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25 September 2014

Chairman
Education and Health Standing Committee
Legislative Assembly
Parliament of Western Australia

Att: Dr Graham Gibson Jacobs

EMAIL: laehsc@parliament.wa.gov.au

Dear Dr Jacobs,

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

MATES in Construction WA is pleased to make this submission to the inquiry into "the role of the review and report on the mental health of fly-in, fly-out workers" being undertaken by the Western Australian Legislative Assembly Education and Health Standing Committee.

We have vast experience in supporting workers and their families with mental health issues from fly-in-fly-out industries in Western Australia, and have developed a clear vision for the many issues that need to be addressed.

I would be pleased along with other officers of MATES in Construction WA to give evidence at a public hearing of the committee. I may be contacted on 08 9463 6664 or mobile 0431 615 551, please also feel free to have committee staff liaise with myself or Ms Mel Zador 0477 004 549 should you require further clarification and or information.

Yours sincerely,

Godfrey Baronie
Chief Executive Officer

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ReddiFund

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MATES in Construction WA (MICWA)

Submission to the “review and report on the mental health of fly-in, fly-out workers” by the Western Australian Legislative Assembly Education and Health Standing Committee

September 2014

Introduction

MICWA expresses its thanks to the Education and Health Committee of the Legislative Assembly for undertaking this inquiry into the critical issue of mental illness and suicide of fly-in, fly-out (FIFO) workers. For the purposes of this submission, references to FIFO workers will also incorporate drive-in, drive-out workers.

Key issues and recommendations for the committee’s consideration

MICWA asks the Parliament to call on the State Government to:

1. Recognise that for some FIFO workers, this lifestyle contributes profoundly to poor mental health outcomes as it isolates workers from their traditional support networks.
2. Acknowledge that poor mental health and suicide comes at a high cost not only to individuals and their families but also to Government, industry and the Western Australian economy and that the right interventions will not only save lives and unnecessary trauma, they will also positively affect the economic bottom line.
3. Note the social benefit and economic savings to Government from the MATES in Construction (MIC) program and support funding to enable MICWA to successfully expand its service provision to reach all FIFO workers in Western Australia, noting that such funding can be used to leverage further support from the construction, mining and resource industries, unions, insurers and the Federal Government.
4. Recognise the critical importance of peer-based programs in preventing suicide by transforming attitudes towards mental health and improving help seeking and access to support.
5. Ensure that all FIFO sites across Western Australia are proactive in implementing the MIC program as a proven peer based mental health program.
6. Require all FIFO sites to have an Applied Suicide Intervention Skills Training (ASIST) trained staff member on site for every shift as part of general occupational health and safety standards. (ASIST trained workers are trained to recognise when someone may be at risk of suicide and respond in ways that help increase their immediate safety and link them to further help)
7. Require all FIFO sites to have a suicide post-vention plan in place.
8. Require that mental health awareness is included in all occupational health and safety inductions.
9. Ensure that all workers considering FIFO work, together with their partner/families, have access to a lifestyle preparatory workshop prior to commencing FIFO work.
10. Support research into resiliency factors for FIFO workers and their families, noting that FIFO can bring both benefits and challenges to workers and their families.
11. Acknowledge that effective responses to mental health challenges for FIFO workers requires construction, resource, oil, gas and mining companies, subcontractors, employers, employees, unions, government, occupational health and safety, insurers, regulators,

- researchers, mental health and community support service providers like MICWA to work together in partnership.
12. Form a round table to work with industry (including all levels of workers), insurers, unions, mental health services, not-for-profits including MICWA and occupational health and safety regulatory bodies to lead the implementation of mental health best practice across the Western Australian construction, mining and oil and gas or other FIFO industries.
 13. Ensure that all apprentices in male dominated trades are required to undertake Life Skills Tool Box training to acquire the skills they need to manage life's challenges and their mental health.
 14. Identify mental health as an occupational health and safety issue within regulation, practice and policy and ensure it is equally prioritised with other occupational health and safety issues.
 15. Reform the practice of the roster system which keeps workers away for long periods from the support of loved ones and friends.
 16. Urgently implement these reforms recognising that the down-turn in construction employment numbers due to the transition from construction to production at mine, oil and gas sites will mean an increase in employment uncertainty and therefore mental health stressors for thousands of Western Australian construction workers.

