Submission to the Legislative Assembly Health and Education Standing Committee

Inquiry into mental illness and suicide in fly-in, fly-out workers
2014 Submission to Western Australian Legislative Assembly Health and Education Standing Committee: Inquiry into mental illness in Fly-In/Fly-Out workers.

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Organisation
The FIFO Australian Community of Excellence (FACE) is a non-profit multidisciplinary network of researchers, service providers and community members interested in all elements of Fly-In Fly-Out* (FIFO) long-distance commute work, health and lifestyle.

Our Mission: To support innovative strategy based and community driven research to benefit FIFO workers, their employers, families and communities; and to make this data available to all to improve attraction, retention and support services, aid management strategies and inform policy towards better health, well-being and profitability throughout the resources sector.

Our Vision: To serve as a cross-institutional and trans-disciplinary research association based on partnership and reciprocal relationships.

* Includes Bus-in /Bus-Out (BIBO) and Drive-in/Drive-out (DIDO) work rosters

Submission
The Health and Education Standing Committee of the Legislative Assembly of Western Australia (the Committee) has convened the "Inquiry into mental illness in fly-in, fly-out workers" to gather information related to the following Terms of Reference:

(a) the contributing factors that may lead to mental illness and suicide amongst FIFO workers;
(b) the current legislation, regulations, policies and practices for workplace mental health in Western Australia; and
(c) current initiatives by government, industry and community, and recommend improvements.

With the following members:
Dr Graham Gibson Jacobs MLA
Ms Rita Saffioti MLA
Ms Janine Marie Freeman MLA
Hon. Robert (Rob) Frank Johnson MLA
Mr Murray John Cowper MLA

To avoid duplication for the Committee and mindful of the time frame for submissions, this document has deliberately assembled pertinent but brief information in the summary. Many of the Terms of Reference are addressed in the body of the submission which has a closing date of 26 September 2014. More detail regarding any issue raised herein is available from the first named author. Philippa Vojnovic and other authors are available to give oral evidence to the Committee after written submissions close on 26 September 2014.

Report dated: September 26, 2014
Submission summary

This section is a detailed outline of the key points and findings in the submission to the parliamentary committee of the legislative assembly inquiry into mental illness in Fly-In/Fly-Out workers.

Background

This report outlines a comprehensive case for the protection of FIFO workers mental health and suicide prevention strategies. Mental health has been defined by the World Health Organisation (WHO) as “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.

Different types of suicide, with various causes, have long been established including for example people diagnosed with terminal illness who take their own life to avoid suffering or the culturally linked ritual suicide ‘Harakiri’ traditionally practiced in Japan. This submission discusses ‘work-related’ suicide, which is a category of suicide whereby the coroner or police reports identify the deceased person's employment had a significant causal role in the death. Mental health issues are a significant risk factor of suicide: 50.2 per cent of Australian suicides with an associated cause of death for 2001-2010 were identified as related to mental health concerns (ABS 2012).

The mental health and suicide of FIFO workers has received considerable recent attention in the community and media, yet there is limited knowledge about the influencing factors or their effects on mental health and suicide rates. The mental health and suicide of FIFO workers must be considered in context. These contextual factors contribute to the antecedent causes of mental health problems, and suicide may be viewed as an outcome of poor mental health. We acknowledge that not all suicides are associated with mental health problems; however this submission is focused on suicide that is both mental health and work related. In addition, it is recognised that not all FIFO workers experience mental health problems.

Nine of the factors influencing FIFO mental health and suicide are discussed in the submission with a series of recommendations.

1 – Employment, living and working conditions: Roster patterns have been linked by some research to psychological distress (Henry et al. 2013), yet companies introducing shorter roster patterns have met resistance by some workers. There is a trade-off between higher pay for extended rosters away compared to the lower pay on the shorter ‘family friendly’ roster. FIFO work differs from other types of shift work due to longer work hours (typically 12 hour shifts). Fear of redundancy, de-unionisation of the mines, and loss of support networks arguably all impact on worker wellbeing. It is noted that trained union representatives may have a role in worker care. Work in an intensive and pressured environment can contribute to mental health problems.

We acknowledge the ongoing development occurring within resources companies and the modification of practices to benefit workers. Some companies are responding to the results of previous research
which associated lower FIFO worker stress levels with shorter ‘family friendly’ rosters. Industry self-regulation and independent monitoring is recommended.

2 – Finance: Common financial issues for FIFO workers include debt, lack of financial contingency plans, and low levels of financial literacy and education. Stress and relationship issues may be exacerbated by financial problems and worsened by fear of unemployment thus impacting mental health. Workers can feel trapped in the lifestyle by financial over commitment, colloquially termed the ‘golden handcuffs’. Recommendations include providing budgeting and broad financial education to workers as part of the on-boarding process, that could be included as part of an annual performance review.

3 – Workplace culture: On-site mining workplace culture is male dominated and strain can be experienced by female FIFO workers to ‘fit in’. The Australian Mines and Metal Association have set a goal to increase women in the sector to 20 per cent by 2020. The masculine culture effects men through interactions with co-workers, repression of negative feelings, and ‘passive aggressive’ or bullying behaviour which negatively impacts mental health (Pulé 2014). A ‘tribe’ mentality develops in mostly male environments (Cowan 2014) which can invoke peer pressure acting as a positive or negative influence on worker wellbeing. Recommendations include further development of a ‘Fair and Just’ culture, active management support of mental health initiatives; staff education on mental health and discrimination; discouraging negative aspects of workplace culture; further developing mentor programs, and increasing resilience through training.

4 – Family balance: Swing ratio has been identified by research as negatively associated with work-life balance (Ditchburn, Funston, Brook, forthcoming), which indicates the more unbalanced the roster (days on to days off), the worse the perception that work interferes in family life. FIFO workers do miss significant family events, may experience emasculation linked to at-home role loss, unrealistic expectations from family and friends, relationship breakdown, limited access to communication, and parental challenges.

Recent reports indicate that FIFO families are likely to be healthy and functioning (Meredeth et al. 2014). It is recommended that health promotion and education about FIFO employment for all community members, not just new FIFO workers and families at induction, will further develop tolerance, understanding and appropriate expectations.

5 – Physical health, fatigue and sleep problems: Physical health promotes positive mental health and the ability to cope with the practical demands of FIFO work. Commute time, long shifts, and shift work can contribute to occupational fatigue, while long swings (such as those found in construction) do not allow for frequent recovery. Fatigue and sleep problems are linked to adverse workplace safety. Contributing factors to vulnerable mental states and suicide include sleep deprivation due to extended working hours, constant noise, extreme heat and transition from same day 12 hour shifts to off-site travel home. It is recommended that education be provided about the benefits of regular sleep patterns, quality and the effects of sleep deprivation. Links to education on the physical and mental health stressors at induction and exit stages is also recommended.
6 – Substance misuse: Alcohol consumption among FIFO workers are at higher levels of ‘harmful use’ and ‘dependency’ than the Australian norm, although binge drinking is not (Harvey 2013). Substance misuse occurs among FIFO workers partly to medicate against the complex feelings associated with being on-swing, associated with feelings of isolation and loneliness (Pulé 2014). Substance misuse is negatively associated with mental health. It is recommended that education regarding appropriate coping strategies is taught to FIFO workers, including the long terms effects of alcohol and drug misuse. In addition to the regular screening of alcohol and drugs, health promotion materials on and off site linked with the resource company, in the airport lounge and via human resources departments are recommended.

7 – Sexual health: FIFO populations are reported to have higher incidence of sexually transmitted infections (STI’s), excessive use of pornography, pornography addiction, men who have sex with men yet do not consider themselves homosexual (MSM), extramarital affairs, prostitution and secret sex tours. These behaviours may be linked to loneliness and coping, or ‘to fill the void’, and may become a negative cycle (Pulé 2014). It is recommended to increase education on STI risks (Duffy 2012) and prevention strategies, raise awareness of the impact of increased contact with sex workers near or in mining communities (Pulé 2012), and to improve rural health services such as availability of discrete STI screenings onsite.

8 – Domestic violence: While medical and family services report family and domestic violence among FIFO populations, limited research exists. The WA Department for Child Protection (DCP) identified that FIFO workers experienced equal rates of family and domestic violence than the general population (2013). Currently, there are gaps in the system for accountability of mandated perpetrators who avoid correction programs due to FIFO work arrangements. It is recommended to support DCP and develop a ‘tip sheet’ for domestic violence services, information and resource packages, in combination with the establishment of a working party to implement national strategies to bring about a higher level of perpetrator accountability.

9 – Adjustment to the FIFO working arrangement: From a psychological perspective, the amount of comfort experienced in a new environment includes work, social and general adjustment. Adjustment has a positive relationship with affective commitment, which is the strongest predictor of worker turnover rates. Work adjustment has no relationship to commitment but both social adjustment and general adjustment does, indicating that adjustment to the FIFO work has little influence on how committed a worker will be to their employer (Behr, Ditchburn and Brook, forthcoming). Adjustment is important to a worker’s mental health. It is recommended that a focus on workers social and general adjustment would be beneficial in assisting workers to adjust to the FIFO conditions whilst working away. Specifically, this could be achieved through the aspects of housing conditions, food, entertainment/recreation and facilities/opportunities, socialising with other workers, and interactions with other workers on a daily basis. Realistic job previews, on-boarding and supervisor training would enable workers to be more informed and better supported during the adjustment period.
Mental health, suicide and support

The influences of FIFO employment on worker’s mental health are demonstrated in this submission in a model (see page 26-27). The effects of the influencing factors on FIFO mental health and suicide can be understood through empirical research findings that reveals key mental health problems such as:

- Feelings of isolation and loneliness: reported across research studies regardless of education level, profession, or roster duration.
- Stress: reportedly worsens during the home to work transition periods.
- Depression: likely to influence employment performance and increase risk of suicide.
- Anxiety: likely to influence restlessness, physical tension, sleep disturbance, concentration, employment performance, and irritability.
- Substance misuse: indicates limited coping strategies and negative dependence. May increase in stressful situations, and also may interfere with tasks required for employment functioning and safety.
- Sleep problems: likely to impact on mood, coping ability and concentration.
- Limited social network: likely to impact on accessing support when required, and intensify feelings of isolation and loneliness.

Suicide is the leading cause of death for Australians aged 15 – 44. In 2012, there were 1,901 men who died by suicide (17 per 100,000) (ABS). Total male and female death due to road accidents equal 1,310 and about 700 are men. (Lifeline, Suicide Prevention Australian 2014a). It can be seen that about 2.5 times more men die by suicide than in road accidents.

Approximately 58,000 people work FIFO in WA and about 85% or 50,000 are men. There have already been 9 FIFO men die by suicide in 2014 in 9 months without adding the numbers of suicide deaths in the non-FIFO population of Western Australia.

Performance pressures, fear of, and actual, retrenchment, work injury, and arguments with colleagues may compound mental health issues and further increase the risk of suicide (Routley & Ozanne-Smith 2012) as well relationship breakdown (Pulé 2014).

Some formal and informal supports for FIFO workers exist; however, substantial barriers to accessing supports also persist. Circumstances preceding Rhys Conner’s death by suicide on July 25, 2013 is discussed to provide a deeper understanding of the barriers to accessing supports for FIFO workers. The courage of families who share the loss of loved ones after suicide and of celebrities who acknowledge their mental illness and treatment are vital for modern society to learn that mental health is as important as physical health but can be more difficult to accurately diagnose and treat. Indeed some of the most famous innovative, intelligent, artistic inventions and contributions have come from men and women with some form of mental illness.

Adults spend about a third of their waking hours at work making it the ideal place to access key health information and interventions. “The World Health Organisation suggests 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”. Suicide is impacted by protective (e.g. support) and triggering factors (e.g. redundancy).

**Recommendations to improve FIFO worker mental health and suicide rate:**

- Develop a mental health conscious workplace through training workers in mental health issues through on-boarding and off-boarding strategies, addressing mental health stigma, and appropriate language use.
- Include the voices of lived experience in the development of suicide prevention strategies.
- Evaluate local workplace suicide prevention strategies and benchmark with Canada, USA, and UK where there are workplaces with significant FIFO workforces.
- Encourage workers to use online and anonymous diagnoses metrics for mental health symptoms as a self-help/screening tool.

**Specific recommendations for community:**

- Harness existing community and other groups that work effectively to raise positive awareness of mental health.
- Use W.A. schools through the Education Department to identify stressors affecting a child and the child's education linked to a parent(s) absence whilst working FIFO.
- Emphasise preventative measures and highlight positive aspects of the FIFO working arrangement.
- Connect FIFO workers at risk of suicide (or associated mental health challenges that are exacerbated by FIFO rosters) with professional support services that are customised to the resources sector so that practitioners and clients can address issues in targeted ways using language, protocols and routines that work with FIFO swings.
- Providing more men’s health and well-being services that address mental health, stress, relationships, financial pressures, and addictions is highly important.

**Specific recommendations for industry and government:**

- Clarify the limits of responsibility that an organisation has as a duty of care to support the mental health of their workers. This should include those workers who are not on shift, but are still on site (i.e. in their accommodation). Several mining companies have increased physical and mental health programs; it is recommended that these initiatives be further encouraged across the industry, particularly for contract workers who have access to less support than workers directly employed by larger companies.
- Introduce measures of the effectiveness of current suicide prevention programs, benchmarking activity for support service availability, and aim for zero suicide deaths.
- Harness the positive aspects of the workplace male culture, empower work colleagues to mentor each other informally and formally.
- Regulation of rostering by the resources industry in tandem with education about the FIFO lifestyle at the entry, on-boarding, and exit stages.
- Formalise the establishment of men’s support groups on site which are set up and managed by professionals who specialise in working with men’s health and well-being. It is anticipated that
these support groups will expand into unisex groups to reflect the worker demographic in due course.

