site; providing mental health and suicide prevention training; and providing regular wellbeing activities on-site.

   ACTION: CME, resource and contracting companies employing FIFO workers and unions in partnership, DMP and relevant health providers.

4. Mining companies implement strategies to challenge and change the current culture of harmful alcohol and other drug use that exists within the industry (including the adoption of the Health Workers Alcohol Project).

   ACTION: Resource and contracting companies, CME and unions in partnership with the MHC (soon to amalgamate with the Drug and Alcohol Office).

5. Improve the quality of data on suicide attempts and deaths collected by relevant agencies needs in-line with national standards and national reporting forms.

   ACTION: Office of the State Coroner, WA Police, Department of Health and MHC in conjunction with the National Committee for Standardised Reporting on Suicide.

6. Ensure policies, procedures and supports are in place to promote mental health, prevent suicides and respond to suicides among FIFO or DIDO workers and their families.

   ACTION: Resource and contracting companies, CME and Worksafe in partnership with the MHC and relevant service providers.