About MATES in Construction (MIC)

MIC is a charity that was established in 2008 to reduce the high level of suicide among Australian construction workers.

MIC is based on the simple idea that "suicide is everyone's business" and that if the building and construction industry in Australia is to improve the mental health and wellbeing of workers and to reduce suicide then it cannot be left to the mental health professionals, but rather everyone in the industry must play their part.

MIC is independent of employers and unions and does not work directly for a particular employer, but for the construction industry in general, with programs delivered across the industry regardless of employer and/or union affiliation. It operates in Queensland, New South Wales, South Australia and Western Australia through independently managed and financed organisations, within an overall MATES in Construction Australia structure, which was set up in October 2013.

MICWA is active not only on traditional construction sites in Western Australia, but now also has a strong and growing presence in a number of remote mine construction and production sites employing FIFO workers. These sites include Wheatstone, Rio-Tinto's Cape Lambert and Marandoo sites, Barrow Island and the Roy Hill mining construction sites. There are also a number of subcontractors active on FIFO sites that utilise MICWA in both remote and non-remote sites such as John Holland, B.G.C, Whittens and Laing O'Rourke to name just a few.

MICWA, as a charity, is supported financially by ReddiFund, the Federal Government, some Unions and site industry partners looking to address mental health issues on all Western Australian building sites.

However, MICWA is looking to expand its industry and Government support base so it can implement its successful program more broadly across the Western Australian construction, oil and gas and mining industries. This would make a critical difference to the mental health of workers and their families who would otherwise be vulnerable to poor mental health and possible suicide.

There is a strong incentive for all, including MICWA, to improve mental health outcomes in industries as important to WA as construction, mining, oil and gas. As reported recently by the World Economic Forum, there is strong evidence that increased mental health and wellbeing is linked to increased workplace productivity, stronger financial performance, reduced absenteeism, stronger organisational performance, pro-social behaviour and stable social networks. As the

World Economic Forum argues, recognising and stimulating wellbeing in the workplace is essential for long-term economic and social success.¹

There is a great deal of further demand for the MIC program across all other FIFO sites in WA. The MIC model can be applied industry-wide and is unique in that it focuses on changing workplace culture around mental health on construction, mine, oil and gas sites, while providing a comprehensive peer support network for workers. This is complemented by a comprehensive referral and support system.

It is notable that in Queensland, Australia's other major construction and mining state, MIC has over a longer period of time been adopted more broadly across FIFO sites than in WA. Greater State Government and construction industry financial support for its programs has enabled this to happen. This can be seen in the more than 42,000 workers in Queensland that have undertaken MICs general awareness training. In Western Australia more than 6,000 workers have received this training, but if a substantial difference to mental health outcomes and suicide is to be achieved on FIFO sites this needs to be substantially scaled up.

As the Queensland figures demonstrate this is entirely achievable, including within a FIFO context, bringing with it substantial improvements to mental health, but also economic gains for participating companies as well as the wider economy.

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

MIC's model of peer based mental health support and service delivery means it has an in-depth understanding of the contributing factors that lead to mental illness and suicide among the workforces of male dominated industries such as construction, mining, oil and gas, including for the FIFO workforce.

MIC was formed in response to findings that the likelihood of suicide amongst construction workers is twice as high as other people in Australia, whilst apprentices in the same industry are two and a half times more likely to suicide than other young men their age².

In MICs experience the issues contributing to poor mental health and suicide are extremely diverse, ranging from:

- Family stressors
- Relationship problems
- Suicidal Ideation
- Aggression due to anger
- Drug and alcohol addiction and abuse
- Employment and work related stressors
- Financial problems
- Personal injury and health issues
- Previous mental health diagnoses
- Work place stressors
- Employment insecurity

MICWA's direct work with clients and other research demonstrates that workers find it difficult to discuss their feelings and emotions with colleagues at work. The industrial and physical nature of work on construction and mining sites also makes mutual social support on site more difficult. In addition, the stigma associated with the disclosure of difficulties including mental health problems is particularly strong in male dominated work places and makes help seeking significantly more difficult as it's not seen as the "manly thing to do".