- Provide workers access to independent confidential whistle-blower services such as are provided by large consulting firms like KPMG and Deloitte to allow serious workplace misconduct to be safely reported.
- Provide psychological screening prior to commencement of employment, and for on-going annual monitoring, as part of performance review is discussed and difficulties are outlined.

The above recommendations should naturally be underpinned by research and data to identify, monitor and evaluate outcomes in a timely fashion. Longitudinal research with a good response rate is necessary to draw appropriate, unbiased conclusions, and is achievable with collaboration between universities and all of the industry groups. Exploration of men’s help-seeking styles in the FIFO environment, and evidence based early intervention coupled with pathways for incidences of mental health problems and suicidal ideation, is required.

**Key points**

1. **Previous reports**
The current issues for FIFO worker mental health and suicide may be viewed as a subset of state wide concerns regarding mental health. The Western Australian Legislative Assembly Health and Education Standing Committee is expected to draw from well documented report recommendations as part of the broader issues associated with mental health in the state including:

- Report from the Mental Health Commission: The 10 year plan designed by the Mental Health Commission is expected to be released to the public which will have implications for W.A. mental health care and initiatives.
- Report from 2012 Health Department, the 'Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia'.

2. **Education strategies**
Public health education and prevention strategies have been effective to reduce deaths by road accident (the number of road accidents are almost half the number of suicides per year in Australia). Education and strategies to prevent death by suicide combined with de-stigmatisation of mental illness is the ideal starting point to move non-physical health out of the shadows.

3. **Mental health and social well-being policy**
Industry management support and documentation transparency is required to promote a culture change towards an equitable and supportive workplace in terms of mental health. Similar to a just safety culture (or Occupational Health and Safety culture), there needs to be a culture that supports reporting mental health concerns, which involves management to be driving this change, as well as transparency and trust built around eliminating potential or perceived discrimination.
4. Acknowledge that problems can be part of the solution
We recommend that industry, workers and the public acknowledge that the problems are part of the solution. Mental health is important. Reaching out to seek help is right - not wrong. Tolerance and understanding are universal but often forgotten in the business of 21st century life.

On behalf of all members of Fly-In/Fly-Out Australian Community of Excellence (FACE) we thank the Committee for considering the evidence for change presented in this submission. Philippa Vojnovic and other authors are available to give oral evidence before the Committee if required. We sincerely hope that as a consequence of the Committee’s deliberations, measurable recommendations are made for the resources industry and for community service organisations to work together in a coordinated approach to improve mental health and to address suicide prevention strategies tailored for FIFO workers.
Part A - Provides an outline of the submission to contextualize the topics relevant to the inquiry question

This section will provide more detail about key mental illness and suicide risk factors identified for workers in the FIFO working arrangement. It will outline key points discussed in the submission.

Key mental illness factors
This submission identifies the mental health issues reported across previous research and through anecdotal reports. The FIFO working arrangement exposes workers to risk factors which may exacerbate mental health issues and suicide. These contextual factors contribute to the antecedent causes of mental health problems, while suicide may be viewed as an outcome of poor mental health.

A model of the impacts of the FIFO employment arrangement is included to assist understanding of the well-being, adjustment, and help-seeking (accessing support) of FIFO workers. The mental health and suicide of FIFO workers’ must be considered among the contextual factors of the:

- Background and demographic information.
- Employment, living and working conditions.
- Finance.
- Workplace culture.
- Family balance.
- Physical health, fatigue and sleep problems.
- Substance misuse.
- Sexual health.
- Domestic violence.
- Adjustment to the FIFO working arrangement.

These factors may increase the risk of experiencing the following mental health disorders individuals with a predisposition. The key mental health factors identified to effect FIFO workers are:

- Feelings of isolation and loneliness: reported across research studies regardless of education level, profession, or roster duration.
- Stress: reportedly worsens during the home to work transition periods.
- Depression: likely to influence employment performance and increase risk of suicide.
- Anxiety: likely to influence restlessness, physical tension, sleep disturbance, concentration, employment performance, and irritability.
- Substance misuse: indicates limited coping strategies and negative dependence. May increase in stressful situations, may interfere with tasks required for employment functioning.
- Sleep problems: likely to impact on mood, coping ability and concentration.
- Limited social network: likely to impact on accessing support when required, and intensify feelings of isolation and loneliness.

Barriers to accessing formal and/or informal support that must be addressed before a reduction in mental health problems can be expected to occur.
Formal and informal supports and interventions if made available to FIFO workers should reduce risk factors if used as part an early prevention strategy.

This report outlines a comprehensive case for the protection of FIFO workers’ mental health and suicide prevention strategies. It is anticipated that this will assist the Western Australian Legislative Assembly Health and Education standing committee to make recommendations to improve mental health and suicide, community, industry and government, and future academic research.
This section outlines the contents of the submission to the parliamentary committee of the legislative assembly inquiry into mental illness in Fly-In/Fly-Out workers.

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Part B - Contextual factors influencing FIFO mental health and suicide

Background and demographic information

- Considerable money and resources have been expended since March 2014 by the Mental Health Commission to conduct a review of Australian Suicide Prevention Strategies. The final report from this review will be submitted to Federal Parliament in November 2014 but the report will not be made public.
- Approximately 276,300 workers are employed by the Australian resources sector (ABS 2013), with 100,000 of those on FIFO employment arrangements (Henry et al. 2013).
- FIFO workers are predominantly employed in Western Australia (W.A.) and Queensland. Within W.A. they are concentrated in the Pilbara region and the goldfields, illustrated by the map below from Tonts et al. (2012, p.10).

Sourced from Tonts et al. 2012 report, originally from Landgate 2012.

*Fly-In/Fly-Out Australian Community of Excellence

*Mission to share, Vision to learn*
It is predicted that 63,500 workers will undertake FIFO arrangements by 2015 and may rise to 90,000 by 2025.

Broad characteristics of FIFO workers reported, include that FIFO workers’ are predominantly 25-44 years of age and 88 per cent are male. FIFO workers are likely to hold a non-school (typically a trade) qualification, and are less likely to hold a university qualification than the general population (Department of Employment 2014).

Most FIFO workers are in personal relationships and have children (Henry et al. 2013).

Contextual influencing factor 1: Employment, Living and Working Conditions

FIFO rosters vary in length and duration. Typically construction employment positions involve longer roster patterns of four to six weeks on site at a remote mine location, followed by one to three weeks off period, termed ‘rest and recreation’ (R&R). Operational employment positions typically involve shorter roster patterns of two weeks on site followed by one week R&R. A pattern of 8 days on, 6 days R&R has been termed the ‘family friendly’ roster.

When companies have moved to change the status quo for workers from extended to shorter roster patterns, resistance has been expressed by some workers. The negative impact of the ‘family friendly’ roster is a trade-off between higher pay for extended periods away compared to the lower pay on the ‘family friendly’ roster. Worker strikes to achieve more ‘family friendly’ rosters resulted in workers accepting a pay increase and maintaining the existing compressed (4 week on, 1 week R&R) roster pattern (Rogers 2014).

Levels of psychological distress were linked to roster pattern above a 3 weeks away with a one week R&R period (see Henry et al. 2013). Higher levels of psychological distress were reported by workers on these compressed rosters.

Data collected by the ABS (2007) on national levels of mental well-being found 67.3 per cent of the population fell in the ‘likely to be well’ category, with slightly fewer FIFO workers (64 per cent) in the same category.

The 11 per cent of FIFO workers who scored in the highest risk category, those ‘likely to have a severe mental disorder’ were more often on compressed rosters than were workers who scored in the lower risk categories (Henry et al. 2013).

Many FIFO employment positions are in an environment characterised by work stresses, safety considerations and extreme climatic conditions. The demands of employment in an intensive and pressured environment can contribute to mental health problems, including stress, depression, anxiety, and sleep disorders (Love et al. 2010; Reichenberg and MacCabe 2007).

Traditional shift work, such as police and hospital shifts, is different to FIFO shift work. In contrast, FIFO shifts are usually 12 hours on and 12 hours off, associated with the rosters described above.

Fear of redundancy has been identified as a strain in the resources industry (Henry et al, 2013), likely particularly heightened during times of downsizing. There are also similar strains for those who are contractors (pers comm. Brook 2014).

Lack of collective bargaining agreements exist among workers due to de-unionisation of the mines. This requires workers to negotiate the terms of their employment separately which can reinforce a sense of
isolation. This can exacerbate a predisposition to mental health problems and lead to an increased likelihood of relapse of symptoms, especially depression and anxiety (Pulé 2014).

- Loss of friendship support networks often occur, as well as a loss of connection to community events and localised sense of belonging (e.g. Sporting teams, being home for significant family/friend events), which negatively impact worker mental health (Pulé 2014).

- De-unionisation of the mines may remove a source of potential monitoring and support for workers mental health. The union might well be a source of care and have a voice in looking after their members, as unions have done in the past for other employee issues. Trained union representatives may have a future role.

Contextual influencing factor 1: Recommendations for employment, living and working conditions

- We acknowledge the ongoing development and change occurring within resources companies and the modification of practices to benefit workers.

- Some companies are responding to the results of previous research which associated lower FIFO worker stress levels with less compressed and/or ‘family friendly’ rosters. Industry self-regulation and monitoring is recommended.

Contextual influencing factor 2: Finance

- Common financial concerns among FIFO workers and families revolve around problems with communication, managing money and debt. Large personal loans, cars loans and credit card debts result in high debt servicing costs which significantly reduce their real disposable income and limit a family’s abilities to make the financial progress they expected from working FIFO. Cars are frequently updated before the initial loan is paid off, with the residual debt being added to the new loan. High mortgages are taken out which locks the worker into needing the FIFO income. Generally the higher income results in an expectation of being able to live at a higher cost lifestyle (Gow 2014). Lack of financial contingency plans can cause exacerbated stress.

- There is a low level of financial literacy, education and understanding about the real effects of debt and the importance of saving for emergencies, large financial goals and retirement. The partner at home is frequently tasked with managing the money; they often do not have the skills or systems to do this effectively and they struggle to communicate the issues to their partner. Conflict and stress arises as individual financial expectations are not met and the communication skills are inadequate to raise this difficult topic. Depression, conflict, purposelessness and other effects are seen in both partners (Gow 2014).

- Community service provider reported that 83% of relationship issues they see stem from finances and these issues seriously impact the mental health of those working FIFO as they feel trapped in the
lifestyle. They noted direct correlation between financial stress, relationship stress, and mental health concerns (Gow 2014).

- FIFO workers have reported anecdotally that they term themselves a ‘Walking Wallet’ (working to fund an extravagant lifestyle and constantly paying out).
- If a worker is re-trenched and has not made financial plans this can further increase stress levels in an already mentally vulnerable individual.
- Financial over commitment, colloquially termed the ‘golden handcuffs’ and fear of unemployment are factors linked to feelings of insecurity. A sense of security through financial wealth is reported, which may subsequently ‘set a man up to collapse in a heap’ in times of downsizing or when financial difficulties arise. A false sense of potency through buying lots of material things is also reported and may also be used to cope with negative feelings (Pulé 2014).
- The number one request to service providers in the community from FIFO workers is for help with finances. Such help starts with education not advice.

Contextual influencing factor 2: Recommendation for Finance

- Budgeting and other financial education provided to workers as part of the on-boarding process, and could be included as part of an annual performance review.

Contextual influencing factor 3: Workplace culture

- The on-site mining workplace culture has been reported as, at times, violent, competitive and characterised by risk-taking (Carter & Kaczmarek 2009; Pulé 2014). The workplace has been likened to a prison camp and have emphasised the negative impact of regimentation (Pulé 2014), and also to military service (Sibbel 2010) due to the extended work related absences and high number of male workers. It has also been described as ‘macho’ culture (Pini et al. 2012) which may enhance the strain experienced by female FIFO workers integrating into the workplace culture (Vojnović et al. forthcoming).
- There is pressure on women FIFO workers to ‘man-up” to fit in which can place additional pressure on relationship harmony at work and/or home (Pulé 2014, pers. comms.). The Australian Mines and Metal Association set a goal of increasing women in the sector from 15.5 per cent to 20 per cent by 2020 (Potter 2013).
- The masculine workplace culture on-site may provide men with a perceived limited number of options of how to interact with other workers on-site, such as derogatory language, consuming alcohol and expressing sexist viewpoints in an effort to communicate with others on site (Pulé 2014).
- Reports indicate that male FIFO workers are taught by their male role models to cope with difficult emotional experiences alone and to repress those associated negative feelings, particularly as they are paid so well.
Further, it is reported that anger is at times expressed in a ‘passive aggressive’ or bullying manner which may have negative impacts on self-esteem, sense of belonging, and exacerbated sense of isolation. Outwardly violent behaviour may lead to instant dismissal (Pulé 2014). The implications of this is that male workers may have an increased tendency to use Alcohol of Other Drugs (AOD) to cope with negative feelings, and may express rage inappropriately which may damage employment prospects and/or relationships.

Cowan (2014) described the tribe mentality that develops in mostly male environments in keeping with male anthropological antecedents. Such tribal groups can invoke peer pressure that can act as a positive or negative influence on worker wellbeing.