¹ http://www3.weforum.org/docs/GAC/2013/Connect/WEF_GAC_Well-being_and_Mental_Health_2012-2014_Connect.pdf

² <http://www.matesinconstruction.com.au/flux-content/mic/pdf/Barletta-and-Dundas-Report.pdf>

Focus group work undertaken by Edith Cowan University with construction workers in WA found that men prefer to deal with problems on their own, with pride being identified a significant barrier. Lack of awareness about mental health issues and what support services are available was also identified as a barrier to seeking help.³

This is reflective of men's attitude to mental health and help seeking more broadly, with research from Reachout.com by Inspire Foundation and the Brain & Mind Research Institute finding that young men don't seek help because they have limited mental health knowledge and higher mental health stigma than young women⁴. This lack of help seeking is particularly problematic for apprentices whose rate of suicide is twice that of other young Australians.⁵

A substantial body of research on FIFO work has also been undertaken for Lifeline WA by the Sellenger Centre at Edith Cowan University. This research finds that in general FIFO workers, especially those aged over fifty, are unlikely to make use of any mode of mental health information or service. The report also identifies a lack of awareness about the services that do exist and a general reluctance among FIFO workers to seek help in times of stress.⁶ Consistent with MICWA's experience, Lifeline WA's research into the FIFO population identifies a masculine "suck it up princess" approach to coping with problems. It is not, therefore, surprising that in line with MICWA's own work this research finds a higher prevalence of psychological disorders among FIFO workers when compared with the general population.⁷

It is also notable that FIFO workers are isolated from their usual social and community supports that are closer to home. When men seek help it is often as a result of intervention from a female friend or relative and more likely to be of an informal nature⁸. When it comes to FIFO work, this opportunity can be lost, with supportive relationships with friends and family put under stress because of long periods away. This underscores the importance of FIFO sites ensuring that their culture and practice is transformed to encourage help seeking both on and off site, including by acknowledging the importance of personal support networks and maintaining connectedness while away. The capacity of workers to manage problems while they are away also reinforces the need for strong supports on site or accessible within the community in which they are working.

MICWA's work with FIFO workers and former FIFO workers in the construction industry has alerted MICWA to the significant impact that long rosters have on the capacity of workers to manage other problems. When delivering the MIC program, MICWA consistently receives feedback from workers about the negative effects of the 28/7 roster on their capacity to work and stay alert. They report that it gets very difficult in the third and fourth weeks away from home. It is MICWA's view, based on this anecdotal evidence, that FIFO work, especially long rosters such as 28 days on and 7 days off, make it very difficult to sustain relationships and family life, manage family crises and sustain personal networks. MICWA asserts that bi-partisan research is required to ascertain whether a more balanced roster would make a substantial difference to the mental health and resilience of many FIFO workers.

³ Western Australian Construction, Forestry Mining and Energy Union, Life Suicide Prevention Strategy Research report, Sellenger Centre for research in Law, Justice and Social Change, Edith Cowan University, January 2012.

⁴ Ellis LA, Collin P, Davenport TA, Hurley PJ, Burns JM, Hickie IB. *Young Men, Mental Health, and Technology: Implications for Service Design and Delivery in the Digital Age*. J Med Internet Res 2012;14(6):e160

⁵ <http://www.matesinconstruction.com.au/flux-content/mic/pdf/Barletta-and-Dundas-Report.pdf>

⁶ Lifeline WA, FIDO Mental Health Research Report, The Sellenger Centre for Research in Law, Justice & Social Change 2013, page 6 & 9.

⁷ Lifeline WA, FIDO Mental Health Research Report, The Sellenger Centre for Research in Law, Justice & Social Change 2013, page 11.

⁸ Davies, J., McCrae, B. P., Frank, J., Dochnahl, A., Pickering, T., Harrison, B., & Wilson, K. (2000). Identifying male college students' perceived health needs, barriers to seeking help, and recommendations to help men adopt healthier lifestyles. *Journal of American College Health*, 48(6), 259-267.

⁹ Lifeline WA, FIDO Mental Health Research Report, The Sellenger Centre for Research in Law, Justice & Social Change 2013, page 10.

Significantly, help seeking can further be limited due to a worker's belief that a disclosure of personal or mental health difficulties may jeopardise their employment. Employment insecurity can compound other problems such as relationship issues and financial stress and contribute profoundly to feelings of powerlessness and hopelessness.