Contextual influencing factor 3: Recommendations for workplace culture

- Changing workplace culture is best achieved with management buy-in, and supported by policies and procedures. However such culture change needs to be visibly supported by Management to develop a just culture approach (i.e. not punitive). Management should actively support mental health initiatives, as well as educating staff on mental health and discrimination, with a focus on how to support and communicate appropriately with their co-workers.
- Identify negative aspects of workplace culture, and actively discourage these, through use of strategies similar to anti bullying campaigns.
- Introduce mentor programs with both social and work focus.
- Resilience is considered a vital infrastructural, behavioural, sociological and psychological indicator of sustainability (Halt & Milstein 1999). In the Resource Sector, FIFO rosters place considerable added stresses on personal, professional and company resilience. Therefore, resilience training must be developed that is tailored for FIFO workplaces and the worker demographics. Such education and learning would probably benefit from a suitable name such as: “No princesses here – Real men say they are sad”. Such a strategy would harness positive power of the ‘tribe’ mentality using mentorship programs that actively reward men for positive behaviour in joining together.

Contextual influencing factor 4: Family balance

- Swing ratio was negatively associated with work-life balance, which in turn was related to turnover intentions (Ditchburn, Funston, Brook, forthcoming). This indicated that the more unbalanced the roster (days on to days off), the greater the perception that work was interfering in family life.
- Many male resource workers report feeling that they miss out on significant family events such as birthdays, school events and anniversaries. This feeling can be compounded by incongruity due to their female partner taking on traditionally male associated roles within the family.
Feelings of emasculation linked to male at-home role loss, loneliness and isolation, missing family and friends, as well as significant social events, lack of self-worth, and unrealistic expectations from family and friends contribute to strain experienced in FIFO employment.

Relationship breakdown with their children, and/or life partner the resultant stress could further exacerbate mental health problems suicidal ideation (Pulé 2014).

FIFO workers report various stressors linked to their employment arrangement which they advise impacts their family/life balance. The reported causal effects were commonly related to exhaustion, geographical distance from family and friends, use of drugs and alcohol, constant noise, a sense of being institutionalized on site due to rigorous OHS policies. Infidelity and relationship breakdown due to compressed rosters, such as three and four weeks on, four weeks R&R, often with limited access to communication with family and friends (Ashton 2014).

A sense of escapism from the role responsibilities at home, such as father and husband, is then experienced as a loss of role and a loss of efficacy when the partner or adolescent male child assumes the traditional male role responsibilities. Male FIFO workers describe feeling ‘like a sperm donor and bread winner’ (Pulé 2014).

The key findings of a report from the Child Family Community Australia (CFCA) by Meredith, Rush and Robinson (2014 p.1) found the following:

- “Research to date indicates that FIFO families are likely to be healthy, functioning families.
- Parenting is a challenge for FIFO families, particularly for partners at home to manage the continual transitioning from solo parenting to co-parenting.
- The ability to communicate regularly, privately, effectively and spontaneously is an important factor that mediates the impact a FIFO lifestyle can have on children and families”.

Contextual influencing factor 4: Recommendations for Family balance

Key points by Meredith et al. (2014) include:

- “Further research is needed that is longitudinal, engages with all types of FIFO workers and their families, and includes data collection prior to entry into FIFO work.
- Families considering FIFO should thoroughly review the likely advantages and disadvantages to all members of the family. Before commencing FIFO work, families should identify the resources and supports available at the work site and in the home environment and be aware of pressure points and coping strategies (Meredith et al. 2014)”.

Our network and this submission concurs with the findings by Meredith et al. (2014), and further recommend:

- Health promotion education describing the experience of FIFO employment for all community members (not just new FIFO workers and families at induction) may assist to develop tolerance and understanding together with more appropriate expectations. Topics which may be beneficial include:
- Education on how stress levels may peak during the home to work transition periods (Clifford 2011)
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- Regular routine
- Not to withdraw children from school to spend time with the FIFO family member as this can have an adverse effect on a child’s continuity with their academic outcomes
- Not waking children in the night to go to the airport as this caused disruption to sleep patterns and can distress the child
- Not to ‘overcompensate’ with expensive gifts
- Use more economical options, such as community events and picnics
- Use a form of journaling or calendar to track age appropriate feelings which can be reflected on and reviewed
- Not to expect the young male adolescent to take up the role of the adult absent parent (Ashton 2014).

Contextual influencing factor 5: Physical health, fatigue and sleep problems

⇒ It is understood that physical and mental health is inextricably linked.
⇒ Physical health including hydration and healthy eating is important to promote positive mental health and to cope with the practical demands of FIFO work (Henry et al. 2013).
⇒ Commute time, long shifts (usually 12 hours), often shift work, can contribute to fatigue. Many workers do shifts longer than 12 hours and work overtime (Ashton 2014). Erratic sleep patterns are well established to have a detrimental effect on an individual’s physiological and mental state.
⇒ There are different factors that impact on the levels of fatigue; the most important are prior sleep (homeostatic drive for sleep) and the time of day (circadian rhythms). The nature of FIFO work itself also impacts on fatigue levels, as well as pre-existing health conditions. Longer shifts and night shifts lead to an accumulation of a sleep debt. However, Swings longer than eight consecutive days may not allow for frequent recovery, and have been shown to be a main cause of occupational fatigue, and the performance decrement was worse than a blood alcohol concentration of 0.05%. (Muller, Carter & Williamson 2008).
⇒ Long swings (such as those found in construction) that do not allow for frequent recovery.
⇒ A disturbed diurnal rhythm at the beginning of night shift and a roster of more than eight consecutive days were identified as the primary contributing factors to occupational fatigue in this setting. The observed magnitude of effects suggests adverse implications for safety as the effects on performance were beyond what would be expected at blood alcohol concentrations of 0.05%. (Muller, Carter & Williamson 2008).
⇒ Contributing factors relating to vulnerable mental states and suicide prevention have several identified facets. These include, but are not exhaustive, sleep deprivation due to extended working hours, extreme heat and transition from same day 12 hour shifts to off-site travel home.
⇒ Studies show that high levels of environmental and work related noise are associated with mental health symptoms such as depression and anxiety (Stansfield et al. 2000).
Contextual influencing factor 5: Recommendations for Physical health, fatigue and sleep problems

- Education on the benefits of regular sleep patterns, quality and the effects of sleep deprivation.
- Link education on the physical and mental health stressors to the incoming and outgoing induction.

Contextual influencing factor 6: Substance misuse

- A study which investigated alcohol consumption found that whilst binge drinking (i.e. short term harm) is not more prolific in the FIFO population, the levels of ‘harmful use’ and ‘dependency’ (as defined by the ICD-10) is significantly greater than the Australian norm (Harvey 2013).
- There is a large risk of substance misuse, including licit and illicit drugs and alcohol abuse occur among FIFO worker to medicate against the many and complex feelings, particularly isolation and loneliness, associated with being on-swing (Pulé 2014).
- While mining companies routinely test workers for alcohol and other drugs (AOD), there is a ‘sub-culture’ of workers who binge on AOD on their R&R period as well, indicating a culture of medicating against the stresses of working away when off swing through a sentiment of “making up for lost time”. Verbal reports indicate these workers favour amphetamines due to their short half-life. This behaviour has negative implications towards mental health outcomes.

Contextual influencing factor 6: Recommendations for Substance misuse

- It is recommended that education regarding appropriate coping strategies is taught to FIFO workers, as well as the long term effects of AOD misuse.
- In addition to the regular screening of AOD there could be support both on and off site linked with the resource company, such as in the airport lounge and via human resources departments.
Contextual influencing factor 7: Sexual health

- Higher incidence of sexually transmitted diseases (STI’s) among the FIFO populations, excessive use of pornography, and pornography addiction, men who have sex with men yet do not consider themselves homosexual (MSM), as well as shame associated with uncomfortable rates of masturbation to pornography. Client interactions suggest this behaviour is linked to feelings of loneliness and may be use as a coping strategy, or ‘to fill the void’, and may become a negative cycle (Pulé 2014).

- Further reports indicate that if a FIFO worker resides in a town (as opposed to being based on an external resource camp) there have been indications of a higher use of local and overseas sex workers and sexual ‘trade -offs’ with community members. Implications of this are that FIFO workers may have limited coping strategies for work stressors which render them at higher risk of compulsive behaviours such as sex addiction. This may result in increased risk of negative health outcomes such as exposure of self and spouse to sexually transmitted diseases (STI’s) (Pulé 2014).

- A community agency representative advised that female at home partners of FIFO workers anecdotally report feeling ‘almost raped’ by their partner on returning home, with forced sex by spouse being linked to depression, resentment, anxiety and suicide (Plichta & Falik 2001).

- Client interactions have informed the conversation of sexual health which has been linked to mental health.

- Pulé (2014) anecdotally noted that during coaching sessions with FIFO men, the issues commonly disclosed include:
  - “Shame associated with uncomfortable rates of masturbation to porn to fill the void of loneliness
  - Prostitution and secret sex tours
  - Extramarital affairs
  - Insecurity and sense of having “lost control” over partner’s fidelity
  - Double lives, where a FIFO worker has a mistress on-site and a wife at home”.

Contextual influencing factor 7: Recommendations for Sexual health

- Pulé (2014) made the following recommendations regarding sexual health issues for FIFO workers:
  - Increased education on the risks associated with STI infections as implicated in the spike in prevalence of infections amongst FIFO workers and their spouses (Duffy 2012)
  - The need for raised awareness of increased contact with sex workers near or in mining communities
  - Free sex education and STI prevention strategies
- Improved rural health services and discrete STI screenings onsite.
Contextual influencing factor 8: Domestic violence

- Several leaders of medical and family services report that there is evidence of intimate partner family and domestic violence (DV) and escalating arguing and resentment (O'Leary 2012); however limited academic research into domestic violence rates among the FIFO population exists.
- One study which has examined this issue by the Department for Child Protection and Family Support, along with the Western Australia Police (WA Police) and specialist family and domestic violence crisis and support services. The study identified that FIFO workers experienced equal rates of family and DV than the general population (DCP 2013). The link between FIFO work arrangements and family and DV was found to be complex and created unique challenges and benefits for agencies and services working with these families.

Contextual influencing factor 8: Recommendations domestic violence

- DCP (2013) recommended the following:
  - "Develop a ‘tip sheet’ for services and agencies who work with family and domestic violence where FIFO work arrangements also exist, highlighting the unique benefits and challenges when working across these two issues. As an emergent issue in the family and domestic violence arena, FIFO work arrangements pose both challenges and benefits across a number of domains including child protection, family court, mediation and victim advocacy and support. This recommendation aligns with the state strategic priority for the safety of adult victims and children experiencing family and domestic violence.
  - Develop an information or resource package for distribution to mining and resource sector companies highlighting the issue of family and domestic violence and the implications of this issue for their FIFO workforce. Aligning this with corporate social responsibility ideals, this will potentially provide a strategy for pro-actively engaging mining and resource sector companies in the effort to prevent and intervene early in family and domestic violence within WA.
  - Establish a working party consisting of key stakeholders to investigate the issue of perpetrator accountability through the court and justice system. At present there appears to be limited scope for holding mandated perpetrators accountable where FIFO work arrangements preclude them from participating in domestic violence group programs. Flexible and innovative service provision, partnership with the mining and resource sector and alternatives for holding perpetrators accountable are all much needed options. This working party would also align with national strategies for perpetrator accountability aimed at developing minimum standards for perpetrator programs”.

- This submission concurs with the findings by DCP (2013), and notes that the association between family and DV is well-established in literature to be associated with mental health problems (Pulé 2013). Of concern is the difficulty engaging perpetrators of DV with support services which may prevent treatment and behaviour change.
This is supported by Pulé (2014) who noted that while incidence of DV are not likely to be statistically higher for FIFO workers, the impacts can be greater on both the victim and perpetrator because periods of relational recovery and the learning of new and healthier coping strategies are interrupted by on/offswings routines making relationship breakdowns of this level of severity even more traumatic for all concerned.

Contextual influencing factor 9: Adjustment to the FIFO working arrangement

Adjustment is the level of psychological comfort that a FIFO worker experiences when experiencing the new environment, and includes work, social and general adjustment. Adjusting to the FIFO work role and ‘fitting in’ socially is important in the FIFO context, especially so as workers’ live and work together for periods of one to eight weeks.

The inability to adjust to a new work role or the FIFO employment arrangement may lead to cessation of employment, either by the individual or organisation (Watts 2004), while failing to adjust socially leads to deliberate attempts by co-workers to encourage voluntary exit (Carter and Kaczmarek 2009). FIFO worker adjustment impacts well-being and help-seeking, as well as health and organisational outcomes.’ (Vojnović et al. forthcoming)

A research study which measured three facets of adjustment; social adjustment, work adjustment and general adjustment, discovered that most FIFO workers were relatively well adjusted to all three of these facets.

Facets of cultural adjustment include: living conditions in general, housing conditions, food, entertainment/recreation/facilities/opportunities, socialising with other workers, interactions with other workers on a daily basis, living away from family and/or friends, and length of time working each day.

Further, that cultural adjustment had a positive relationship with affective commitment, which is the strongest predictor of worker turnover rates. Work adjustment had no relationship to commitment but both social adjustment and general adjustment did, indicating that adjustment to the work has little influence on how committed a worker will be to their employer (Behr, fDitchburn and Brook, forthcoming).

Contextual influencing factor 9: Recommendations adjustment to the FIFO working arrangement

It is recommended that a focus on workers social and general adjustment would be beneficial is assisting workers to adjust to the FIFO conditions whilst working away.