Project and contract based employment is also common in construction, including in mining, oil and gas construction and there are significant stressors associated with people feeling insecure about whether they will find new employment once a job ends. As the WA Chamber of Minerals and Energy has forecast, Western Australia is in the midst of the transformation of much of its construction workforce as remote mine sites move from a construction to a production phase.¹⁰ MICWA is very concerned about the impact of the wind down of the construction phase in the WA mining industry on employment certainty for FIFO workers. MICWA has seen firsthand the significant impact that employment insecurity has on the mental health of employees, especially when compounded with other relationship or financial issues. MICWA believes it is vital that there is a strong on the ground mental health response, as embodied in the MIC program, to assist with this employment transition.

A 2003 study commissioned by industry and state government in Queensland undertaken by AISRAP (Australia Institute for Suicide Research and Prevention) involving 158,749 workers found that many people erroneously believe that suicide is an impulsive act and that someone intending to take their own life would show no signs and would not discuss it. Despite this belief it is notable that among young workers who suicided, more than half had communicated a suicide intention within twelve months of suicide. However, among these construction industry workers, a disproportionately low percentage (less than 7%) actually sought professional help.

These circumstances emphasise the importance of peer-based services like MIC to preventing suicide and overcoming the lack of individual help seeking that is associated within predominantly masculine trade-focused workplaces. A suicidal person's peers need to be in a position to be able to identify and act on the warning signs, and have the skills to refer someone to appropriate support. Other interventions such as Employee Assistance Programs, whilst important, are limited in their usefulness without a workplace culture that de-stigmatises the identification and disclosure of mental health issues and encourages help seeking. In addition, many workers have reported a lack confidence in the independence of Employee Assistance Programs.

MICWA notes that it is rarely a single event or situation that causes a person to suicide. It is more likely a culmination of major life events where several things pile up finally reaching a tipping point. Problems may occur at home or at work, but it is often a combination of both. The way both personal and employment issues can combine to impact on mental health demonstrates the importance of avoiding a false separation between occupational health and safety on site and personal issues.

In MICWA's experience, relationships are a major factor in suicides, as is substance abuse. These factors are more common in the construction industry, including within FIFO construction, than the national average.

Current initiatives by government, industry and community - The MIC model and why it works

MICWA is focused on building the strength, resilience and capacity of individual workers and employers, to deal with issues and situations that could lead to suicide. The key to the MIC approach is "Mates helping Mates" from the ground up.

¹⁰ <http://www.cmewa.com/UserDir/CMEPublications/2013%20State%20Growth%20Outlook446.pdf>

MIC achieves three outcomes when applied fully on site:

- Raised awareness about mental health and suicide
- Getting help is made easy
- Help is appropriate

To become an accredited MIC site, construction sites are required to agree to implement the following program:

1. General Awareness Training:



Agree that no less than 85% of site workers are provided with General Awareness Training (GAT), a 45 to 60 minute presentation delivered on site with a focus on suicide awareness, prevention and general mental health. The session introduces workers to the problem of suicide and mental health in the industry. It also describes some behaviours that could indicate a workmate is at risk of suicide and provides strategies to assist.

2. Connector Training:



Ensure there is a minimum of one volunteer Connector for every 20 employees working on the site. A Connector is a mate who can keep a fellow worker safe while connecting them to help. Connectors are volunteers who receive extra 4 hours of specific training. The session incorporates the internationally accredited LivingWorks course safeTALK and teaches Connectors to be alert to the signs of suicide, how to ask about suicide and how to keep a person safe while connecting them to help.

3. Applied Suicide Intervention Skills Training (ASIST)



Ensure access to an ASIST worker. An ASIST worker has completed the Living Works 2 day Applied Suicide Intervention Skills Training workshop. An ASIST worker can use tools and skills to assess if a worker needs immediate help and/or hospitalisation, emergency counselling or a simple connection to family or friends. An ASIST worker will talk to a person contemplating suicide with the object of making this person "safe." For rural and remote sites, it is essential to have an ASIST worker on site at all times. However, in the metropolitan area, MICWA staff can serve as ASIST workers.

Every person who completes GAT, Connector and ASIST training receives an appropriate sticker (shown above) to affix to their hard hats. This creates a sense of awareness and belonging on site and significantly de-stigmatises help seeking. This is the beginning of community development and capacity building, with workers taking ownership and pride in their work community and valuing the support they can extend to each other.