Specifically, this could be achieved through the aspects of housing conditions, food, entertainment/recreation and facilities/opportunities, socialising with other workers, and interactions with other workers on a daily basis.

Realistic job previews, on-boarding and supervisor training would enable workers to be more informed and better supported during the adjustment period.
Understanding the effects of FIFO employment on workers, is simplified with the ‘Model of the impacts of the FIFO employment arrangement’ (Vojnović et al. forthcoming). This model considers the FIFO employment conditions (both demands and resources), adjustment of workers to the FIFO work-life, individual differences (e.g. age, gender, work role), well-being (depression, anxiety, stress), help-seeking (accessing support including the source of support, stigma and the likeliness of accessing support), and organisational and health outcomes.

Demands (e.g. work pressure, work and family conflict, and emotional demands), lead to strain and negative outcomes, while resources (e.g. supervisor and co-worker support) can mediate against strain, and assists to achieve positive mental health and organisational outcomes. Psychosocial Safety Climate is a concept whereby the organisation includes strategies (policies, practices, and procedures) which promote the psychological health and safety of its workers (Dollard & Bakker 2010).

It is proposed that mining companies with progressive psychosocial safety climates (Dollard & Bakker 2010) will have better worker mental health and work outcomes through the relationships of FIFO worker adjustment, well-being, and help-seeking.

This is currently being researched by Doctoral research at Edith Cowan University. More longitudinal research with a greater response rate need to be conducted with industry and universities collaboration. Research outcomes may further develop targeted intervention programs to improve FIFO mental health.
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Figure 1: Model of the impacts of the FIFO employment arrangement

Fly-In/Fly-Out (FIFO) Employment Conditions: Demands and Resources
(long distance commute, shift work, pay, support, induction and psychosocial safety climate)

Well-being
(depression, anxiety, stress, sleep problems)

Adjustment
(social, work, general adjustment)

Help-seeking
(accessing support, source of help, stigma)

Organisational and Health Outcomes
(workers compensation claims, turnover and psychological distress)

This section will outline mental health influenced by the contextual factors described above. It will also discuss formal and informal supports for FIFO workers, as well as barriers to accessing these supports.

Introduction
The bravery of families who share the loss of loved ones after suicide and of celebrities who acknowledge their mental illness and treatment are vital for modern society to learn that mental health is as important as physical health but can be more difficult to accurately diagnose. Indeed some of the most famous innovative, intelligent, artistic inventions and contributions have come from men and women with some form of mental illness. Like diabetes and high blood pressure mental illness is treatable, yet successful treatment relies on the individual receiving support.

Adults spend about a third of their waking hours at work making it the ideal place to access key health information and interventions. “The World Health Organisation suggests 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. Suicide is impacted by protective (e.g. support) and triggering factors (e.g. redundancy).

FIFO worker mental health

- One study found levels of well-being equivalent to the general population (Sibbel 2010).
- Workers’ in professional FIFO roles appear to have levels of depression, anxiety and stress equivalent with the general population (Barclay et al. 2013).
- Isolation, loneliness and aspects of the FIFO employment conditions (e.g. intensive work conditions) have been identified as integral job demands of FIFO employment (Vojnović et al. 2014).
- Empirical research has identified negative FIFO effects on well-being for some individuals including: substance abuse, grief and loss (e.g. from divorce/death of loved one or colleague), depression, anxiety and high suicide rates (Kelly et al. 2012).
- The Australasian Centre for Rural and Remote Mental Health’s Wellbeing and Lifestyle Survey of workers across several remote sites which involve long-distance commuting in Western Australia indicate that the prevalence of mental distress is higher than the national average of 1 in 5. By using the same instrument (K10) as the national survey, they found that the prevalence of mental distress ranges from 1 in 4 to 1 in 3. Results from the survey also indicate that the statistically significant risk factors relating to their work, lifestyle and family are common across most sites and include:
  - length of swings and shifts, pressure from senior management and stigma associated with mental health;
  - remotesness of living circumstances and social isolation; and
The above studies have identified the main mental health problems experienced by FIFO workers are: feelings of isolation and loneliness, which was reported across the majority of research studies regardless of education level, profession, or roster duration; Stress, reportedly intensified during the home to work transition periods; Depression, which is likely to influence employment performance and increase the risk of suicide in those with a predisposition; Anxiety, which is likely to influence restlessness, physical tension, sleep disturbance, concentration, employment performance, and irritability; Substance misuse which indicates limited coping strategies, negative dependence, may intensify in stressful situations, and may interfere with tasks required for employment functioning; Sleep problems, which is likely to impact on mood, coping ability and concentration; Limited social network, which is likely to impact on accessing support when required, and intensify feelings of isolation and loneliness.

Suicide among FIFO workers

Employers have a legal responsibility in Australia to provide a safe and healthy workplace, including managing psychosocial stressors.” (WHO 2014).

The Australian Senate Inquiry recognised in 2010 that “the personal and social impacts of suicide and attempted suicide on those affected cannot be quantified …. and a moral and human obligation exists to assist those at risk of suicide and those bereaved by suicide” (Community affairs 2010).

Different types of suicide, with various causes Emile Durkheim (1897/1951), have been established such as people diagnosed with terminal illness, or Karikir, traditionally practiced in Japan (Lester 1997). This submission considers ‘work-related’ suicide.

Work-related suicide is a category of suicide where the coroner or police reports identify that the deceased’s employment has had a significant causal role in the death (Routley & Ozanne-Smith 2012).

Work-related suicide of Fly-In/Fly-Out (FIFO) mining workers is an emerging concern highlighted by recent deaths in the Western Australian Goldfields and Pilbara regions (reportedly 9 in the last year), yet there is limited knowledge about the impact of occupational and individual risks and how mining companies and the community can best respond to manage these risks.
Approximately 2,300 persons die by suicide per annum, with 10.7 deaths per 100,000 reported for 2006-2010; W.A. reported a suicide rate increase during this period (ABS 2012).

Suicide is the leading cause of death for Australians aged 15 – 44. In 2012, there were 1,901 men who died by suicide (17 per 100,000) (ABS). Total male and female death due to road accidents equal 1,310 and about 700 are men (Lifeline Suicide Prevention Australian 2014a).

It can be seen that about 2.5 times more men die by suicide than in road accidents.

Approximately 58,000 people work FIFO in WA and about 85% or 50,000 are men. There have already been 9 FIFO men die by suicide in 2014 in 9 months without adding the numbers of suicide deaths in the non-FIFO population of Western Australia.

Lifeline commented on the increase: “it could be due to the rise in young men moving to the state to take part in the mining boom” (Trenwith 2012). Although media have reported work-related suicides are more prevalent among FIFO workers’ (79 per 100,000) (Turner 2011), there is no research supporting this.

Previous attempts of suicide, escalating negative mental health issues, reliance on prescribed drugs, alcohol or illegal drugs (or co-dependency on all and an existing mental health problem) can significantly increase the risk of suicide.

Mental health issues are a significant risk factor of suicide: 50.2 per cent of Australian suicides with an associated cause of death for 2001-2010 were identified as related to a mental health concerns (ABS 2012).

Men are seven times more likely to die by work-related suicide (Routley & Ozanne-Smith 2012). Of working age (18-65), those are most at risk are males aged 35-54 (followed by those in the 18-34 range), those employed in the private sector, in management positions or in low-skill level occupations.

FIFO employment exposes workers to risk factors of reduced social support, occupational stress, challenges to well-being and long work hours which may increase the vulnerability of suicide for workers with predisposing risk factors. Performance pressures, fear of, and actual, retrenchment, work injury, and arguments with colleagues may compound mental health issues and further increase the risk of suicide (Routley & Ozanne-Smith 2012).

FIFO workers are employed in occupations that are identified as high risk for work-related suicide (Vojnović 2014). FIFO workers are reported as: machinery operators and drivers (32.9%), technicians and trades workers (27.7%) or professional roles (14.4%); 54 per cent work more than 60 hours per week (Department of Employment 2014).

Occupations identified as high risk for suicide include: labourers, cleaners, machine operators (Germain 2013; Milner et al. 2013) farmers, service workers, skilled trades such as builders and electricians (ILO 2014). Also managers, technicians and trade workers, and professionals (e.g. engineers) (Routley & Ozanne-Smith 2012). Consequently, machine operator, technical, trade, cleaning and management roles comprise occupations of particular risk among FIFO workers.

The FIFO working arrangement exposes workers to risks which may increase the likelihood of suicide for workers with predisposing vulnerabilities. Risks present in FIFO employment include: occupational stress, reduced social support, challenges to well-being and long work hours. Mental health issues may be further exacerbated by: performance pressure, fear of, and actual, retrenchment, work injury, and arguments with colleagues may compound and further increase the risk of suicide (Suicide Prevention Australia 2014a).
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- Relationship breakdown of FIFO workers leaves them particularly vulnerable to suicide, especially due to the compounding factor of isolation associated with work on the mines (Pulé 2014).

Suicide prevention recommendations

- Suicides can be reduced through specific organisational measures including: risk assessment analysis, regular inspections by professionals, and mandatory health check-ups which assess sleep problems and symptoms of depression. A reduction is frequency of suicide attempts and suicide rates can be achieved through adequate consideration of the working environment, working conditions, and workers' health (Takeuchi 2010).

- A review of statistics identified that FIFO workers in machine operator, technical, trade, cleaning and management roles are in occupations at higher risk of suicide. Men are at higher risk of work-related suicide, therefore intervention programs should aim to suit the way men seek-help and intervention should be aimed at this demographic of workers.

- It should be noted that there is a relationship between the FIFO worker profile or demographic, and those most at risk of work-related suicide. This correlation may lead to an overestimation of suicide rates in this population, and it is advised that this be considered by the parliamentary committee. It is recommended that any research into rates of FIFO work-related suicide should interpret available data with caution.

- Suicide prevention strategies should focus on issues of rostering, EAP, induction, worker screening for mental health issues prior to employment, and peer support programs.

- FIFO work-related suicide impacts worker productivity, has implications for Work, Health and Safety, compensation claims, liability, and damage to the organisational reputation. In Australia, Safe Work Australia represents employer/employee interests (2012), however it does not include work-related suicide as a traumatic injury fatality. As intervention strategies rely on accurate data, the inclusion of work-related suicide as a traumatic injury fatality may be useful in establishing antecedent causes and contribute to improved suicide prevention strategies.

- The topic would benefit from further research and it is considered that this would be beneficial to mining company human resource management, policy makers and FIFO workers.

- Research which investigates relationships between work injury and work-related suicide, and EAP effectiveness, well-being, adjustment, stigma and help-seeking is considered beneficial.

Supports

- Most mining companies do provide support programs, including Employee Assistance Programs (EAP), some offer mental health training, most include ‘life style’ risks in induction programs, and health promotion programs. There are some suicide specific support programs that are available at no charge to the organisations, however not all organisations are utilising these resources.
Employee health and assistance programs are reportedly underused by FIFO workers, possibly due to low awareness of services, stigma towards help-seeking, and fear of job loss (Torkington et al. 2011; Henry et al. 2014).

For example, Rhys Conner (25 year old FIFO worker), who died by suicide on July 25, 2013 had seen the EAP psychologist and attempted suicide 9 days before his death, yet the company he worked for was unaware of any risk (Deceglie 2014). His family reports that Rhys had not told his supervisor of his experiences because he feared the repercussions if it was put onto the industry wide Electronic Resource Management System (ERMS). The level of detail put on this system depends on the company, however many employees fear that employees can be ‘blacklisted’ on this system, and if that occurs, it is anticipated that they will not be employable in the industry. There is also the question and fear around EAP confidentiality. The media indicating that Rhys had seen the EAP has led some people to question how that became public knowledge and just how confidential an EAP visit actually is.

A study into FIFO and DIDO supports by Henry et al. (2013) was conducted using 924 participants and identified the following key points:

- Males are more likely to engage with and access informal supports.
- Females are more likely to engage with and access formal supports.
- Young people are more likely to engage with and access formal and informal supports.
- Those 50+ are less likely to disclose stressors to friends and family; a response that is consistent the well-documented stigma associated with disclosure and help-seeking for mental health concerns.

Other identified available supports were:

- Nightly meditation.
- On-site safety officer and supervisors.
- Managing lifestyle and fatigue courses.
- Peer Support Programs.
- Personal trainers.
- On-site chaplains.
- Union.
- Men’s groups
- Online group i.e. Mining Family Matters and FIFO Families (Henry et al. 2013)

Research indicates that many FIFO workers may have poor stress recognition, which manifest in physiological symptoms (e.g. headache, stomach pain). Therefore physical symptoms may be the presenting problem to health care professionals yet it is advised that they should screen for mental strain (Torkington et al. 2011). The lack of awareness of mental health symptoms may mean that workers do not seek support.

Barriers to accessing support were identified to include: “a preference to talk to friends or family, confidence in one’s own coping and health status, dislike or scepticism about counselling services, time constraints, and a belief that it would be ‘unmanly’” (Henry et al. 2013 p. 87). Generally men are more reluctant to access support because of stigma, masculine socialisation, self-reliance, and stoicism (Corby et al. 2011; Pini et al. 2012).

It is considered that these sentiments likely contribute to a work-place culture which inhibits effective help-seeking behaviour.
Recommendations for supports

⇒ Henry et al. 2013’s report recommended the following:
  o “Develop support services that focus on increasing help-seeking behaviour within FIFO populations.
  o Develop targeted supports.
  o Develop pre-employment services: What to expect from FIFO and how to cope.
  o Develop ongoing post-employment support services that reduce stigma and address mental health literacy and coping.
  o Address organisational culture (see Henry et al. 2013”).
⇒ This report concurs with these recommendations and also identifies the below recommendations:
⇒ Supports provided by mining companies should be designed to suit men’s help-seeking styles to avoid wasted costs on underused services and to encourage service uptake (Henry et al. 2013; Vojnović 2014)
⇒ Concerns regarding confidentiality of the use of EAP services should be considered.
⇒ Clarification and transparency should be increased around company procedures for dealing with mental health disclosures. It should also be transparent, and documented as to how they comply with The Privacy Act (1988), the Disability Discrimination Act (1992) and The Equal Opportunity Act (1984).
⇒ Research that identifies help-seeking costs and benefits should be undertaken.
⇒ It is anticipated that such research would assist resource organisations and support-service providers to commence or improve existing initiatives which minimise costs and maximise benefits. FIFO workers experiencing mental health concerns may thereby be assisted to access support services.
⇒ Benchmarking activity for support service availability, including those available for smaller contractors. Part of this benchmarking should include program evaluations to determine effectiveness. It should also include other industries that have suicide intervention strategies in place, including the Australian Defence Force.
⇒ Men’s specific support groups on site which are professionally established and managed are highly important to institute.
⇒ See appendix A for a comprehensive list of organisations promoting and supporting wellbeing of people affected by mental illness.
Part D – Conclusions and recommendations

This section will provide a general summary of report recommendations made to reduce mental health problems and suicide among FIFO workers. It will outline an analysis of feasible options to improve FIFO worker mental health and suicide, community, industry and government, and further academic research.

It is recommended that a deliberate focus on FIFO worker mental health and suicide prevention initiatives drawn from those already established yet adapted to the FIFO population is appropriate. Recommendations are made with particular focus on: recommendations to improve FIFO mental health and suicide, for community, industry and government, and future academic research.

Specific recommendations to improve FIFO worker mental health and suicide rates

- Act and acknowledge that one of the problems is part of the solution.
- Suicide of FIFO workers may be considered as not just a 'FIFO issue' but as an inherent risk factor of young men in an isolated environment.
- FIFO cultures in camps tend to be hypemasculised and are thought to develop a tribe mentality which can have a positive (bonding, mateship, collective struggle to survive/thrive) or negative (influence on personal behaviour, emotional health, and community/familial relationships back home) (Cowan 2014). Therefore, considerations of developing a mental health conscious workplace through training workers in mental health issues (through on-boarding and off-boarding strategies), addressing mental health stigma, and appropriate language use to ensure support services are accessible to mining workers are recommended.
- Include the voices of lived experience in the development of suicide prevention strategies with a particular emphasises on men’s suicide prevention strategies, given the reinforcement of men’s isolation that is associated with FIFO rosters (Suicide Prevention Australia 2014b).
- Evaluate local workplace suicide prevention strategies and benchmark with Canada, USA, and UK. An example considered appropriate is the ‘Choose Life’ strategy in Scotland, which is home to the North Sea off shore oil and gas workers (NHS 2012; Platt et al. 2006).
- Encourage workers to use online and anonymous diagnoses metrics for mental health symptoms as a self-help/screening tool prior to employment on a FIFO basis and also while working FIFO. Where risks are high, encourage workers to contact support services. Results for the individual may provide an indication of mental health issues, such as levels of anxiety or depression, with no experience of pressure to share those results with others. Toolkits may be accessed from the following:
  - Beyond Blue
  - Mind Spot
  - Sane Australia
R U OK?

It is considered that workers who use and review their online self-diagnosis regularly may increase their understanding of their thoughts and feelings, as well as recognise certain scores that require them to seek formal or informal support. In this way, the use of on-line toolkits would form part of an individual’s self-help strategy to reduce mental health concerns.

Recommendations for community

- There are several community and private groups who work effectively to continue to raise positive awareness of mental health prevention/post-vention and intervention measures. These include experiential learning from stay at home partners who have utilised their experiences in a form of utilitarianism for the FIFO family community. For example, the company ‘FIFO Families’ has been successful in garnering thousands of families linked to the FIFO lifestyle around Australia and promoting inclusion and positive lifestyle on and off site, such as group picnics and informal support networks.
- Some schools are recognizing the importance of early identification of stressors affecting a child and its education linked to a parent(s) absence whilst working FIFO. It is recommended that this be encouraged across W.A. schools through the Education Department.
- An emphasis on preventative measures to highlight positive aspects of the FIFO working arrangement and counter negative issues may be beneficial.
- Connect FIFO workers at risk of suicide (or associated mental health challenges that are exacerbated by FIFO rosters) with professional support services that are customised to the resources sector so that practitioners and clients can address issues in customised ways using language, protocols and routines that work with FIFO swings.

Recommendations for industry and government

- Clarity should be determined around limits of responsibility that an organisation would have within the scope of duty of care for their employees. This should consider those employees who are not on shift, but are still on site (i.e. in their accommodation).
- Several mining companies have increased chaplains on site, EAP access, and increased referral to support services off site with professionals who specialise in and understand FIFO rosters. Increase and further support family days on site, improve technology for Skype, satellite and regular telephone services and multimedia access. There has been increased visibility of support information, nutrition, physical health initiatives and an open and tiered approach to working with managers and supervisors. It is recommended that these initiatives be further encouraged across the industry, particularly for contract employees who have access to less support than non-contracting employees and are more likely to experience higher levels of job demands through compressed roster patterns.
Reflective of noted government support, the Honourable Helen Morton’s key note address at the FIFO expo in Joondalup September 12, 2014 stated that 245 workplaces have pledged to improve mental health using prevention strategies. Therefore, it is recommended that the Australian resources industry be surveyed for their current suicide prevention strategies and that a metric is introduced to measure the effectiveness of those suicide prevention programs.

Benchmarking activity for support service availability, including those available for smaller contractors. Part of this benchmarking should include program evaluations to determine effectiveness. It should also include other industries that have suicide intervention strategies in place, like the Australian Defence Force.

The comparison between farmers and FIFO workers is as valuable as the common military service comparisons and are considered to comprise of similar demographics. Already designed recommendations made to reduce farmer suicide rates could be adapted to suit the FIFO population.

Aim for zero suicide deaths the same as workplaces aim for zero accidental deaths because like accidents, suicide is preventable. Encourage industry to promote mental health as equally to physical health and workplace safety.

Employers can harness the positive aspects of the workplace male culture, or 'tribe', by legitimising male stress, worry, depression and mental illness (which lead to suicide and physical or mental illness).

Educate and empower work colleagues to learn and to look out for each other. It is anticipated that this can be achieved through strategies including peer support, mateship, and mentoring. These may be beneficial and uses the existing work force which is generally cost effective. Access to a ‘toolkit’ to encourage workmates to ask “are you ok?” before a work mates mental health deteriorates, anecdotally because “Workers who fly in and out, often go without. With family and friends left back at home, a conversation with someone out in the field can make all the difference” (Ashton 2014).

It is recommended that rostering be regulated by the industry. While different individual circumstances lead some people to prefer different rosters, the research indicates that there are some that may be better than others in terms of workers’ mental health. Longitudinal and industry-wide research should be enabled in collaboration with Universities to disseminate transparent results which can then feed into maximum working hour recommendations.

On-boarding which includes education of the FIFO lifestyle as well as on mental health issues, accessing support and stigma prior to the commencement of employment may assist to develop accurate anticipations among workers, reduce stigma regarding accessing support and increase awareness of the symptoms of mental health problems in self and others. Additionally, employment entry and exit strategies be designed in a way to target men’s help-seeking styles and should include a review of mental health symptoms.

‘Change Management’ strategies developed to foster a just culture. Educate supervisors and general managers on mental health (Cowan 2014). Also build mental health into policies and procedures, aiming for a ‘Just Culture’ which supports reporting and discussion of these issues.
Formalise the establishment of men’s support groups on site that are set up and managed by professionals who have specialised in working on men’s health and well-being. That these support groups expand into unisex groups to reflect the worker demographic in due course.

Industry combine mental health online self-help tools with conversation, mentor/mateship programs, face-to-face workplace education, EAP and access to medical professionals. The use of tongue-in-cheek Aussie humour, is used in the ‘R U OK?’ mental health awareness program and this type of approach may be beneficial in reducing the barriers to discussing mental health issues. Appropriate language be used to assist reduce barriers to accessing support. It is considered language from positive psychology would be helpful for this, such as the term “mental toughness” (Seligman 2011).

A reduction in suicide rates can be achieved through adequate consideration of the working environment, working conditions, and workers' health, and through specific organisational measures including: risk assessment analysis, regular inspections by professionals, and mandatory health check-ups which assess sleep problems and symptoms of depression (Takeuchi 2010). Such screening may be better undertaken by the human resources department than direct supervisors to encourage disclosure.

Psychological screening prior to commencement of employment as part of the worker contract interview, and for on-going annual monitoring as part of performance review. This process should be done by a mental health professional and complemented by a short interview. It is recommended that the Depression, Anxiety, Stress Scale DASS-21, or the K10 would be most appropriate as these have already been used in the FIFO population (to enable comparisons in addition to internal clinical scales), are commonly used by mental health professionals and General Practitioners (GP). The employing organisations should be transparent about how they manage the results of this screen to avoid discriminatory behaviour. It is noted by the authors that this is a very difficult recommendation to make and enforce because mental health is not part of an employer’s responsibility. Work must provide a safe workplace, but this may be open to debate where the limits of responsibility are. This may be within the realm of regular visits to the EAP (e.g. twice a year). However, there should also be a program evaluation done on this to determine effectiveness as workers may feel coerced or withhold information, particularly if they are distrustful of why they are being forced to see the EAP.

Recommendations for future academic research

- Research in this area has been hampered by survey fatigue of the population, possible response bias, as well as a notable lack of cooperation between many industry groups (although not all) and research institutions. Longitudinal research with a good response rate is necessary to draw appropriate, unbiased conclusions, however this is not achievable without the collaboration between universities and industry groups.
- Research which further explores men’s help-seeking styles in the FIFO environment is strongly recommended (Vojnović et al. forthcoming).
Several academic groups have realised the absolute importance of research/evidence based early intervention coupled with pathways for incidences of mental health problems and suicidal ideation.

Studies that explore the effects on children and family relationships of having a FIFO parent. Further research is needed that is longitudinal, engages with all types of FIFO workers and their families, and includes data collection prior to entry into FIFO work (Meredith et al. 2014).

Research which analyses the suicide rates among the FIFO population may be beneficial in understanding antecedent factors as well as to develop an understanding of context. This research may also benefit mining company human resource management and policy makers. The under-reporting of industrial accident deaths that could be a mental health related incident would also need to be considered within this research.

Benchmarking and program evaluation of existing resources. It is anticipated that such research would assist resource organisations and support-service providers to commence or improve existing initiatives which minimise costs and maximise benefits. FIFO workers experiencing mental health concerns may thereby be assisted to access support services, and to reduce suicide rates among FIFO workers.

Research on men, work/home stresses, and the reclaiming of men's humanity.

Research which investigates relationships between work injury and work-related suicide, and EAP effectiveness, well-being, adjustment, stigma and help-seeking is considered beneficial.

Sources of information used in this submission

This section lists the sources of information used in this report. Further details can be found in the references section.

- Academic peer reviewed journal articles
- Consultation with community organisations, private enterprise, and individuals with experience with FIFO effects.
- Australian Bureau of statistics
- Census data
- Media
- Anecdotal evidence

Release of report

Information contained in this report is for the purpose of the 2014 parliamentary inquiry into mental illness in fly-in, fly-out workers including:
(a) the contributing factors that may lead to mental illness and suicide amongst FIFO workers, and (c) current suicide prevention initiatives by government, industry and community, recommended improvements to suicide prevention strategies.
2014 Submission to Western Australian Legislative Assembly Health and Education Standing Committee: Inquiry into mental illness in Fly-In/Fly-Out workers.

References


Clifford, S. (2009), *The Effects of Fly-in/Fly-out Commute Arrangements and Extended Working Hours on the Stress, Lifestyle, Relationship and Health Characteristics of Western Australian Mining Employees and Their Partners: Preliminary Report of Research Findings*, University of Western Australia, Perth.


2014 Submission to Western Australian Legislative Assembly Health and Education Standing Committee: Inquiry into mental illness in Fly-In/Fly-Out workers.


2014 Submission to Western Australian Legislative Assembly Health and Education Standing Committee: Inquiry into mental illness in Fly-In/Fly-Out workers.


Suicide Prevention Australia (2014a), Work and suicide prevention: Position statement Sydney, Australia: Suicide Prevention Australia.


Vojnović, P. (December 2014), ‘Managing Work-Related Suicide of Fly-In/Fly-out Employees’ in the Australian Mining Industry’, 28th Annual Conference of the *Australian and New Zealand Academy of Management (ANZAM)*, 3-5th December, Sydney, Australia.


### Appendix

List of Australian organisations supporting the wellbeing of people affected by mental illness and general FIFO organisations with descriptions using language from their promotional materials.