Once accredited, the site receives signage to indicate that it is a "MIC Accredited site". The Contractor will also receive a set of slides and a video for induction of new employees introducing them to the MIC program. A MIC logo is also created for use by the accredited site for company communications to acknowledge their participation.

These and other activities help raise the visibility of MIC and normalises help seeking in the work place. MIC's training and awareness programs are delivered in a way that fits the masculine culture of construction and ensures help seeking is not associated with "weakness" but rather with self-help, personal initiative and "mates helping mates."

Notably, the MIC program can be seen to implement the key recommendations that the Lifeline WA FIFO Mental Health Research Report calls for. These include a focus on the need for targeted supports, increasing help seeking behaviour and addressing organisational culture and stigma.¹¹

The MIC program is specifically designed to overcome the fact that stigma is increased when supports are only offered by outside professionals such as psychologists and social workers. However, when support connections are made by people who have credibility within the industry, the stigma attached to seeking support from professionals can be overcome. In line with its "mates helping mates" ethos, MICWA staff have not only appropriate counselling or mental health qualifications and experience, they also have industry and trade experience and are able to use industry language that is understood by workers. MICWA workers can relate directly to workers issues and are able to converse in a way that makes workers feel understood. In turn, workers identify with MICWA workers and the support being offered. This has been critical to the success of the MIC program.

It is important to recognise that the MIC program is not a substitute for an Employee Assistance Program (EAP). MICWA does not provide counselling services, but instead it transforms work place culture and enables workers to connect to the appropriate assistance required, which may include counselling via an EAP. MIC monitors progress via case management where needed and provides support that is independent from the employer, and focused on both the worker and their family.

MIC believes that Employment Assistance Programs and other interventions not supported by peer based referrals will be of limited reach, and therefore effectiveness, because they do not address a reluctance to seek help, drive change in workplace culture or provide any on-site construction industry specific training. MIC encourages help seeking, builds suicide awareness as well as personal and collective resilience and a capacity to deal with the issues and situations that may lead to suicide before they arise.

MICWA is aware of a number of companies offering in-house mental health and suicide prevention programs that are useful, but these are typically site or company-specific. However, given the high mobility of construction workers, MICWA strongly believes its industry-wide program has greater capacity to deliver continued support to a transient worker's needs.

MICWA backs up its peer based service with a comprehensive net of referrals to other services and support. The MIC program offers a 24/7 telephone helpline; the number is 1300 642 111. Workers, and their families may choose to call this helpline free of charge. This service is staffed by ASIST qualified people who can manage all types of calls. Distress calls are managed in a way that the person in distress is connected to a trained counsellor within 30 minutes who can help them through the critical situation. The person is then followed up by a MICWA staff the next day or as soon as appropriate.

This support is critically different to other helplines because it is not a generic service, rather those who seek its support have a sense of belonging and connection with the service. It is also experienced in responding directly to the issues that are predominant in the construction and

¹¹ Lifeline WA, FIDO Mental Health Research Report, The Sellenger Centre for Research in Law, Justice & Social Change 2013, page 12.

mining industries and is closely attached to the peer based networks in the workplace which generate connections to the service.

MICWA also employs suitably qualified and experienced Case Managers who work closely with workers and their families who have complex issues, which may include suicidal ideation, alcohol and drug misuse, relationship difficulties, or any other issues that may be affecting them. Case management provides workers and/or their families with an effective advocacy bridge between the person seeking help and the extensive range of services available. The connection made for the worker by the Case Managers may include the employer's EAP, financial counselling, relationship counselling, child custody support, to name just a few. These connections empower people to proactively address the issues impacting on their mental health.

The key to MIC's success is that it starts on the shop floor among workers, normalising help seeking in the workplace and escalates through to make sure people receive appropriate personal and professional connections for support. Like with other occupational health and safety issues, when it comes to mental health, the culture on the ground matters.

While appropriate regulation is important, it cannot replace the day-to-day response to issues as they arise in the work place. In comparison to occupational health and safety more broadly, mental health is not nearly as well recognised or as embedded in day-to-day work place culture. MIC successfully addresses this, making mental health an everyday work place conversation while de-stigmatising help seeking and supporting people to get help before they become a risk to themselves or workplace safety. MIC believes it is of critical importance that mental health is recognised as a work place occupational health and safety issue. It is notable that a number of work place accidents, including incidents such as car accidents, can be attributed to the experience of high levels of emotional distress and/or mental health issues, rather than negligent safety breaches.

Given that FIFO workers are isolated from their usual social and community supports associated with home, MIC not only ensures that there is support available on site but that help, support and referrals connect back to the worker's community and family.

The Wheatstone Example

The success of MIC's peer based support model working within a FIFO environment can be seen in action at the Wheatstone project.

Follow up after initial training on this site has demonstrated how trained "Connectors" on this site are proactive in talking to people "doing it tough" and connecting people to help and support.

Wheatstone is fast becoming a self-sustaining mutually supporting community. There is a general awareness of the signs of when someone might be struggling and MIC training means that people are now prepared to ask, "How are you going?"

Connectors and ASIST workers at the Wheatstone project have made connections with many workers on site and have made more than thirty connections for people struggling with issues ranging from relationship, financial problems, family and legal matters.

The effect of MIC training in supporting a proactive workplace culture around addressing mental health issues is clear. As one Connector from Wheatstone said: "I just strike up a conversation about anything and see what comes up, other times you may spot a change in someone, so you

talk to their co-workers and they give you their view and then you go from there. People also just come up and ask to talk.”¹²

MICWA is very pleased with how the program is progressing at Wheatstone, as it is with other FIFO sites in which it has a presence.

MICWA is concerned that such peer-based support is not universally available across all WA FIFO sites. The success of the program in places like Wheatstone highlights the importance of making peer-based mental health support an industry standard across all Western Australian FIFO sites.

Apprentices

Given the fact that apprentices in the construction industry are two and a half times more likely to suicide than other young men their age,¹³ MIC has prioritised, with support of the Oz-Help Foundation, the delivery of Life Skills Toolbox training to apprentices and young workers.

The Life Skills Tool Box program aims to foster the importance of living a physically and mentally healthy lifestyle. This is achieved by providing training that creates supportive networks and improved attitudes towards mental and physical health and wellbeing, thereby encouraging healthy workforce practices and suicide prevention.¹⁴

Given the comparatively high rate of suicide among apprentices it is important that such training is made available to all young apprentices in Western Australia, irrespective of their future intention to work in FIFO industries. While apprentice numbers may be fewer on remote sites, all young workers need to acquire the resilience and life skills they need, especially before they take on the extra challenges that come with FIFO employment.

The importance of post-vention services

MICWA also believes that support to families and workplaces affected by suicide needs to be further developed and scaled up so that those affected have access to appropriate support. Such services are critical not only to the wellbeing of family members directly affected by a person's suicide, but also to preventing contagion including further suicides. MICWA argues that all FIFO sites need suicide intervention plans in place, to not only prevent suicides but also to prevent contagion, which can be particularly prevalent among indigenous communities and the young.^{15 16}

MICWA is currently working with United Synergies to provide the “StandBy” postvention program to the construction industry, including current FIFO sites covered by the MIC program.

This National StandBy Response Service is one of Australia's leading suicide postvention programs dedicated to assisting people and communities affected by a suicide. The StandBy Response Service is a not-for-profit organisation based in Queensland's Sunshine Coast.

The service currently operates in several remote communities across Australia and has significant experience in the provision of postvention support in a range of communities and contexts including FIFO. The StandBy Response Service comprises of four areas of operations. These include:

¹² Mates in Construction, On-site, Autumn 2014

¹³ <http://www.matesinconstruction.com.au/flux-content/mic/pdf/Barletta-and-Dundas-Report.pdf>

¹⁴ https://ozhelp.org.au/site/whatwedo_categories.php?task=detail&id=0001

¹⁵ <http://suicideprevention.salvos.org.au/wp-content/uploads/2012/09/Lenore-Hanssen-Article-Promote-Life-NT.pdf>

¹⁶ http://www.headspace.org.au/media/9992/Suicide_Contagion.pdf

- the delivery of the StandBy Response Service, an extensively tested and evaluated community-based active postvention program
- the StandBy Critical Postvention Response (CPR), is a short term rapid response service to communities experiencing suicide crises
- the StandBy for LIFE training and community education program
- research, continuous improvements and practice development

The program to be delivered by MICWA will be in agreement with United Synergies and will be a holistic Australia wide program that offered to all WA construction workers and their families. As an example, FIFO workers working in WA whose families may live in states other than WA will receive the same best practice service from MIC staff in other states or other related StandBy agencies anywhere in Australia.