<table>
<thead>
<tr>
<th><strong>Act Belong Commit</strong></th>
<th><a href="http://www.actbelongcommit.org.au">www.actbelongcommit.org.au</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>A community-based health promotion campaign since 2005 to encourage people to take action to improve their mental health and wellbeing. This evidence-based campaign was developed primarily from knowledge of people's perceptions of mental health and the behaviours they believed protected and promoted good mental health. Funded by Healthway and the Mental Health Commission and supported by Curtin University in WA. Aims to extend the reach of the Act-Belong-Commit positive mental health promotion message reach of the campaign to schools, worksites and primary and/or clinical care settings to increase the number of partners from 100 to 200. Example of output: brochure produced in partnership with KEMH, <em>A guide for New Mums</em> (one of a series: <em>Mental Healthy WA</em>)</td>
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<table>
<thead>
<tr>
<th><strong>Anglicare</strong></th>
<th><a href="http://www.anglicarewa.org.au">http://www.anglicarewa.org.au</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>A not for profit community service organization supporting people, families and their communities to cope with the challenges of life by building their resilience and capacity; relationship issues, financial problems, and housing difficulties. Providers of Employee Assistance Programs, Suicide Prevention CD for farmers</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ARAFEMI has merged with Mind Australia</strong> (not to be confused with ARAFMI in WA)</th>
<th><a href="http://www.arafemi.org.au">http://www.arafemi.org.au</a> has merged with <a href="http://www.mindaustralia.org.au">http://www.mindaustralia.org.au</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports recovery and empowerment through community support and family services; promotes the well-being of people affected by mental illness, their families and carers through a variety of services and programs that focus on recovery, respect, inclusion, participation and awareness</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>ARAFMI WA (Association of Relatives and Friends of the Mentally Ill)</strong></th>
<th><a href="http://www.arafmi.asn.au">http://www.arafmi.asn.au</a></th>
</tr>
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<tbody>
<tr>
<td>Established in 1976, this organization now employs 50 staff with an annual budget in excess of $5 million to supports thousands of carers each year with counselling, self-help support groups, psycho-education, information and advocacy. From humble beginnings, it has become a strong voice for carers of people with a mental illness and is regularly consulted regarding Government policy and service implementation affecting carers.</td>
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<tr>
<th><strong>At Ease - Department of Veterans Affairs</strong></th>
<th><a href="http://at-ease.dva.gov.au/">http://at-ease.dva.gov.au/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>A comprehensive mental health program developed in conjunction with Veterans and Veterans Families Counselling Service because it’s not unusual to experience sadness, distress or anger after deployment. At Ease aims to help veterans, ADF personnel, and family members identify the symptoms of not coping and when you need to reach out, seek treatment or identify effective ways to move forward. At Ease can provide tips, treatment options &amp; resources including clinical resources for health professionals treating members of the veteran &amp; defence community, online videos (addressing loneliness, relationship issues, violence, anger and relationship issues <a href="http://at-ease.dva.gov.au/veterans/resources/videos/">http://at-ease.dva.gov.au/veterans/resources/videos/</a>), a wellbeing toolbox, tips to balance alcohol and a healthy lifestyle, suicide prevention strategies such as <em>Operation Life</em> online <a href="http://at-ease.dva.gov.au/suicideprevention/">http://at-ease.dva.gov.au/suicideprevention/</a> and mobile Apps such as <em>On Track</em> and <em>PTSD Coach Australia</em>. <a href="http://at-ease.dva.gov.au/veterans/resources/mobile-apps/">http://at-ease.dva.gov.au/veterans/resources/mobile-apps/</a></td>
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**Fly-In/Fly-Out Australian Community of Excellence**

*Mission to share, Vision to learn*
List of Australian organisations supporting the wellbeing of people affected by mental illness and general FIFO organisations with descriptions using language from their promotional materials.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Website</th>
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<tbody>
<tr>
<td>Founded in 2006 by Philosophy Doctorate Jennifer Bowers to champion proactive, preventative initiatives for rural and remote communities through commitment to practical outcomes, early intervention, identification of problems and prevention where possible.</td>
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<tr>
<td><strong>Australian Women's Health Network</strong></td>
<td><a href="http://www.awhn.org.au">http://www.awhn.org.au</a></td>
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<tr>
<td>A not-for-profit feminist organization, the AWHN acts, speaks, writes, and advocates on behalf of women’s issues and rights. Aims to: maintain and increase a national focus on women's health issues; be a national advocacy and information sharing organisation; be an umbrella organisation for State and Territory women's health networks and for other national women's organisations which embrace our objectives and philosophy.</td>
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<tr>
<td><strong>beyondblue</strong></td>
<td><a href="http://www.beyondblue.org.au">http://www.beyondblue.org.au</a></td>
</tr>
<tr>
<td>To provide national leadership to reduce the impact of depression and anxiety in the Australian community and to: 1. Increase awareness of depression and anxiety 2. Reduce stigma and discrimination 3. Improve help seeking 4. Reduce impact, disability and mortality 5. Facilitate learning, collaboration, innovation and research</td>
<td></td>
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<tr>
<td><strong>Black Dog Institute</strong></td>
<td><a href="http://www.blackdoginstitute.org.au">http://www.blackdoginstitute.org.au</a></td>
</tr>
<tr>
<td>Founded in 2002; world-leader in the diagnosis, treatment and prevention of depression, bipolar disorder and suicide Partners with universities, health services and community groups across the country and provides evidence-based workplace programs to protect and maintain the mental health of workers from a variety of backgrounds</td>
<td></td>
</tr>
<tr>
<td>Education delivered by people with mental illness background and lived experience. Aim is to simplify the complex topic of mental health and turn fear into confidence. Clients say they have delivered on these outcomes from the perspective of the lived experience which means delivering with understanding not just knowledge and skills. “Ripping the Blinkers off” mental health stigma, myths and misconceptions.</td>
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<tr>
<td><strong>Chamber of Minerals and Energy WA</strong></td>
<td>This peak resources sector representative body in Western Australia since 1901 has formed a Working Group for Mental Health in their Workplace Health and Safety Portfolio. That portfolio is responsible for working with industry to identify and manage inherent hazards/risks, promoting research, implementing industry wide technology solutions and working closely with government to ensure the regulatory regime is streamlined, transparent and formalises a best practice risk based approach. Of importance is their commitment to sharing: Lessons learned from unwanted events and finding strategies to improve Fitness to Operate, emotional wellbeing and suicide awareness. In 2014 the CME CEO said: “Despite recent assertions that there may be a higher occurrence of mental health issues associated with FIFO employment, research is yet to find any substantial evidence in support….Every suicide is a tragic loss with far-reaching impacts. As a community we must all work together to reduce the prevalence.....”</td>
</tr>
<tr>
<td><strong>Community Mental Health Australia</strong></td>
<td>A coalition of the eight peak community mental health organizations from each State and Territory and established to provide leadership and direction to promote the importance and benefits of community mental health and recovery services across Australia. CMHA provides a unified voice for over 800 community-based, non-government organizations who work with mental health consumers and carers across the nation and who are members of, or affiliated with, the various coalition members.</td>
</tr>
<tr>
<td><strong>Communicare</strong></td>
<td>Provides support services in the spirit of Christian caring to over a quarter of a million Australians a year, supported by 200 staff and volunteers across 80 projects. With 20 sites nationally and more to come, Communicare has grown since its inception in 1977, offering limited services such as marriage counselling, financial assistance and school holiday programs.</td>
</tr>
<tr>
<td><strong>Connect Groups</strong></td>
<td>Maintains an extensive but not exhaustive list of small mental health self help and support groups in WA too numerous to mention individually. Sponsored by Department of Local Government and Communities, this service was established in 1983, to provide practical assistance to both new and established groups to support their effective management and role in the community. Mission: “To promote the philosophy concept and practice of self help within Western Australia and to facilitate its development and effectiveness by educating, linking and empowering individuals, families and groups to meet their specific needs” Guiding values include: Decisions and participation in Connect Groups business and activities, should not be personally motivated or for personal gain. Produced a useful but hard to find webpage: <a href="http://www.connectgroups.org.au/modules/directory/index.php?sub=Health%E2%80%93Mental">http://www.connectgroups.org.au/modules/directory/index.php?sub=Health–Mental</a></td>
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<tr>
<td><strong>Consumer Health Services Directory – Mental Health</strong>&lt;br&gt;Found on another useful but hard to find webpage:&lt;br&gt;<a href="http://www.health.wa.gov.au/services/category.cfm?Topic_ID=5">http://www.health.wa.gov.au/services/category.cfm?Topic_ID=5</a></td>
<td>Part of the Health Department of WA website describing the ‘comprehensive’ range of public mental health services provided for children, adolescents, adults and older people through community mental health units, hospitals and community health centres. NB. There is a wide network of non-government organisations providing mental health services not listed in this directory.</td>
</tr>
<tr>
<td><strong>Even Keel</strong>&lt;br&gt;<a href="http://evenkeel.org.au">http://evenkeel.org.au</a></td>
<td>A network of support groups in Western Australia for people diagnosed with Bipolar Disorder (also known as manic depression), depression, schizophrenia and related disorders. The aim at Even Keel is to offer friendship, understanding, information and a sense of hope to people living with Bipolar Disorder or related disorders and to educate people to remove the stigma associated with mental illness.</td>
</tr>
<tr>
<td><strong>FIFO Families</strong>&lt;br&gt;<a href="http://www.fifofamilies.com.au">http://www.fifofamilies.com.au</a></td>
<td>An online and face-to-face community of FIFO families and FIFO partners not a mental health support site but FIFO people know what others are going through when they are home alone; a sole parent or a solo partner, and the other parent/partner is away at work. Opportunity to network with other FIFO families and FIFO partners throughout Australia and across the world.</td>
</tr>
<tr>
<td><strong>FIFO Research</strong>&lt;br&gt;<a href="http://www.fiforesearch.com">http://www.fiforesearch.com</a></td>
<td>In 2013, Murdoch University started another FIFO research study investigating FIFO because such working arrangements are typical antecedents reported to contribute to the development of Work-Family Conflict (WFC). FIFO workers may be more likely to experience depression, anxiety and stress due to the extended disconnect from family and friends.</td>
</tr>
<tr>
<td><strong>FIFO worker wellbeing and accessing support</strong>&lt;br&gt;<a href="https://www.facebook.com/FIFOwellbeing">https://www.facebook.com/FIFOwellbeing</a></td>
<td>In 2013 Edith Cowan University began a research study to identify sources of support for FIFO workers with suicidal thoughts by asking FIFO guys and girls via Facebook to fill out the anonymous online survey <a href="https://ecuau.qualtrics.com/SE/?SID=SV_8AjsCx0nlgdoPHL">https://ecuau.qualtrics.com/SE/?SID=SV_8AjsCx0nlgdoPHL</a></td>
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<tr>
<td><strong>GROW</strong></td>
<td><a href="http://www.grow.org.au">http://www.grow.org.au</a></td>
<td>In partnership with Act-Belong-Commit Campaign, Mentally Healthy Western Australia, MIFWA Mental Illness Fellowship of Western Australia, Connect Groups, Victim Support Services and Angel hands, GROW is a community-based organization now in West Australia aiming to assist people recovering from mental illness through a unique program of mutual support and personal development. Grow was established in Sydney in 1957. Sharing their wisdom to overcome life's challenges and recover from mental illness forms the basis of the Grow Program via weekly meeting that vary in size from 3-10 people.</td>
</tr>
<tr>
<td><strong>Headspace</strong></td>
<td><a href="http://www.headspace.org.au">http://www.headspace.org.au</a></td>
<td>This foundation helps young people who are going through a tough time; a place you can go to talk to someone about any of these issues; established and funded by the Commonwealth Government of Australia in 2006; 60 centres around Australia, to help with: General health; Mental health and counselling; Education, employment and other services; Alcohol and other drug services.</td>
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| **Health Direct**             | [http://www.healthdirect.gov.au/mental-health-disorders](http://www.healthdirect.gov.au/mental-health-disorders) | Healthdirect Australia is a public company funded by federal, state and territory governments to deliver health services by contracting with service providers, managing ongoing operations and implementing governance structures to manage the following healthcare services:  
  - Healthdirect  
  - after hours GP helpline  
  - Pregnancy, Birth and Baby  
  - mindhealthconnect  
  - National Health Services Directory  
  - My Aged Care |
| **Hunter Institute of Mental Health** | [http://www.himh.org.au](http://www.himh.org.au) | Commenced operations in 1992 in response to a need for high quality, evidence-based professional development training for those within and without the health sector who provided services to people affected by mental illness. Working locally and nationally to build the capacity of individuals, families, organizations and communities so they can contribute to the reduction of mental illness and suicide; translate evidence in to practical resources, programs and approaches that are fit-for-purpose; work in partnership to deliver the best outcomes; and use evaluation and research to guide our work. |
| **Informal FIFO Support Groups** | [miscellaneous lived experience individuals](http://www.connectgroups.org.au/modules/directory/vieworg.php?id=3282) | Informal support groups for Fly in/Fly out and Drive in/Drive out families in rural WA who are dealing with the issues related with the FIFO/DIDO lifestyle. Regular catch-ups and a play groups offered.  
Email Jackie: bunburyfifo@yahoo.com.au  
Email Kristiana: kristiana.italiano@bigpond.com  
Email and blog: debbie@thefifowife.com.au  
Luke the FIFO man: [https://www.facebook.com/fifoman007](https://www.facebook.com/fifoman007) |
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<tbody>
<tr>
<td><strong>Lifeline Australia</strong></td>
<td>Founded in 1963 by the late Reverend Dr. Sir Alan Walker, when he took a call from a distressed man who later took his own life; Provides 24/7 crisis support and suicide prevention services. FACTS: Deaths by suicide have reached a 10-year peak. The overall suicide rate in 2012 was 11.0 per 100,000 The overall suicide rate in 2011 was 9.9 per 1,000 Suicide is the leading cause of death for Australians aged 15 - 44 Australian Bureau of Statistics - Cause of Death for the year 2012: Deaths due to suicide = 2,535 Death due to road related transport = 1,310 In 2012, 1,901 males (16.8 per 100,000) died by suicide In 2012, 634 females (5.6 per 100,000) died by suicide. Seven deaths by suicide in Australia each day 60% of suicide deaths are men. For those of Aboriginal and Torres Strait Islander descent, the suicide rate is 2.5 times higher for males and 3.4 times higher for females.</td>
</tr>
<tr>
<td><strong>Living is for everyone</strong></td>
<td>LIFE Communications is a National Suicide Prevention Strategy project managed by On the Line on behalf of the Department of Health. The project aims to improve access to suicide and self-harm prevention activities in Australia through the promotion of the LIFE resources and website; and improve communication between suicide prevention stakeholders in Australia. This is achieved by providing access to a range of resources and research, including the latest information from National Suicide Prevention Strategy (NSPS) projects. LIFE Communications aims to build networks in suicide prevention between key stakeholders such as academics, researchers, health professionals, service providers, community leaders and policy makers. This is achieved through a range of strategic and targeted communication activities. The LIFE website is the primary medium of communication. It provides the latest research on suicide, news on developments in the NSPS, as well as opportunities to discuss issues and share knowledge, resources and information. The website also provides a dynamic and accessible forum of interaction, independent of stakeholders’ geography, resources and time constraints. The project team promotes stakeholder use of the LIFE Resources, making it easy for them to access relevant information and apply it to their suicide prevention work. The library has a catalogue of materials relating to suicide and self-harm prevention: journal articles and resources such as books, reports, guidelines and brochures.</td>
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<table>
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<tbody>
<tr>
<td>Mates in Construction</td>
<td><a href="http://www.matesinconstruction.com.au">http://www.matesinconstruction.com.au</a></td>
</tr>
<tr>
<td>A community development organisation aimed at reducing suicide and improving mental health and wellbeing within the Australian Construction industry. Established in Queensland in 2008, MATES in Construction is a federation of independent industry based MATES in Construction organisation in Queensland, New South Wales, South Australia and Western Australia. Offers Mates in Construction (MIC) program of workplace training and support that uses training as tool to raise awareness that there is a problem with suicide and its contributing risk factors in our industry and we can all be part of the solution. The model for support has 5 themes managed via training, clear pathways and case management processes that ensure that workers in need of support are connected to appropriate help, toolbox talks, presence at site events, regular visits to the site office and crib huts with poster, stickers and on-site visits by field officers to support the site and its workers in an ongoing presence until the site closes. The MIC program is not an inoculation against suicide. Postvention support has been designed to help those grieving after a suicide and to ensure they can access appropriate help and support.</td>
<td></td>
</tr>
<tr>
<td>Men's Advisory Network (MAN)</td>
<td><a href="http://www.man.org.au">www.man.org.au</a></td>
</tr>
<tr>
<td>MAN is a not for profit health promotion charity, working in partnership with providers, business groups and individuals to improve male health and wellbeing outcomes. MAN believes that by respectfully addressing male health and wellbeing issues, the benefits will be a healthier community with healthier outcomes for men, women and children alike</td>
<td></td>
</tr>
<tr>
<td>Founded in 2012 to offer research, consulting and coaching services that build healthy relationships and develop empowering leadership skills to ensure that individuals, families and businesses flourish, Dr Paul Pule introduces a model <em>Towards ecological masculinism</em> that reawakens men’s care for self and others. Transformative trainings for businesses, groups and individuals are provided to relieve personal and professional distresses and generate vibrant work environments that attract and retain talented personnel. This consultancy also works with women to assist them on the job and with their families as they find ways to relate with men around the difficult and the celebratory elements of male culture.</td>
<td></td>
</tr>
<tr>
<td>Menswork Project (Inc)</td>
<td><a href="http://www.mensworkproject.org">www.mensworkproject.org</a></td>
</tr>
<tr>
<td>An organisation established in 2001 in Perth that delivers programs supporting men to learn more about themselves and also provides mentoring opportunities. Men often feel alone and unable to share in how they experience their relationship to family, partners, work, social life with others or acknowledge feelings to themselves. One of the projects’ goals is to offer opportunities to find out what it’s like to be a man by hanging out with some good older blokes who you can trust. This is not a support service addressing depression, addiction, anger, alcohol, abuse and violence.</td>
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List of Australian organisations supporting the wellbeing of people affected by mental illness and general FIFO organisations with descriptions using language from their promotional materials.

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<tr>
<td>Mens Line Australia</td>
<td>Offers telephone and online support and information service for Australian men, managed by On the Line, Australia’s leading professional telephone and online counselling and training provider. This unique, dedicated service for men is an initiative of the Commonwealth Department of Social Services launched in September 2001; it runs the Suicide Call Back Service and SuicideLine (Victoria). On the Line also runs the; LIFE (Living Is For Everyone) project, part of the National Suicide Prevention Initiative. The benefits of telephone and online counselling are particularly attractive to men, who often find it tough to ask for help and can find face-to-face discussions about difficult issues confronting. Unlike face-to-face counselling, Mensline telephone and online counselling provides: visual privacy; a high level of control by the client over the situation; an immediate response; anonymity, enabling greater honesty in the client a ‘quicker’ counselling process; aimed at: Men who want to better manage a primary relationship difficulty and enhance an existing relationship with their wives, partners, children, work colleagues or others in their lives; Men who have concerns about being a dad and want to improve their parenting skills; Men who are dealing with a separation or family breakdown and would like some support to manage this critical time appropriately; Men who have concerns about emotional wellbeing or anger management issues; Men who are dealing with family violence; Help for anyone who is worried about a male family member, partner or friend; Professionals working with men &amp; family or relationship issues.</td>
</tr>
<tr>
<td>Mental Health Australia</td>
<td>Government department that provides the most recent data and information about the activity and characteristics of Australia’s mental health-related services. The report, which covers information on services, resources and key performance indicators, is updated as data becomes available.</td>
</tr>
<tr>
<td>Mental Health Emergency Response Line (MHERL) - WA</td>
<td>Telephone emergency service listed under “Getting Help” on the Government of Western Australia Mental Health Commission website and when the team at MHERL receive a call, they can provide assessment and support and, if required, referral to other services. The MHERL teams are made up of mental health professionals, including psychiatrists, nursing and allied health staff. They provide after-hours assessment and specialist intervention for people experiencing a mental health emergency and during business hours calls are referred to local public health services. The primary difference between the services is that there are seven Community Emergency Response Teams, geographically scattered across Perth Metro area whereas there was just one response team for the Psychiatric Emergency Team.</td>
</tr>
<tr>
<td>Mental Health Service Directory – WA</td>
<td>This is another difficult to find webpage that is part of the Government of Western Australia Mental Health Commission: “Find a mental health service” searchable by region and service type. The Support and self-help page provides a selection of links some of which no longer exist. eg “From the Heart”</td>
</tr>
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</table>
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Mental Illness Fellowship of Australia
http://www.mifa.org.au

A group of long-standing membership based organisations, we currently have more than 80 ‘front doors’ across Australia. We are building a national network that delivers local solutions based on our common strengths. MIFA gives an Australian voice to international mental health networks – we are members of the World Federation for Mental Health and the World Fellowship of Schizophrenia and Allied Disorders and we have links with the US National Alliance on Mental Illness (NAMI). We give priority to persuading funders, policy makers, politicians and potential corporate sponsors to invest in community resources which reflect these common strengths and work closely with families, carers and friends as well as the person with a mental illness, including those who are hard to reach.

Mental Health First Aid

Developed in 2001 by Betty Kitchener OAM and Professor Tony Jorm, Mental Health First Aid Australia is a national not-for-profit organisation focused on mental health training and research. MHFA Australia develops, evaluates and provides evidence-based courses which teach mental health first aid strategies for the public, students and professionals underpinned by mental health first aid using the Action Plan acronym ALGEE: Approach, assess, assist with crisis; Listen non-judgementally; Give support and information; Encourage appropriate professional help; Encourage other supports.

Mental Health in Multicultural Australia
http://www.mhima.org.au

The MHIMA project is funded by the Australian Government, Department of Health, to provide a national focus for advice and support to providers and governments on mental health and suicide prevention for people from culturally and linguistically diverse (CALD) backgrounds.

Mind Australia
http://www.mindaustralia.org.au

Provider of community mental health services to enable Australian to live connected, productive and satisfying lives; supporting people aged 16 years and over whose ability to manage their daily activities and to live in the community is impacted by mental health issues. We work with people who seek our support to set goals, and develop the knowledge and skills to achieve them. Our focus is on an individual’s strengths, values and support preferences rather than their illness.

Mind Health Connect
http://www.mindhealthconnect.org.au

A website launched in July 2012, is a national initiative operated by Healthdirect Australia, on behalf of the Australian Federal Government as part National E-Mental Health Strategy to aggregate mental health resources and content from the leading health focused organisations in Australia. You can access a range of mental health resources including online programs, fact sheets, audio and video, and online communities provided by our trusted content partners.
List of Australian organisations supporting the wellbeing of people affected by mental illness and general FIFO organisations with descriptions using language from their promotional materials.

### Minerals Council of Australia
http://www.minerals.org.au

The peak industry body of Australia’s exploration, mining and minerals processing industry, representing the minerals industry, both nationally and internationally, to advance contributions to sustainable development and to society. MCA member companies account for more than 85 per cent of Australia’s annual mineral production and more than 90 per cent of mineral export earnings. The MCA recommends urgent reform to poorly developed and administered regulation at all levels of government including occupational health and safety to result in nationally uniform, risk-based, consistent legislation across jurisdictions, sectors and industrial activities;

### Mining Family Matters
http://www.miningfm.com.au

Launched in February 2010 to provide free professional support and practical advice to Australian families in mining, oil and gas. Alicia Ranford and Lainie Anderson began the organisation after Alicia’s young children struggled to cope with their dad's fly-in, fly-out roster. Website readership is now 16,000 every month and survival guides for Oil and Gas and Mining have been produced plus an Online Induction Toolkit developed by psychologist Angie Willcocks.

### Mood Gym

The National Institute for Mental Health Research (NIMHR) at ANU aims to improve the mental health of individuals through research and development, training, policy and the dissemination of health information. Learn cognitive behaviour therapy skills for preventing and coping with depression. Find out more about e-hub Self-Help Programs for Mental Health and Wellbeing on Facebook www.facebook.com/ehub.selfhelp.

### My Compass
www.mycompass.org.au

Website provided by the Black Dog Institute as an interactive self-help service to promote resilience and wellbeing for all Australians. MyCompass is a guide to good mental health – it points you in the right direction. You can track your moods, write about them and view information and tips. You can also choose to do one of the modules designed to help you manage mild to moderate stress, anxiety and depression.

### My Dr (has post natal depression)

An Australian healthcare website dedicated to providing Australian consumers with the most comprehensive and relevant health information resource in Australia including postnatal depression which affects everyone around the person who is experiencing it especially partners. Helpful PND information developed in conjunction with PANDA is provided with a depression self-assessment tool and calculator. myDr is a project of Cirrus Media Australia, publishers of Australian Doctor and Medical Observer and the website complies with the standards set by HealthInsite (Federal Government accreditation initiative) designed to provide Quality Assurance for health information on the Internet. myDr also abides by the HON Code principles of the Health on the Net Foundation.
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<td><strong>My FIFO family</strong></td>
<td><a href="http://www.myfifofamily.com">http://www.myfifofamily.com</a></td>
</tr>
<tr>
<td>A not for profit organisation that aims to give parents in a FIFO lifestyle the tools to help their children understand and adapt to FIFO life. MFF supports likeminded companies that support workers in the resource industry and donates generously to NFP companies such as Ngala and OzHelp.</td>
<td></td>
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<tr>
<td><strong>National LGBTI Health Alliance</strong></td>
<td><a href="http://www.lgbthealth.org.au">http://www.lgbthealth.org.au</a></td>
</tr>
<tr>
<td>National peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people and other sexuality and gender diverse (LGBTI) people and communities; priority areas are ageing and aged care; mental health and suicide prevention; and better health for intersex, trans, and gender diverse people.</td>
<td></td>
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<tr>
<td><strong>One Life</strong></td>
<td><a href="http://www.onelifewa.com.au">http://www.onelifewa.com.au</a></td>
</tr>
<tr>
<td>This website outlines the Ministerial Council for Suicide Prevention. The Council oversees initiatives to: improve strength and resilience; expand community understanding of suicide; and support capacity building in communities at risk. The Commissioner for Mental Health is a member of the Ministerial Council for Suicide Prevention. The Western Australian Suicide Prevention Strategy is aligned with the National Suicide Prevention Strategy: Living is for Everyone (LIFE) and provides a framework to guide initiatives in Western Australia. Suicide prevention small grants are sought in mid-year. Partners with 245 businesses that implement OneLife strategies.</td>
<td></td>
</tr>
<tr>
<td>Part of the WA government Mental Health Commission website providing a list of general and youth online and telephone resources because some people feel embarrassed to ask for help. When Online you can be anonymous and find support anywhere, anytime. The information on this website is not intended as a substitute for professional advice.</td>
<td></td>
</tr>
<tr>
<td>On the Line (associated with MensLine Australia and Suicide Call Back Service)</td>
<td><a href="https://www.ontheline.org.au">https://www.ontheline.org.au</a></td>
</tr>
<tr>
<td>Provides remote support services ranging from telephone helplines to call back services, video counselling, moderated forums and real-time online counselling that are proven to increase uptake and engagement, offering anonymity, immediacy and 24-hour availability (whether it’s a man in a remote town going through a divorce, or a woman struggling with thoughts of suicide). Committed to a vision for Australia that everybody deserves access to quality care whenever they need it regardless of geography or circumstance; investing in a team of qualified professionals, sound infrastructure and robust systems to ensure the people who contact us receive the best support to break down barriers like geography, disability, social isolation, and financial hardship.</td>
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</tbody>
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**OzHelp Foundation (Pilbara)**
https://ozhelp.org.au

The OzHelp Foundation is a not for profit, community based mental health support organisation with a focus on suicide prevention in industry workplaces. Vision to provide a service that builds resilient and resourceful communities confidently facing life’s challenges. Following a life changing event in late 2000, when three young apprentices connected with the building and construction industry, tragically completed suicide within a three month period, the mother of David O’Bryan, who took his own life after facing personal issues, approached the Master Builders and CFMEU seeking action to address the wellbeing and care of industry apprentices. Neither felt equipped or competent to answer Loraine’s questions and as a result, she took action to obtain seed funding from ACT Government to establish a pilot program to support industry apprentices. What followed was the establishment in October 2001 of OzHelp Foundation Ltd. In 2008/09 the Department of Health and Ageing (DoHA) - approached the Foundation to establish capacity building services in Darwin, NT and the WA Pilbara area.