The development of pre-employment services

Lifeline WA identified in its 2013 report that many FIFO workers and their families are ill prepared for a FIFO lifestyle and are unaware of what to expect from FIFO work, how to cope or what types of services are available. Lifeline WA called for the development of pre-employment services to educate workers and their families about what to expect from FIFO work and how to cope. ¹⁷

MICWA firmly supports this call and believes that all workers considering FIFO work, together with their partner/families, should have access to a preparatory workshop prior to commencing FIFO work. Workers and their partners/families should be given the opportunity to step through the potential impacts of the FIFO lifestyle and proactively plan to mitigate these.

The success of the MATES in Construction Program

MICWA collects and analyses confidential case management data, which verifies the positive impact the program is having on the traditionally macho culture prevalent in the construction industry, including at FIFO sites. The data shows that the MIC service is being used by construction workers of both genders, of all ages, occupations and at all locations. In addition, the family members of workers are also accessing the service. Data also shows that referrals are received from a variety of sources for a wide range of reasons including, but not limited to suicide ideation and behaviours.

An evaluation of the effectiveness and impact of the MIC program was carried out by Footprints Market Research in 2012. The research based in Queensland can effectively be applied to the WA experience given the MIC model is implemented across the country consistently. The research demonstrated that awareness of MIC is strong and that it is succeeding in raising and responding to the issue of suicide, it was found to encourage workers to help look after mates; demonstrated that help is available and removed feelings of shame. MICWA is currently working with Murdoch University to evaluate the impact of its own programs, which commenced in WA in September of 2011.

A report recently undertaken for MATES in Construction NSW examining the economic cost of suicide and suicide behaviour in NSW and the impact of MICs suicide prevention strategy in reducing this cost had extremely positive findings.

The study found that the reduction in fatality by suicide among workers was significant, with more than 8 suicides averted over a five-year period. The study also found a reduction in self-harm

¹⁷ Lifeline WA, FIDO Mental Health Research Report, The Sellenger Centre for Research in Law, Justice & Social Change 2013, page 10.

attempts as well as absences from work. The economic benefit of averting this harm was estimated at \$15 million dollars each year in NSW, with the majority of the benefits of this saving flowing to Government. In NSW it was found that an investment of \$1million dollars a year into MIC from government would see a cost benefit ratio equivalent to 15:1 implying that for every one dollar invested a return of \$15 could be expected. ¹⁸

Here in Western Australia MICWA currently receives no funding support from the State Government and limited funding from the Federal Government. MICWA believes that a funding commitment from the State Government to assist it to expand its services would make a significant contribution to reducing the social economic burden of suicide among high-risk men, including those working FIFO. It would also represent substantial savings to the WA State Government. MIC WAs partnership model would also mean that State Government funds could also be used to leverage funding from industry, insurance companies and unions further increasing the State Governments return on investment.

**The MIC Program in Action:
Helping someone through thoughts of suicide.**

At a recent site visit to check on how the MICWA program was going, we asked Bill Roche if he had the chance to put his training into practice.

Bill was ASIST trained earlier this year and he said he had helped three workers, one of whom was planning to take his own life. He responded after receiving a call from a workmate who was concerned about the man on site.

"I called him straight away and arranged a meeting at his house, he said. He told me he was struggling with the fact his wife had left him two days earlier and he was drinking heavily."

Bill asked directly if he was having thoughts of suicide and he said, "Yes".

"I asked him how he was planning to end his life and he showed me what his plan was," Bill said.

Bill than arranged for him to get counselling through his EAP (Employee Assistance Program) and rang him back each day for a while to check he was okay and getting back on track. "Last time I spoke to him, his life seemed much more back on track and his wife had come back," Bill said.

Bill's story is a great example of how anyone, with a small amount of training, can be a mate and save a life.

Bill is a systems (OHS&EQA) for Northerly group and has been working in construction for 12 years. He completed all three levels of MIC training in 2013.

¹⁸ Christopher M Doran and Rod Ling, Hunter Medical Research Institute, University of Newcastle, report for Mates in Construction, The economic cost of suicide and suicide behaviours in the New South Wales Construction Industry and the impacts MATES in Construction suicide prevention strategy in reducing this cost.