**Pregnancy, Birth and baby**
http://www.pregnancybirthbaby.org.au

A non-commercial, government funded health information service, operated by Healthdirect Australia. It is a phone and online service for all Australians, providing information, advice and counselling about pregnancy, childbirth and your baby’s first year including counselling for emotionally distressed women who may experience symptoms of depression and/or anxiety in the antenatal or postnatal period. Bipolar disorder and puerperal psychosis may also emerge during or after pregnancy.

**Pregnancy, stress, depression and the impact of FIFO**
http://www.sph.uwa.edu.au/research/fifo

The University of Western Australia responded to the 2013 Cancer of the Bush or Salvation of the Cities report on Rural Australia by supporting world first research to measure stress, depression and social support for pregnant women who work FIFO or who have a partner working FIFO. Possibly the mental and physical health of at-home partners are associated with the mental health of FIFO workers.

**Queensland Minerals Council**
https://www.qrc.org.au

Formed in November 2003, succeeding the Queensland Mining Council, this is the peak non-government and not-for-profit industry association representing the commercial developers of Queensland’s minerals and energy resources with goals to: build strong community and stakeholder support for the resources sector’s social licence to operate and promoting a world class regulatory environment. QRC represents explorers, miners, mineral processors, contractors, oil and gas producers and electricity generators. Publications include: Guidance for Long Distance Commuting (FIFO/DIDO) Workers in conjunction with University of Queensland, Centre for Social Responsibility in Mining, Sustainable Minerals Institute:
https://www.qrc.org.au/_dbase_upl/Guidance%20for%20Long-Distance%20Commuting%20Workers.pdf
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| **ReachOut.com by Inspire Foundation**  
[http://au.reachout.com](http://au.reachout.com) and [http://inspire.org.au](http://inspire.org.au) | Delivering Australia’s leading youth mental health service since 1998, making it easy for young people to get the help they need, where and when they need it. Via the website with 1.4 million unique users annually, they inform young people under 25 how to stay connected and get through tough times; the service provides practical tools, forums and information in a safe and anonymous online environment such as Apps to track health and mental fitness, and see how your mind and mood-set change over time; SMS daily tips and challenges. |
| **Relationships Australia**  
[http://www.wa.relationships.com.au](http://www.wa.relationships.com.au) | A non-profit community service organisation which provides a diverse range of innovative counselling, mediation, community education and professional development services, and which influences social policy formation. Founded more than 60 years ago, with the aim of providing support and advice to people experiencing difficulties in their marriages, during the social upheaval of the post war period, RA was originally known as The Marriage Guidance Council. Counselling services have expanded to encompass individuals and families, education programs cover pre-marriage, couple relationships, post-separation, step-families, communication skills and fly-in, fly-out relationships. RA is contracted to provide Employee Assistance Programs to various employers and provide many other services including the 24 week FAIR group program for those who experience domestic violence. |
| **R U OK? Day Foundation**  
[https://www.ruok.org.au](https://www.ruok.org.au) | A not-for-profit organisation founded by Gavin Larkin in 2009, whose vision is a world where we’re all connected and are protected from suicide. Mission is to encourage and equip everyone to regularly and meaningfully ask “are you ok?” Based on Dr Thomas Joiner’s theory of three forces at play in someone at risk: 1) the person thinks they’re a burden on others; 2) they can withstand a high degree of pain; 3) they don’t feel connected to others. R U OK? monitors how regular, face-to-face, meaningful conversations about life can impact on Australia’s suicide rate. |
| **Rural Link**  
[http://www.mentalhealth.wa.gov.au/getting_help/Emergency_help/emergency_rural.aspx](http://www.mentalhealth.wa.gov.au/getting_help/Emergency_help/emergency_rural.aspx) | A specialist after-hours mental health telephone service for the rural communities of Western Australia provides access to experienced community mental health staff, with a focus on supporting people with mental health issues. It is a confidential service meeting the needs of the community and delivering continuous care and support where needed. Free call 1800 552 002 – TTY 1800 720 101 to help people deal with depression, suicide, anxiety, psychosis, mental health issues or mental health crisis. |
| **SANE Australia**  
[http://www.sane.org](http://www.sane.org) | Headed by Jack Heath, SANE is an independent NGO that relies on donations and grants to achieve its goals with no ongoing government funding. SANE conducts innovative programs and campaigns to improve the lives of people living with mental illness, their family and friends and operates a busy Helpline and website campaigning for the one in five Australians affected by mental illness every year. Sarah Coker produced a Scoping Study in 2012 of Australian mental health services to determine what suicide prevention activities services are engaged in to inform the SANE Suicide Prevention and Recovery Guide. |
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<tr>
<td>Soften the Fck Up</td>
<td>An initiative of Spur Projects. At Spur, we want to make it easier for young men to take positive action than to take their own lives. We believe that to tackle the rate of suicide among men in Australia, bold new approaches to suicide prevention are required. We are a group of passionate volunteers made up of project managers, entrepreneurs, marketers and a range of other professionals working in tandem with mental health experts from across the country. Soften the Fck Up is auspiced by beyondblue. This means that we're a completely independent initiative with the backing and support of Australia’s largest mental health service.</td>
<td><a href="http://www.softenthefckup.com.au">www.softenthefckup.com.au</a></td>
</tr>
<tr>
<td>Suicide Call Back Service (associated with On The Line)</td>
<td>A 24-hour, nationwide service that provides telephone and online counselling to people 15 years and over who People who are: suicidal; caring for someone who is suicidal; bereaved by suicide; health professionals supporting people affected by suicide especially people who are geographically or emotionally isolated.</td>
<td><a href="https://www.suicidecallbackservice.org.au">https://www.suicidecallbackservice.org.au</a></td>
</tr>
<tr>
<td>Suicide Prevention Australia</td>
<td>Suicide Prevention Australia is the only national umbrella body in suicide prevention throughout Australia. Suicide Prevention Australia is a broad-based organisation bringing together diverse interests across disciplines, practitioners, researchers, and the community affected by suicide and self harm. They support Nine Principles for Suicide Prevention and play a role in providing policy advice to governments, community awareness and public education, increased involvement in research and a future role in leading Australia’s engagement internationally. The LIFE Communications project aims to improve access to suicide and self-harm prevention activities in Australia through the promotion of LIFE resources and website; and to improve communication between suicide prevention stakeholders in Australia. Currently partnering with Uni NSW and Black Dog Institute to conduct research nationally (including Bunbury) asking men who have attempted suicide: what helps prevent suicide in men?</td>
<td><a href="http://suicidepreventionaust.org">http://suicidepreventionaust.org</a></td>
</tr>
<tr>
<td>SuperFriend</td>
<td>The Industry Funds Forum Mental Health Foundation is an association whose members are the CEOs of twenty-eight of Australia's largest industry super funds. SuperFriend collaborates with industry funds, group life insurers and the mental health sector to facilitate targeted workplace mental health initiatives for members of these funds and works with Industry Superannuation funds to provide individuals, employers and workplaces with information about improving and maintaining your mental health.</td>
<td><a href="http://www.superfriend.com.au">http://www.superfriend.com.au</a></td>
</tr>
<tr>
<td>Talking Long-distance Commute (TLC)</td>
<td>Founded in 2014 by an independent woman who is partner to a FIFO worker, a mother of two young children, qualified in International Health, Primary Education and the Fine Arts with an interest in public health and web development with the aim of supporting the LDC, FIFO, BIBO, DIDO community to: help each other thrive in this unique lifestyle; build an online resource brimming with smart tips, insights and good advice; direct people to high quality government, not for profit and mining support resources; providing a calm virtual space to share, reflect and develop ideas; to showcase collective wisdom, compassion and courage of the individuals in the LDC community.</td>
<td><a href="http://longdistancecommuting.com">http://longdistancecommuting.com</a></td>
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<td><strong>The Butterfly Foundation</strong></td>
<td>Dedicated to bringing about change to culture, policy and practice in the prevention, treatment and support of those affected by eating disorders and negative body image; support for Australians who suffer from eating disorders and negative body image issues</td>
</tr>
<tr>
<td><strong>The Fathering Project</strong></td>
<td>A University of Western Australia-based non-profit team of professionals whose aim is to help fathers realise how important they are in a child’s life and to give them advice on how to encourage their children. This group is conducting new research called Fathering in a FIFO World and implements education and prevention strategies based on the results of previous fathering research conducted in conjunction with Edith Cowan University.</td>
</tr>
<tr>
<td><strong>The FIFO Toolkit</strong></td>
<td>A website selling low cost mental health support materials endorsed by FIFO psychologists in Australia comprising a book called “Keeping Your Head Screwed On” by Gerard Broersen that been extensively researched and is a collection of “tricks of the trade” around the mental wellbeing of FIFO workers FIFO worker that can stimulate positive, solution based conversation in the workforce. The reader may choose to share this book with their family to help them develop a better understanding of FIFO work in general. Testimonials say: Easy to read, easy to digest. Should be included with every mine induction and S11. Helpful for partner read, gives her a better understanding of issues we face as FIFO workers</td>
</tr>
<tr>
<td><strong>This FIFO Life</strong></td>
<td>A website launched 12 September 2014 with information and links for people who commute long distances for work and their families to learn more about mental health; funded by the WA Mental Health Commission; written and developed by mental health professionals, Julie Loveny and Sue Crock. Rhys Conner was interviewed for This FIFO Life and generously shared his experiences as a FIFO worker in the construction industry. Tragically, on 25th July 2013 Rhys took his own life. Mining and resource companies have a responsibility to provide mentally healthy workplaces and some have excellent mental health initiatives that are shared on the website.</td>
</tr>
<tr>
<td><strong>United Synergies</strong></td>
<td>Since 1989 when assistance to young homeless people was provided under a project known as the Noosa Accommodation Project, this not for profit organisation has been providing direct services and support to individuals, families and communities (and in particular young people) by creating capacity for self-reliance, wellbeing and the achievement of human potential through providing direct support and building local networks and partnerships. This is not a crisis service. StandBy Response is provided by Anglicare in some parts of WA.</td>
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<td>Wesley Life Force</td>
<td><a href="http://www.wesleymission.org.au">http://www.wesleymission.org.au</a></td>
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</table>

Lifeline was created by Wesley Mission, which celebrated its 50 year anniversary as an organisation in 2013. Wesley Suicide Prevention Services continues to operate Lifeline Sydney & Sutherland. Lifeline’s telephone crisis support and suicide prevention service is available 24 hours a day, seven days a week for the cost of a local call (mobile phone calls are free of charge). A non-profit organisation using an iterative approach of prevention, intervention and postvention focused on educating people about suicide, challenging attitudes, teaching basic engagement and suicide intervention skills, conducting suicide interventions and supporting those bereaved by suicide.

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<td>Western Australian Association for Mental Health</td>
<td><a href="http://waamh.org.au">http://waamh.org.au</a></td>
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The peak body of the community-managed mental health sector in Western Australia with more than 100 organisational and individual members. Supports the development of the community-managed mental health sector, undertakes systemic advocacy and representation and influences public policy for the benefit of people with mental illness, and their families and carers. Note: 66% of organisations in WA providing community mental health services do so with 10 or less staff.

*2012 Project to map the community mental health sector in WA

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<td>Women in Mining</td>
<td><a href="http://womeninmining.com">http://womeninmining.com</a></td>
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Established 2003 in Perth, by Sabina Shugg as a networking group for women working in the mining industry, WIMWA provides a forum for women, (and men), to talk about their lives, share their experiences, and extend their professional networks. The other side of FIFO project in 2013 sought to highlight the positive personal experiences of dozens of WA locals who are supporters of the lifestyle, and profiled a number of professionals from a range of mining and resource companies.

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<td>Young and Well Cooperative Research Centre (You and We)</td>
<td><a href="http://www.youngandwellcrc.org.au">http://www.youngandwellcrc.org.au</a></td>
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Unites young people with researchers, practitioners and policy makers across the non-profit, academic, government and corporate sectors to create a digitally connected world where technologies are used to support young people to feel safe, healthy and resilient. Aims to reduce youth suicide, suicide attempts and self-harm in young people, youth mental health problems including depression, anxiety, problematic drug and alcohol use and eating disorders.
2014 Submission to Western Australian Legislative Assembly Health and Education Standing Committee: Inquiry into mental illness in Fly-In/Fly-Out workers.

Suggested citation: