



Education and Health Standing Committee

Shining a Light on FIFO Mental Health

A Discussion Paper

Report No. 4
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Education and Health Standing Committee

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Presented by

Dr G.G. Jacobs, MLA

Laid on the Table of the Legislative Assembly on 27 November 2014

Chairman's Foreword

Since the request of Parliament to conduct this inquiry the number and quality of submissions both written and at hearings has impressed all the Committee members. We have received 70 written submissions and conducted 12 hearings.

As Chairman, I wish to thank not only organisations, unions and companies for their responses but also the personal fortitude of families in appearing before us and sharing their heart.

The prevalence of mental illness and suicide statistics, and the lack of a reliable central database in the industry were immediately evident to the inquiry. From the outset there seemed to us that there are anomalies in workplace regulation in respect to jurisdiction as well as site and activity, and uncertainty in mine safety definitions pertaining to mental health.

Although this is only our preliminary assessment and hard findings will come next year, the Committee could not escape the characteristics which potentially make this industry at high risk to emotional health and wellbeing. The absence of direct family connectivity and the fatigue of high compression rosters seem initially to be problematic, as are other issues explored in the relevant chapter.

One telling and emotional account was from a Dad who pleaded with his son who was working on a FIFO site to report his depression to management, or to allow the father to do so. The son begged him not to as he feared loss of his job. That son took his own life on the accommodation site some weeks later. For the Committee that could indicate a serious negative stigma and culture within the FIFO industry.

As you can see we have much more work to do and I and the Committee look forward to recommending changes that may save lives. I thank the Committee and particularly the Secretariat in preparing what is a constructive insight into the industry under tight time constraints.

Our thoughts remain with the families and friends of those workers who have suffered distress and committed suicide. The Committee looks forward to further work on this important inquiry in 2015.



Dr G.G. Jacobs, MLA
Chairman

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Executive Summary

This discussion paper is intended to provide an overview of the evidence submitted to the Education and Health Standing Committee's inquiry into the mental health impacts of fly-in, fly-out work arrangements.

The content of this report does not represent the Committee's settled view on the matters raised within and is intended instead to provide an opportunity for additional – and more tightly focused – interaction with interested stakeholders.

The report commences by outlining evidence received about the demographic profile of the fly-in, fly-out (**FIFO**) workforce. The Committee notes that there is significant overlap in terms of the population most at risk of mental health problems – namely, males aged between 25 and 44 – and the predominant demographic characteristics of the FIFO workforce.

The report then examines the characteristics of the FIFO model including, most importantly, the extended periods of time that workers are required to spend away from home, family and other social support networks. This essentially structural characteristic makes it more difficult for workers to gain access to the help they might need if they encounter mental health problems. This help can take many forms, from formal medical and psychological assistance, through to the reassurance that family and friends can provide to a person experiencing mental distress.

Work culture also emerged as another characteristic of the FIFO model, with many submitters to the inquiry suggesting that the macho culture and constant refrains to “toughen up”, make it difficult for people to come forward if they need help. An equally essential component of the work culture was the fear expressed by many to the inquiry that those who admitted to mental health problems risked losing their job if they came forward.

The Committee emphasises that most submissions to the inquiry sought to bring focus to the lack of quality research on the impact of FIFO on the mental health of the workforce. Nonetheless, a range of research was provided in support of one point of view or another. The Committee offers the view that research is needed to establish the extent to which FIFO work practices are safe, as well as the extent to which risks to psychological wellbeing are managed. This will obviously require action by the resources sector.

Particular attention is also given to the data about suicides by FIFO workers. The Committee was not able to confirm the nine suicides reported by the media, but notes that this is hardly surprising given the absence of reliable data. The Committee is of the

view that more should be done to collect information about suicides and intends to pursue this issue as the inquiry progresses.

The Committee acknowledges that the industry currently has in place a range of services for employees in relation to mental health. These services include Employee Assistance Programs and, in some cases, on-site support services in the form of Chaplains. There was a view expressed by many of the non-resources sector submitters that more could be done to provide better on-site mental health and wellbeing services; this is an issue that the Committee will continue investigating.

An issue that arose in several phone calls to the inquiry related to the mental health evacuation policies in place in the resources sector. This was not an issue that the Committee had considered until people came forward with their stories, and a number of questions have been raised in relation to the duties owed by employers to their employees. This is particularly so in the case of notification of next of kin and unaccompanied travel for at risk employees returning home.

Finally, the complex issue of regulation is also examined in the discussion paper. Of particular significance is the exclusion of accommodation facilities for mining workers from the scope of the legislation in the mining industry. It seems that this exclusion may not apply to the petroleum industry. The Committee will most likely seek expert assistance on the issues raised in relation to regulation and would welcome further input from stakeholders on some of the issues identified in the report.

The Committee will table its final report in June 2015 and will continue with its evidence gathering activities in the coming months. Interested stakeholders are invited to respond to the discussion paper before **29 January 2015**.

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Introduction

Background

On 24 July 2013, Rhys Connor, a young man employed as a fly-in, fly-out (**FIFO**) worker on a construction project in Western Australia's north-west, came off-shift, had dinner and a few drinks with friends, and then returned to his donga. At some point that night, Rhys decided to take his own life. In his suicide note he observed that people "don't know what it's like to work FIFO and have depression."¹

One year later, Rhys' parents, Anita and Peter Miller, made the brave choice to step forward and share their son's story. They did so in the hope that they would raise awareness of mental health amongst those who work FIFO.² In the weeks that followed their decision to come forward, reports emerged in the media suggesting that nine FIFO workers had committed suicide in a 12 month period.

Prompted by the public debate spurred by this media reporting, a motion was moved by the Leader of the Opposition, Hon Mark McGowan MLA, and debated in the Legislative Assembly on the impact of FIFO work arrangements on individuals' mental health. At the conclusion of that debate in August 2014, the Legislative Assembly required the Education and Health Standing Committee (**the Committee**) to conduct an inquiry into the possible mental health impacts arising from FIFO work arrangements. The terms of reference for the inquiry, as agreed between the Legislative Assembly and the Committee, can be found in Appendix 1.

Aware of the urgency of the matter, and conscious of the significant level of public interest attaching to the inquiry, the Committee resolved to table a preliminary report prior to the end of the parliamentary sitting year. This discussion paper constitutes that preliminary report.

The purpose of this discussion paper

The Committee resolved to produce a discussion paper as a first step of the inquiry and to seek further input on a variety of issues that have come to light in the early stages of the inquiry. This discussion paper is designed to provide a brief coverage of the Committee's initial investigations.

1 Anthony Deceglie, 'FIFO Dad's Haunting Goodbye', *Sunday Times*, 27 July 2014, p. 1.

2 Anthony Deceglie, 'FIFO Dad's Haunting Goodbye', *Sunday Times*, 27 July 2014, p. 1.

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Throughout the report, the Committee has included commentary where it thought it appropriate. These comments may take the form of observations on the evidence received by the inquiry thus far, and they may also constitute what might reasonably be considered a preliminary view on certain matters. Additional evidence from interested stakeholders is welcomed to either support or contest these observations.

The Committee also acknowledges that there are gaps in its knowledge relating to a number of different areas associated with the inquiry. This discussion paper should not be viewed as the Committee's final summation of all relevant issues, but should instead be considered in the context of the evidence made available to the inquiry in the months following its commencement. The Committee briefly outlines a little later in this chapter the areas that it is aware require further investigation in the coming months.

It is important to keep in mind that the positions outlined in this discussion paper do not describe the Committee's final view.

The discussion paper focuses on the following areas:

- The demographics of FIFO workers and related mental health demographic factors;
- The risk factors and hazards connected with FIFO work;
- The current research available on the issues of mental health and FIFO workers;
- The industry's response to mental health thus far;
- Regulation of mental health in the resources sector.

The Committee acknowledges that suicide is an emotionally difficult event for the families, friends and colleagues left behind. The Committee greatly appreciates that people have been willing to share their own personal and painful experiences with the Committee in order to inform this inquiry. The Committee decided to treat all submissions received from individuals as closed evidence (except in specific cases with the submitter's explicit agreement) in order to protect the privacy of individuals and encourage people to speak freely to the Committee.

Evidence gathering process

The Committee advertised the inquiry widely within Western Australia seeking input from all interested parties. Direct requests for submissions were also made to a number of bodies representing workers, the resources sector and government. A number of major companies involved in mining or oil and gas were also asked to provide specific information about their operations in Western Australia and the

programs and policies they have in place in order to address the needs of their FIFO workforce.

To the greatest extent possible, the Committee has made publicly available all submissions received from government agencies, unions, non-profit organisations and peak bodies. Most submissions from resource sector companies have also been made available on the inquiry website; however, in a small number of cases, companies have requested that their submissions be treated as closed evidence.

In total, the inquiry has received 70 submissions. Full details of these submissions can be found in Appendix 3.

The Committee also resolved to hold a limited number of hearings during these preliminary stages of the inquiry in order to further explore issues raised in the first round of submissions. In total, 12 hearings were held with a broadly representative selection of those making submissions to the inquiry. Full details of these hearings can be found in Appendix 4. The Committee is aware of some criticism, particularly from within the non-profit sector, regarding the extent of these initial hearings and wishes to reassure interested stakeholders that a more extensive round of hearings will take place in the new year.

Outstanding issues

The Committee is aware that there are many issues that have not been addressed within this discussion paper, and that it will need to dedicate some time in the inquiry to examine these issues further. These outstanding issues are briefly listed and described here so that readers will be aware that they are on the Committee's agenda. Any further suggestions with respect to issues that require attention will be considered by the Committee, and further information about the matters listed below would be welcomed.

- Return to work programs after an absence due to a mental health issue;
- Workers' compensation for mental ill-health;
- The activities, responsibilities and policies of private companies contracted to provide accommodation services in the resources industry;
- Statistics and opinions from providers of Employee Assistance Programs;
- What is a safe system of work to ensure the mental health and wellbeing of workers?
- The number and frequency of unexpected departures from resources sites, and the reasons individuals leave sites before the completion of a swing;

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- Attrition rates within the first six months of employment on a FIFO roster, and the reasons why employees resign within this period;
- Leave policies and flexibility for FIFO workers to arrange time off for significant family events;
- The role of contractor companies, particularly those leading large scale construction activities, in ensuring the mental health of contracted workers on sites.

Next steps

The process of the inquiry once the discussion paper has been tabled will include a public comment period. Submitters are invited to provide comment and additional information until a deadline of **29 January 2015**. This will allow a period of effectively two months to consider the discussion paper and formulate a response. The Committee considers this a reasonable timeframe.

Once the Committee has examined the response to the discussion paper, it will conduct further inquiries, before preparing a final report to be tabled in Parliament.

Preliminary matters

The necessity of FIFO

An argument is sometimes made that workers should not fly in and out of mining operations, rather that they should be accommodated in nearby regional towns. A further argument is then made for government and/or industry investment in regional towns to enable them to support the required workforces for nearby mining operations.

The diversity of mining operations within Western Australia makes this proposition simplistic. A blanket policy that requires workers to live in local towns is clearly unfeasible, given the isolation of many mining operations, and the fact that many oil and gas installations are offshore.

In some sections of the industry, FIFO will clearly always be necessary. Offshore oil and gas infrastructure will always require FIFO workers:

The FIFO work practice has been used in the oil and gas industry for decades, and in the international oil and gas industry for even longer. In an offshore environment, FIFO is the only option available.³

3 Mr Stedman Ellis, Chief Operating Officer, Western Region, Australian Petroleum Production and Exploration Association, *Transcript of Evidence*, 5 November 2014, p. 2.

For those operations where a mix between fly in, fly out and residential workforces is possible, there are a range of issues that need to be taken into account. These include:

- Costs to companies of the various employment models
- Proximity of the mining site to a regional town
- Distance to be travelled and accessibility of mine site
- Facilities available at the nearest town
- Population base of nearest town and availability of skilled workers
- Availability of local people willing to be trained and employed at the mining operation
- Preferences of the workforce
- Preferences of the workforce's families

Many submitters emphasised that while FIFO may be a preferred work mechanism for employers, in part due to reduced costs, it is also preferred by many employees.

A further factor to be taken into account is the preferences of FIFO workers themselves, and their families. Creating Communities, a social planning consultancy, reported to the Committee that “[w]e have asked the question: if residential was offered to FIFO, the majority still would not take it up.”⁴

The Director of FIFO Families reported similar sentiments to the Committee:

*I have been in the Pilbara. I am from Victoria. I like a mild climate; that is why I moved here. Personally, I would not move to the Pilbara with my family because the temperatures are too extreme for me, and the isolation as well. That is something that we get really common through our families is the majority of them do not want to move to the Pilbara.*⁵

Worker choice is an important factor in the use of FIFO:

We have been involved in doing work in Pilbara cities and Karratha city, so we are involved in the sort of residential-based development in the Pilbara, and that is an essential thing to do, but there will be some

4 Mr Andrew Watt, Senior Associate, Creating Communities Australia, *Transcript of Evidence*, 5 November 2014, p. 12.

5 Mrs Nicole Ashby, Director, FIFO Families Pty Ltd, *Transcript of Evidence*, 5 November 2014, p. 12.

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*elements where no matter what you put on the ground in there in regards to quality community facilities, education, health et cetera, there will be a decision that maybe: "My children are in a certain phase in their schooling, and things like that; I am not going to move the whole family to the Pilbara, regardless of the lifestyle."*⁶

Creating Communities also pointed out that issues around choice and length of employment contract are relevant to this question:

*the other thing around the choice element is that some of them are on shorter term contracts. You are not going to move your family ... for a short-term contract when you might be in a different town and a different place. It is simplistic to say that we will develop great cities that everyone should move to and be residential in.*⁷

The industry groups emphasised the need for flexibility and mobility amongst the workforce to meet the changing needs of projects, as they go through the various stages of exploration, development, construction, operation, and then finally being closed down:

*A variety of workforce mechanisms are deployed during long-life operations of projects. Both residential and FIFO practices are used by our member companies [...] Importantly, FIFO is also a response in demand from the workforce to provide flexibility for employees to choose where they work and live. During the construction phase of projects, FIFO is essential to enable mobile, flexible and highly skilled operators to be engaged in the most productive capacity for short periods of time.*⁸

Creating Communities expressed the view that:

FIFO is neither a good nor a bad thing; it is a workplace model. It is just about how can we actually make it work better so there is a benefit for the worker, for the host communities and their source communities, and for the families. It has been a model that has enabled large workforces to be put on-site quickly to create an economic benefit, but

6 Mr Andrew Watt, Senior Associate, Creating Communities Australia, *Transcript of Evidence*, 5 November 2014, p. 8.

7 Mr Andrew Watt, Senior Associate, Creating Communities Australia, *Transcript of Evidence*, 5 November 2014, p. 8.

8 Mr Stedman Ellis, Chief Operating Officer, Western Region, Australian Petroleum Production and Exploration Association, *Transcript of Evidence*, 5 November 2014, p. 2.

*the social planning aspect is probably not as mature as other parts of the industry.*⁹

It was made clear to the Committee that for host communities, there are considerable challenges to be managed in relation to FIFO. For local communities, large FIFO workforces raise a range of issues. According to the City of Karratha:

*[FIFO] practices are one of the most challenging issues currently facing the Pilbara. It impacts on a range of critical social and economic factors [...] while FIFO is to an extent recognised as unavoidable during the short term construction phase of a resources boom, its ongoing use, growth and expansion during the more permanent operational period, is in fact counter-intuitive to the regional development objectives of both the State and Federal Governments. It is the cause of considerable pressures (financial and otherwise) for the Local Governments affected, compromising the future sustainability of their respective communities.*¹⁰

The Chamber of Minerals and Energy maintained that FIFO work practices are all about choice:

*Fly in, fly out as a lifestyle choice works for the vast majority of people doing it; however, it is important to acknowledge that fly in, fly out as a work practice is not without its challenges and does not suit everybody. Even if it does for a period of time, that might well change as individual circumstances change.*¹¹

The CME asserts that “choice” is a factor in these decisions, but the Committee questions the parameters of that choice and whether it is the primary driver of the prevalence and proliferation of FIFO work practices. The CME advised the Committee that in 2004 the employment numbers were 46,100 employees in the resources sector in WA. The total workforce in the industry in WA now is 102,300, of which approximately 67,000 are FIFO. The Committee does not currently have the figures available to be able to estimate the growth of FIFO in WA, but it is clear that there are now more FIFO workers in WA than there were in the entire industry a decade ago.¹²

9 Mr Andrew Watt, Senior Associate, Creating Communities Australia, *Transcript of Evidence*, 5 November 2014, p. 5.

10 Submission No. 42 from the City of Karratha, 26 September 2014, p. 1.

11 Ms Nicole Roocke, Deputy Chief Executive, Chamber of Minerals and Energy of WA, *Transcript of Evidence*, 5 November 2014, p. 2.

12 Ms Nicole Roocke, Deputy Chief Executive, Chamber of Minerals and Energy of WA, *Transcript of Evidence*, 5 November 2014, p. 5.

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Committee comment

It is clear that FIFO work practices will remain a feature of the Western Australian employment landscape into the future. There was very little indication, based upon the submissions made to the inquiry, of an appetite to end FIFO, but there was a clear view that FIFO work practices could be improved to provide better protections for workers' mental wellbeing.

The Committee is also aware of concerns about the challenges created by FIFO practices for host communities.

Definitions

It is worth establishing at this early stage what is meant by terms such as “mental health”, “mental illness,” “mental health problem,” and “mental disorder”. Many of these terms are used within this report, so for the sake of clarity, the Committee has decided to use these terms as defined below.

Mental health

The World Health Organisation (**WHO**) has defined mental health as a state of wellbeing in which the individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community. The Committee uses the term in the same sense.

Mental health problem and mental illness

The *National Mental Health Policy 2008* defines both mental illness and a mental health problem. According to the policy, a mental health problem is “diminished cognitive, emotional or social abilities but not to the extent that the criteria for a mental illness are met.”¹³ The Mental Health Commission of WA definition is similar: a *mental health problem* affects how a person thinks, feels, and behaves, but to a lesser extent than a mental illness.

According to the National Policy, mental illness is “a clinically diagnosable disorder that significantly interferes with an individual’s cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).”¹⁴

13 National Mental Health Policy 2008, National Mental Health Strategy, Commonwealth of Australia 2009, Glossary, p. 30.

14 National Mental Health Policy 2008, National Mental Health Strategy, Commonwealth of Australia 2009, Glossary, p. 30.

The *Western Australian Mental Health Act 2014* defines mental illness as a condition that is characterised by a disturbance of thought, mood, volition, perception, orientation or memory that significantly impairs (temporarily or permanently) the person's judgement or behaviour.

Throughout this report, the Committee has adopted the definition described above by the Mental Health Commission for mental health problem and the Mental Health Act's definition of a mental illness.

Some submitters to the inquiry emphasised that "Mental health is on a spectrum with good mental health at one end and mental illness at the other with many points in between."¹⁵

Additionally, the WHO uses the term "mental disorder" to denote:

*a range of mental and behavioural disorders that fall within the International Statistical Classification of Diseases and Related Health Problems, Tenth revision (ICD-10). These include disorders that cause a high burden of disease such as depression, bipolar affective disorder, schizophrenia, anxiety disorders, dementia, substance use disorders, intellectual disabilities, and developmental and behavioural disorders with onset usually occurring in childhood and adolescence, including autism.*¹⁶

Global disease burden

The WHO identifies determinants of mental health and mental disorders as "not only individual attributes such as the ability to manage one's thoughts, emotions, behaviours and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports."¹⁷

The impact of mental health disorders is significant. The WHO has conducted research to quantify the impact of mental health disorders, expressed as a percentage of the global disease burden:

Many risk factors such as low socioeconomic status, alcohol use and stress are common to both mental disorders and other noncommunicable diseases. There is also substantial concurrence of mental disorders and substance use disorders. Taken together, mental, neurological and substance use disorders exact a high toll, accounting

15 Submission No. 68 from This FIFO Life, 16 November 2014, p. 1.

16 World Health Organization, 'Mental Health Action Plan: 2013-2020', Geneva, 2013, p. 6.

17 World Health Organization, 'Mental Health Action Plan: 2013-2020', Geneva, 2013, p. 7.

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for 13% of the total global burden of disease in the year 2004. Depression alone accounts for 4.3% of the global burden of disease and is among the largest single causes of disability worldwide (11% of all years lived with disability globally), particularly for women.¹⁸

Prevalence and severity

The more common mental health problems and mental illnesses include anxiety, depression and substance abuse. An Australian survey from 2007 found that one in five (20 per cent) of the adult population (3.2 million individuals) experienced one of the common mental disorders in the preceding year:

Fourteen per cent experienced anxiety disorders, 6% mood disorders, and 5% substance use disorders. One quarter experienced two or more of these conditions in the year of interest. Prevalence was highest amongst those aged 16-24 (26%) and declined with age, and two thirds of those with depression and/or anxiety disorders had experienced their first episode before the age of 21.¹⁹

The Committee considers that there may be a common misconception that the less common mental health problems and mental illnesses are correlated with greater severity of illness. For example, that illnesses such as schizophrenia, which are less common, have greater severity, and that depression, a common disorder, would be less severe. Research has shown that this is a misconception.

Mental illness impacts on people's lives at different levels of severity. Various modelling exercises have been conducted that combine data from the Australian prevalence studies with data from other sources, including the [World Health Organization's Global Burden of Disease (GBD)] study... These analyses suggest that an estimated 2-3% of Australians – around 600,000 people – have severe disorders, as judged by diagnosis, intensity and duration of symptoms, and degree of disability. This group is not confined to those with psychotic disorders who in fact represent only about one third of those with severe mental illness; it also includes people with severe and disabling forms of depression and anxiety. Another 4-6% of the population (approximately 1 million people) have moderate disorders, and a further 9-12% (approximately 2 million people) have mild disorders.²⁰

18 World Health Organization, 'Mental Health Action Plan: 2013-2020', Geneva, 2013, pp. 7-8.

19 National Mental Health Report 2013: Tracking progress of mental health reform in Australia, 1993 – 2011, Commonwealth of Australia, 2013, p. 19.

20 'National Mental Health Report 2013: Tracking progress of mental health reform in Australia, 1993 – 2011,' Commonwealth of Australia, 2013, p. 19.

Suicide as a consequence of mental illness

Mental illness and suicide are in many cases linked. “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.”²¹ In its submission OSD Pty Ltd, an engineering, procurement and contract management firm, makes the point that suicide can also be the end result of mental health problems and mental illness for FIFO workers.

*The FIFO industry has one of the highest divorce rates in Australia. The inability to resolve home matters or deal with workplace issues are major risks. These risks contribute to triggering common mental health conditions such as depression and anxiety, which if not recognised early and treated, can lead to suicidal thoughts and suicide attempts. Research shows that for every suicide attempt at least five other co-workers are experiencing some form of depression.*²²

Undiagnosed and untreated mental health problems can be a contributory factor to suicide. “Untreated mental health problems are also implicated in many cases of suicide, which tragically remains a leading cause of death amongst young people under the age of 30.”²³ The National Youth Mental Health Foundation Ltd (Headspace) reports that “research estimates that 90 per cent of people who suicide have a mental illness at the time of their death.”²⁴

However, it is important to note that while mental illness is a risk factor for suicide, it is not a necessary prerequisite. Some suicides occur without an associated mental health problem: the research quoted above would suggest that 10 per cent of suicides occur without a mental illness at the time of death.

The Auditor General of Western Australia carried out an audit in 2014 which examined the implementation and initial outcomes of the Suicide Prevention Strategy in Western Australia. The Auditor General’s report made the point that “the annual number of suicides in Western Australia has risen from a 15-year low of 194 in 2004 to 366 in 2012” [the most recent year for which statistics were available]. The report goes on to explain that:

21 Submission No. 23, FIFO Australian Community of Excellence network, 26 September 2014, p. 5.

22 Submission No. 6 from OSD Pty Ltd, David McKenzie and Rod McNamara, 12 September 2014, p. 1.

23 Submission No. 11 from ReachOut.com, Inspire Foundation, September 2014, p6.

24 National Youth Mental Health Foundation Ltd, *Identifying risk factors and warning signs for suicide*, Factsheet, p. 1. Available at: http://www.headspace.org.au/media/9998/Suicide_Warning_Signs.pdf. Accessed on 18 November 2014.

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The number of deaths by suicide is only part of the story. Suicide attempts are estimated at 20 to 30 times the number of confirmed suicides. Often attempted suicides leave people with permanent injuries requiring ongoing care. Based on national estimates, the economic cost to the State for suicides and attempted suicides could be more than \$1.8 billion per year.²⁵

If the research is correct regarding the number of suicide attempts, and of the number of co-workers suffering depression surrounding an individual who makes a suicide attempt, it is clear that there is an extended web of people suffering distress around each individual who commits suicide.

It is also clear that the cost to the community is enormous, both in emotional terms, and in economic terms.

²⁵ Auditor General of Western Australia, *The Implementation and Initial Outcomes of the Suicide Prevention Strategy*, Office of the Auditor General of Western Australia, Perth, 7 May 2014, p. 5.

Chapter 2

Mental health demographics and the FIFO workforce

This chapter examines the size of the fly-in, fly-out workforce, and the relevant demographics that make it vulnerable in terms of mental health.

The size of the fly-in, fly-out workforce

The Committee is concerned by the difficulty in gaining access to reliable data across a number of areas during this inquiry, but perhaps the most surprising difficulty has arisen in getting an accurate figure for the number of fly-in, fly-out (**FIFO**) workers in Western Australia.

In its submission, and also subsequently whilst giving evidence at hearing, the Chamber of Minerals and Energy (**CME**) told the Committee that the Australian Bureau of Statistics (**ABS**) estimates there were 102,000 people working in the resources sector in May 2014.²⁶ The problem with this definition is that the ABS does not record data for the “resources sector” in its labour force surveys. It does, however, record data for mining and this would appear to be the source of the 102,000 figure used by the CME.

The Committee received a wide variety of estimates for the size of the FIFO section of the resources workforce, with a span of about 20,000 people separating the lower estimates from the upper estimates. Many submitters quoted from the Lifeline WA report, which reported that the size of the FIFO workforce was expected to grow to 63,500 in 2015.²⁷

At hearing, the CME reported that 67,000 workers are employed on a fly-in, fly-out basis in the resources sector.²⁸ Given the CME’s role as a peak body representing the resources sector, the Committee is inclined to accept these numbers as the most accurate, but notes that they may not include all those providing the ancillary services to the sector.

26 Ms Nicole Roocke, Deputy Chief Executive, Chamber of Minerals and Energy of WA, *Transcript of Evidence*, 5 November 2014, p. 3; Submission No. 54 from the Chamber of Minerals and Energy, September 2014, p.3 .

27 Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013, p. 4.

28 Ms Nicole Roocke, Deputy Chief Executive, Chamber of Minerals and Energy of WA, *Transcript of Evidence*, 5 November 2014, p. 2.

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Such a large group of people is obviously going to contain a diverse cross-section of the population in terms of age, life experiences, expectations of work, and mental and physical health background.

Mental Health risk factors for the resources industry workforce

BHP Billiton acknowledged in its submission to the inquiry that it was “aware that the demographics of our workforce align with the cohort at risk of mental health issues.”²⁹ The resources industry employee population has a series of characteristics that place it at risk for mental health problems and mental illness.

Some of the relevant demographic factors of the resource industry workforce are outlined below.

The age groups most at risk of mental illness

Mental illness is the leading cause of non-fatal disability in Australia, with depression and anxiety accounting for over half of this burden.³⁰ In 2007, the National Survey of Mental Health and Wellbeing found that 3.2 million Australians had a mental disorder in the twelve months prior to the survey. This amounted to 20 per cent of the population aged between 16 and 85.³¹

The results of this National Survey also provide prevalence of mental illness data for individual age groups (see Figure 2.1). The highest rates of mental disorder amongst males are experienced by young people aged 16–24 years, although the data also reveal that *more* than one in five people aged 25–44 will experience a mental disorder in any 12-month period.³²

Anxiety disorders are the most common type of mental disorder experienced by males aged 25–44; however, rates of affective disorders – that is, experiences such as depression – peak at this age group. In other words, men are most likely to experience symptoms of depression when aged 25–44.³³

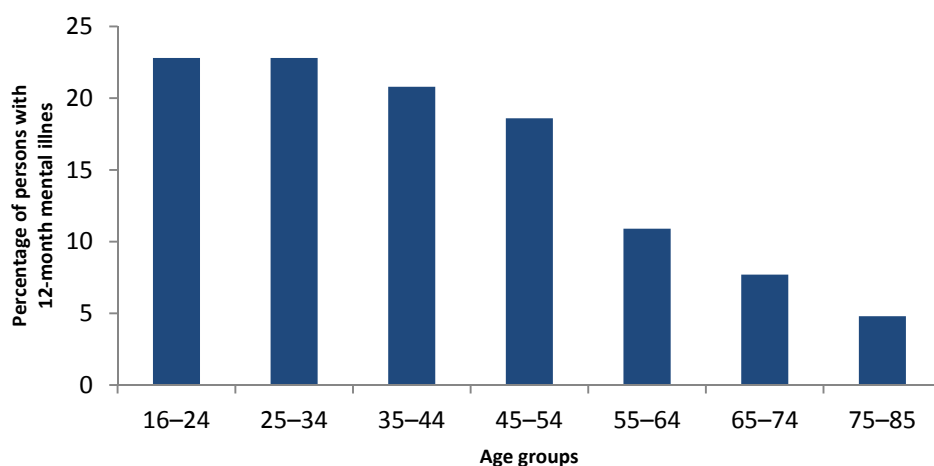
29 Submission No. 30 from BHP Billiton Iron Ore Pty Ltd, 26 September 2014, cover letter, p. 1.

30 Australian Institute of Health and Wellbeing, *The burden of disease and injury in Australia 2003*, 2007.

31 beyondblue, *Submission to the Commonwealth Inquiry into the use of fly-in, fly-out workforce practices in regional Australia*, September 2012, p. 1.

32 Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing: Summary of Results*, 2007.

33 Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing: Summary of Results*, 2007.

Figure 2.1: Prevalence of mental health conditions amongst males by age³⁴

Very few submitters directly addressed the issue of the general prevalence of mental illness amongst the community and how the age profile of those most at risk of mental illness might correspond to the age profile of those employed in the resources industry. This is regrettable because undiagnosed and untreated mental illness remains a common risk factor for suicide.³⁵

Committee comment

The resources industry predominantly employs people in the age-range that is most at risk of mental illness and particularly those mental illnesses described as “affective disorders”, including depression.

The average age of those working fly-in, fly-out

According to both the Chamber of Commerce and Industry (CCI) and the CME, the average age of the FIFO workforce is 38 years old. Both organisations cited the 2013 study conducted by Lifeline WA into the mental health of FIFO/DIDO workers (the Lifeline study) as the source of this information.

According to the Australian Workplace Productivity Agency, the resources industry has a preference for experienced workers and employs a “significantly higher proportion of workers aged 25 to 44 years (58.1 per cent) than the all industries average (45.1 per

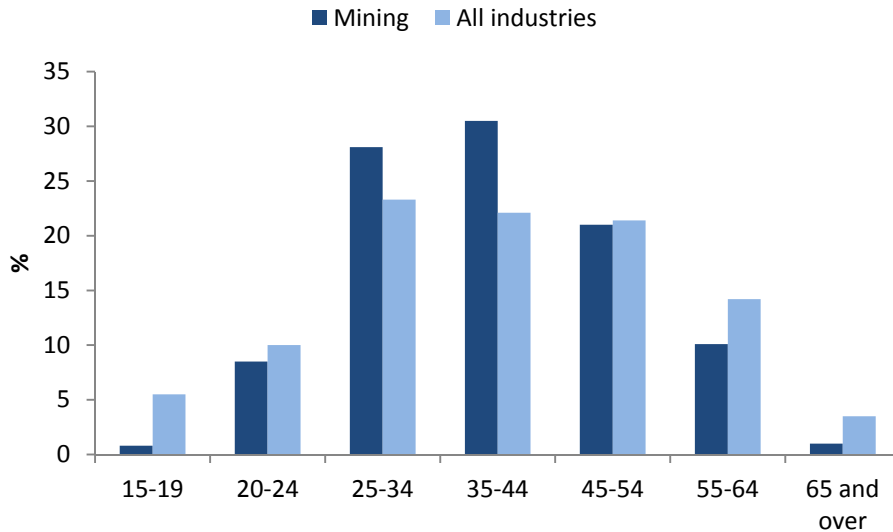
34 Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing: Summary of Results*, 2007.

35 National Youth Mental Health Foundation – Headspace, factsheet: *Identifying risk factors and warning signs for suicide*. Available at http://www.headspace.org.au/media/9998/Suicide_Warning_Signs.pdf, accessed 17 November 2014.

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cent).³⁶ Furthermore, the proportion of 15 to 19 year olds in mining is well below the all industries average – one per cent in the resources sector against 5.8 per cent in other industries. Figure 2.2 provides a comparison of the age profile of the mining workforce against the “all industries” average.

Figure 2.2: Employed persons by age, May 2014 (percentage share of employment)³⁷



Clearly the available data indicate that the employees in the resources sector are concentrated along a band of ages commencing in the mid-20s and ending in the mid-40s.

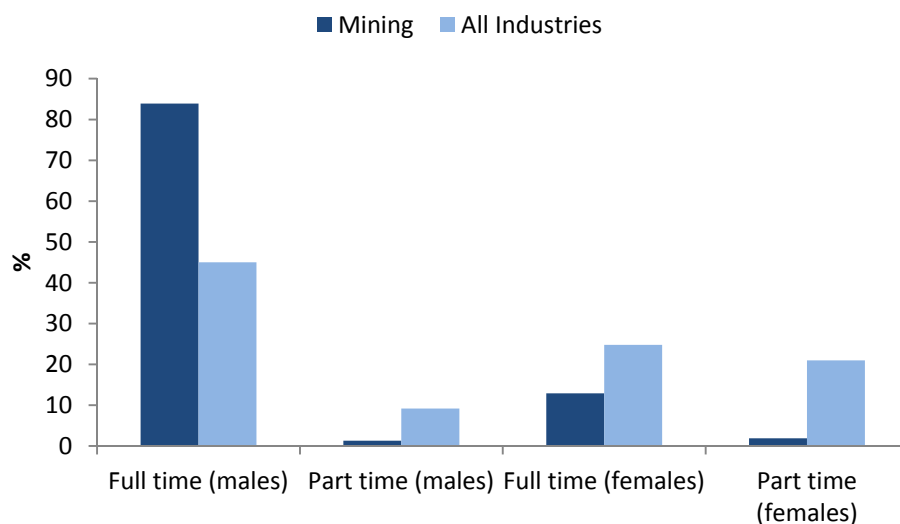
The mining industry is predominantly male

The resources industry is widely acknowledged as a male-dominated field. Most sources consulted by the Committee accepted that approximately 85 per cent of those working in the industry are males. Only the construction industry has lower rates of female workforce participation.³⁸ Figure 2.3 provides a detailed breakdown of male labour force participation in the mining industry in comparison to the “all industries” average.

36 Australian Workplace Productivity Agency, *Resources sector skills needs: Skills for a transitioning resources sector*, December 2013, p. 2.

37 Commonwealth Department of Employment, *Industry Outlook: Mining*, p. 5.

38 Workplace Gender Equality Agency, *Gender composition of the workforce: by industry*, April 2014, p. 2.

Figure 2.3: Full time workers as percentage of employed total, by gender, May 2014³⁹

In the period 1982–2006, a total of 4,787 deaths in Western Australia occurred as a result of suicide. Of this number, 3,840 were men and 947 were women.⁴⁰ Suicide in Western Australia therefore disproportionately takes the lives of males.

Working in a male-dominated industry has also been identified as a factor that contributes to an increased risk of suicide.⁴¹

Committee comment

The resource industry’s reliance upon male workers results in the employment of individuals with a heightened risk of suicide compared to female workers.

The age groups most at risk of suicide

The Mental Health Commission (MHC) reported that the “profile of an average fly-in, fly-out (FIFO) worker mirrors the demographic most at risk of suicide – males aged between 15 and 44 years of age.”⁴²

Many other submitters also noted that the demographics of those employed in the resources industry coincided with age groups most at risk of suicide. The CME went on to quote data from the ABS noting that the incidence of suicide within the Australian male population between the ages of 35–39 was 27.4 per 100,000 for the period

39 Commonwealth Department of Employment, *Industry Outlook: Mining*, p. 6.

40 Mental Health Commission, *Western Australian Suicide Prevention Strategy 2009 – 2013*, 2009, p. 19.

41 Submission No. 37 from Mates in Construction, 25 September 2014, pp. 3-4.

42 Submission No. 61 from the Mental Health Commission, 13 October 2014, p. 1.

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spanning the 10 years after 2000. This figure is significantly higher than the incidence for males in all age groups.

The Australian Mines and Metals Association quoted from *beyondblue*, which found that from the demographic in the working-age, “the highest age-specific suicide rate for males in 2012 was observed in the 45–49 year age group (26.9 per 100,000).”⁴³

Due to the existence of the Western Australian Coroner’s Database (**WACD**), it is possible to access highly accurate information about the rate of suicide in Western Australia specifically. The WACD reveals that for the period between 1986 and 2006 those males most at risk of suicide in Western Australia were:

- Aged 20–34 years and 75 years and over – suicides among men aged 20–34 years accounted for 40 per cent of all male suicide deaths;
- Aboriginal;
- Living in rural and remote areas; and/or
- In custody.⁴⁴

There was obvious agreement amongst submitters that the resources industry predominantly employs people in the age-range that is most at risk of suicide. Having said that, some submitters suggested that there was no evidence that the rate of suicide amongst the FIFO workforce was higher than the rate in the general population, and two peak bodies suggested that rates of suicide amongst the FIFO workforce were lower than in the general population.

In its submission, the CCI quoted data from the ABS and noted that the suicide rate for the male population between the ages of 35–39 was 27.4 per 100,000.⁴⁵ The CCI also calculated a comparison figure for FIFO workers based upon the media reporting of the nine suicides by FIFO workers in 12 months. By the CCI’s calculations, this represented a suicide rate of 14.75 people per 100,000. In the CCI’s own words:

Given 85 per cent of the general mining workforce is male and the average age of FIFO workers is 38, if the FIFO working arrangement was a significant contributing factor in its own right, it would be expected that the rate of suicide would be at the upper end of, or

43 Submission No. 48 from the Australian Mines and Metals Association, 30 September 2014, p. 5.

44 Mental Health Commission, *Western Australia Suicide Prevention Strategy 2009 – 2013*, pp. 19–20.

45 Submission No. 57 from the Chamber of Commerce and Industry, 3 October 2014, p. 4.

*exceeding, the rate for suicides in males of this age, however this is not the case and it is relatively low by comparison.*⁴⁶

The CME provided a similar comparison when it gave evidence to the Committee at a public hearing:

*Proportionately, even at the unsubstantiated rate of nine in the last 12 months, the rate of suspected suicides in fly in, fly out workers per annum would be 13.4 per 100 000 workers; whereas the state's rate is 13.2 per 100 000 workers, or for non-urban areas of WA, 18.5 per 100 000 workers. This shows suicides in fly in, fly out workers are occurring at a similar rate to that of the state, and well below that occurring in the regions.*⁴⁷

Notwithstanding these attempts to extrapolate the suicide rate via data reported in the media, there is broad consensus amongst those submitters that addressed the issue that the at risk population in terms of suicide in the community corresponds to the age profile of an average FIFO worker.

Committee comment

Even with regard to the variability of data on the issue, the resources industry predominantly employs people in the age-range that is most at risk of suicide.

Workforce characteristics

The CCI acknowledged in its submission that there is a large body of Australian and international research addressing the connection between occupation type and elevated rates of suicide.⁴⁸ This connection has typically been explained with reference to workers in certain occupations having a combination of “demographic, individual, and socio-economic characteristics associated with suicide risk”.⁴⁹ These characteristics can include having lower levels of education and being employed in occupations traditionally considered “blue collar”.⁵⁰

Several other submitters sought to bring the Committee’s attention to the connection between the nature of a person’s employment and mental health outcomes and suicide risk. The Fly-in/Fly-Out Australian Community of Excellence cited several studies

46 Submission No. 57 from the Chamber of Commerce and Industry, 3 October 2014, p. 4.

47 Ms Nicole Roocke, Deputy Chief Executive, Chamber of Minerals and Energy of WA, *Transcript of Evidence*, 5 November 2014, p. 2.

48 Submission No. 57 from the Chamber of Commerce and Industry, 3 October 2014, p. 4.

49 McPhedran, S. & De Leo, D., 'Suicide among miners in Queensland, Australia: a comparative analysis of demographics, psychiatric history, and stressful life events', *Sage open*, 3, 2013, p. 1.

50 McPhedran, S. & De Leo, D., 'Suicide among miners in Queensland, Australia: a comparative analysis of demographics, psychiatric history, and stressful life events', *Sage open*, 3, 2013, p. 1.

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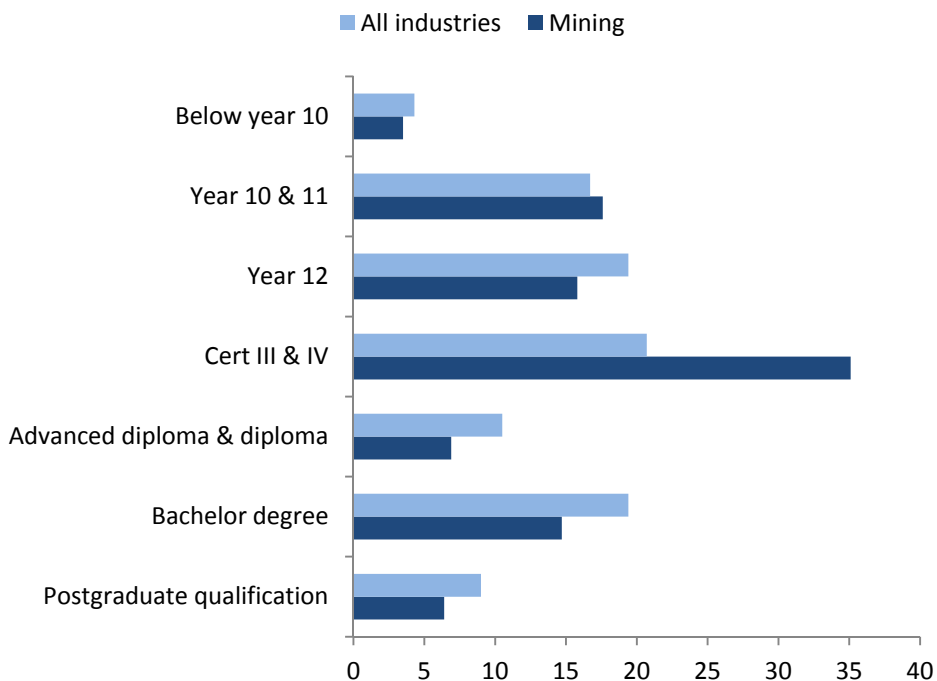
that had identified certain occupations as being at high-risk of suicide: labourers, cleaners, machine operators and skilled trades such as electricians and builders.⁵¹

Mates in Construction highlighted to the Committee that ‘the likelihood of suicide amongst construction workers is twice as high as other people in Australia, whilst apprentices in the same industry are two and a half times more likely to suicide than other young men their age.’⁵²

The level of educational attainment amongst workers in the mining industry, as well as the nature of work each employee conducts, may indicate heightened risk of suicide.

Figure 2.4, which has been created using data from the ABS Survey of Education and Work for 2013 indicates that the resources sector employs comparatively fewer degree qualified individuals than the all industry average. Although the mining industry employs significantly more holders of Certificate III and IV qualifications than other industries, it should be noted that workers engaged in some skilled trades are at heightened risk of suicide.

Figure 2.4: Highest educational attainment – share of employment (percentage)⁵³



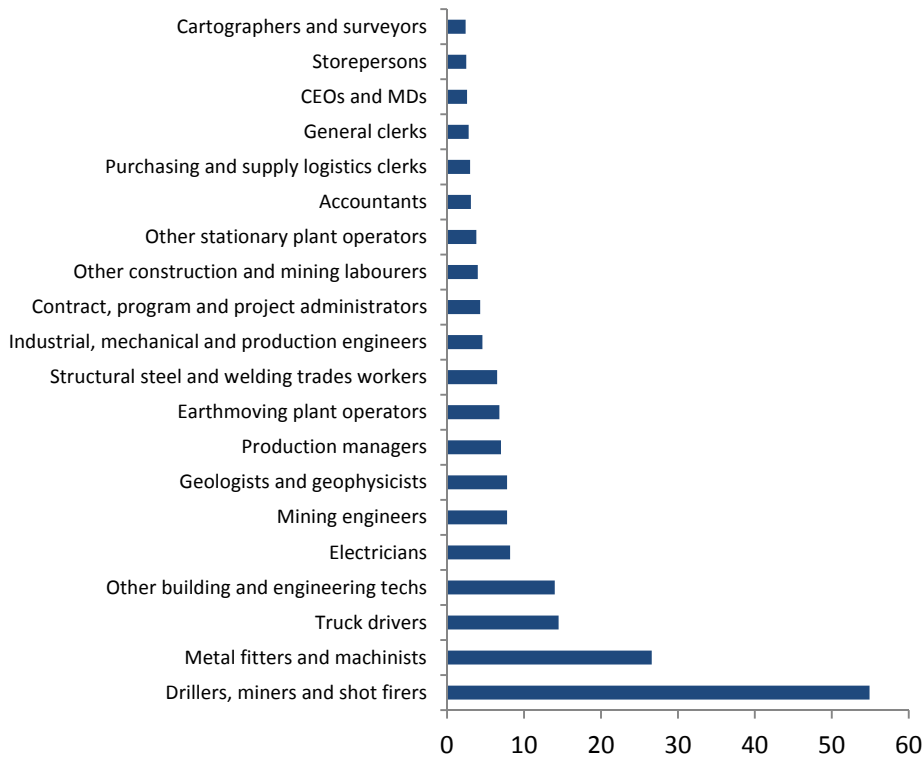
51 Submission No. 23 from Fly-in/Fly-Out Australian Community of Excellence, 26 September 2014, p. 30.

52 Submission No. 37 from Mates in Construction WA Limited, 25 September 2014, p. 3.

53 Commonwealth Department of Employment, *Industry Outlook: Mining*, p. 7.

Figure 2.5 displays the main employing occupations in the mining industry in 2013. Perhaps unsurprisingly, given the high number of Certificate III and IV holders employed in the industry, many of the main employing occupations are trades and labouring roles.

Figure 2.5: Main employment occupations in the mining industry ('000)⁵⁴



Committee comment

The Committee notes that the resources industry employs large numbers of people with education levels and occupational profiles identified as at risk of mental health problems and suicide, such as construction workers, labourers, and skilled tradespeople.

Conclusion

This discussion paper will examine in a later section the observed prevalence of suicides within the FIFO community, noting that a reported nine suicides in 12 months was partly the trigger for this inquiry.

Regardless of the exact number of reported suicides over the relevant period, and the various problems with identifying and recording them, it is clear from the information

⁵⁴ Commonwealth Department of Employment, *Industry Outlook: Mining*, p. 7.

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reported above that the resources industry has an issue with mental health within its workforce.

The Committee is confident to make this statement simply because the demographics of the workforce clearly show that they are at a heightened risk of mental health problems than the broader population as a whole.

The Committee is heartened that companies such as BHP Billiton have already acknowledged this fact.⁵⁵

The characteristics of the fly-in fly-out work model are discussed later in this report. The Committee considers that whatever the impact of the FIFO work model may be, the resources industry must establish a safe system of work which addresses the risks associated with a workforce where one in five workers will experience mental health problems.

Such a statistic should be sufficient, in and of itself, to motivate employers to take action.

55 Submission No. 30 from BHP Billiton Iron Ore Pty Ltd, 26 September 2014, cover letter, p. 1.

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Characteristics of the FIFO Lifestyle

This chapter provides an account of the characteristics of FIFO work practices as reported to the inquiry in submissions and other evidence.

As discussed in the previous chapter, it is clear that the fly-in, fly-out (**FIFO**) workforce is particularly vulnerable to mental health problems and illness based simply upon the predominant demographic features of the employee group.

One of the key issues that has become apparent in the course of the inquiry is that this group of at-risk people is then employed under a structure that removes them from their normal life and its usual support systems for extended periods of time. The normal support systems that usually exist for every member of society – such as family, friends, access to a general practitioner in conditions of assured privacy – become inaccessible (or accessible only with difficulty) for extended, and regular periods.

Given that FIFO workers are at best on an even time roster, workers are separated from normal support systems and easy access to the mechanisms for getting help for a minimum of half of the year.

The structural barriers created by the system of work are then exacerbated by the work culture. The “macho” work culture places enormous pressure on workers to “toughen up”, and to not acknowledge either their own mental health struggles or those of workers around them. Lifeline WA emphasised to the Committee that FIFO workers have a low level of mental health literacy, making acknowledging and seeking help for a mental health problem even more difficult. Another turn of the screw is to inject into this pressurised environment a pervasive fear of employment termination.

This chapter examines these issues in further detail, and looks at the range of structural and cultural barriers that exist between a FIFO worker and the support systems and help seeking mechanisms they may need to access.

Remoteness and social isolation

Fly-in, fly-out systems of work require that employees absent themselves from their normal family and social lives in order to reside in accommodation in close proximity to their workplaces for extended periods, often up to four weeks. The consequences of

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this requirement are that workers often experience feelings of isolation and loneliness, higher levels of psychological distress, and adverse effects on family relationships.⁵⁶

Rosters

Rosters in the resource sector have emerged as one of the most contentious issues during the inquiry. It is important to acknowledge that there is a diverse array of different rosters in the resources sector, with an individual's occupation determining the type of roster worked. Those working in what may be termed white collar professions in the resources sector typically work lower compression rosters than those who are in traditionally blue collar occupations.

Research from the University of Queensland found that half of the respondents to its survey of professionals (i.e. engineers, administration personnel, etc.) in the resources sector were on even-time rosters, and that none worked longer than 21 days on, 7 days off.⁵⁷

The Construction, Forestry, Mining and Energy Union (**CFMEU**) reports that roster lengths in the FIFO construction industry have typically been 28 days (or four weeks) on, with seven days off.⁵⁸ The Australian Manufacturing Workers' Union (**AMWU**) report that workers in the mines operations sector are increasingly working what are termed "family friendly" rosters (such as an eight days on, six days off).⁵⁹

Several submitters identified the length of rosters as a significant contributor to stress for FIFO workers, which had the potential to impact their mental health.

A respondent to the AMWU's survey reported the following about construction rosters:

*We call 4 x 1 rosters the suicide roster. I will only do equal time i.e. 4 x 4 weeks, 5 x 5 etc. I did 4 x 1 for 6 years and it almost cost me my marriage and my entire family life. When my wife was struggling I wasn't there to help and because I was only home one week I couldn't do much to help anyway.*⁶⁰

56 Submission No. 23, FIFO Australian Community of Excellence network, 26 September 2014, p. 5, 8.

57 Barclay, M.A., Harris, J., Everingham, J., Kirsch, P., Arend, S., Shi, S., & Kim, J. (2013) Factors linked to the well-being of fly-in, fly-out (FIFO) workers, Research Report, CSRM and MISHC, Sustainable Minerals Institute, University of Queensland, Brisbane, p. 8.

58 Mr Mick Buchan, State Secretary, Construction, Forestry, Mining and Energy Union, *Transcript of Evidence*, 5 November 2013, p.2.

59 Mr Steve McCartney, State Secretary, Australian Manufacturing Workers' Union, *Transcript of Evidence*, 3 November 2014, p. 3.

60 Submission No. 35 from the Australian Manufacturing Workers' Union, 26 September 2014, p. 10.

Higher compression rosters where more time is spent away from home have been linked to negative impacts on work-life balance,⁶¹ feelings of isolation and loneliness,⁶² higher levels of psychological distress,⁶³ and adverse effects on family relationships.⁶⁴

Committee comment

The length of time spent on site contributes to the remoteness and social isolation experienced by workers. A worker on a lower compression roster (for example, eight days on and six days off, or an even time roster) will have more time at home, and greater opportunities to be connected with family and friends, than a worker operating under a higher compression roster (for example, four weeks on and one week off).

Limited time spent away from site also limits opportunities to seek mental health assistance away from site.

Travel time

Time spent travelling to and from site frequently occurs during a worker's time off. Particularly for those working higher compression rosters, this has an impact on the amount of time they spend at home with families and friends. It was put to the inquiry that this has the effect of reducing a seven day break to as little as five days depending upon the distance that must be travelled between home and work.⁶⁵

Committee comment

Travel time has the potential to encroach on the amount of time that a FIFO worker spends with family and friends and may therefore be a factor contributing to risks of disconnection and social isolation.

Point of hire

Several private submitters contacted the inquiry to raise concerns about the impact of point of hire policies. A point of hire is the location from which the employer is taken to have employed an employee. This would appear to have several consequences for those FIFO workers living in regional Western Australia, or other states, because of the impact upon the obligation of the employer with regard to travel for the employee. For example, if an employee's point of hire is recorded as Perth, the employee must

61 Submission No. 23 from FIFO Australian Community of Excellence, 26 September 2014, p. 6.

62 Submission No. 23 from FIFO Australian Community of Excellence, 26 September 2014, p. 12.

63 Submission No. 23 from FIFO Australian Community of Excellence, 26 September 2014, p. 12.

64 Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013, p. 26.

65 Mr Michael Buchan, State Secretary, Construction, Forestry, Mining and Energy Union, *Transcript of Evidence*, 5 November 2014, p. 2.

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arrange private travel from their place of residence to Perth in order to board the flight to their remote workplace.

This impacts upon employees in terms of personal administration, cost and travel time. Of particular concern is the potential for excess levels of fatigue in workers who live a considerable distance from the employer's designated nominal point of hire.

Disconnection from family

The importance of maintaining contact and communication with family and friends was highlighted by several submitters as an effective strategy to cope with the isolation of working on site. The Mental Health Commission (MHC) suggests that:

*[p]eople who are experiencing difficulties in their life may find that the FIFO lifestyle could increase risks of suicide or mental ill health due to social isolation, family and relationship stress.*⁶⁶

The consequences of the FIFO roster and lifestyle are that workers can experience social isolation, loneliness, a "split lifestyle" if they have a young family, and a disconnection from their regular social networks and communities. This can have a more profound impact on individuals who are either unaccustomed to isolation, or who have a history of negative reactions to isolation.⁶⁷

Time spent away from family can significantly increase strain on relationships, particularly in instances where the employee works a high compression roster, as reported in the Lifeline WA report. The report found that:

*high compression rotation workers who were parents reported the lowest relationship quality with family and friends compared to high compression workers who were not parents, and low compression workers who were both parents and not parents.*⁶⁸

The report highlights that workers view the time spent away from family, and in particular missing important milestones such as children's birthdays or Christmas, as a particular challenge associated with FIFO work. In addition the disconnection from daily family life and being available to support the family during times of need were also

66 Submission No. 61 from Mental Health Commission, 13 October 2014, p. 1.

67 Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013, p. 30.

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

factors which added to strain on family relationships.⁶⁹ The Australian Medical Association (**AMA**) made similar representations to the inquiry, noting that research had shown “heightened symptoms of depression result in those FIFO employees who are missing out on important family and social events whilst they are on-site.”⁷⁰

One issue that was raised in the Lifeline WA report was the level of stress associated with the readjustment between family life and work that FIFO workers, and their families, must go through with each swing. The AMA also suggested that re-engaging with family members can be a major cause of stress that has been linked to symptoms of depression and anxiety.⁷¹

Committee Comment

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

Communications

An important means for managing the social isolation and remoteness experienced by FIFO workers is the provision of communications services that meet the expectations of workers and their families.

Submitters to the inquiry made consistent reference to the importance to the mental health and wellbeing of FIFO workers of being able to communicate with family and friends whilst on site. In the view of the AMA:

*it is critical that mining companies ensure that communication is facilitated with employees and their families and friends as this is an important factor in caring for their workers’ mental wellbeing.*⁷²

The MHC also identified poor communication infrastructure as a factor which could increase the risk of suicide or mental ill health.⁷³

The Lifeline WA report suggested that a lack of access to a mobile phone, or not having mobile phone signal coverage, not having access or reliable access to the internet, and

69 Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013, p. 63.

70 Submission No. 53 from the Australian Medical Association, 1 October 2014, p. 5.

71 Submission No. 53 from the Australian Medical Association, 1 October 2014, p. 5.

72 Submission No. 53 from the Australian Medical Association, 1 October 2014, p. 5.

73 Submission No. 61 from the Mental Health Commission, 13 October 2014, p. 1.

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having patchy or unreliable mobile phone and broadband coverage were among the challenges reported by FIFO workers.⁷⁴

The AMWU described phone and internet services as a worker's "lifeline" and that disruptions or a lack of service "compounds feelings of stress and isolation in a way that is very difficult to understand for someone who has not experienced it firsthand."⁷⁵ An AMWU member, in response to a survey conducted by the union, reported of a desire to use Skype as means of communication with family but that "no camp that I have been on in my 6 years of working away in WA and QLD have given me good enough internet quality to do this".⁷⁶

Problems with internet connectivity have been widely canvassed in submissions to the Committee. The main issue reported is a lack of bandwidth available to meet the demand of workers coming off shift seeking to contact friends and family. This has been described to the Committee as the peak period for demand for those services during which workers reportedly struggle to establish reliable communications.

AMEC highlighted some of the difficulties that smaller companies may face in providing communications services for their workforce, particularly in the more remote parts of the State:

*the ability to communicate in parts of the state is very difficult and the infrastructure that is in place is limited. Unless you are a very big company that can afford the towers, let alone the bandwidth—bandwidth is one component of it all; there is a whole lot more to communicating apart from just the bandwidth—the more remote you go, the harder the logistics of it are in the infrastructure. [...] Over time, as technology improves, maybe that will not become such a cost factor.*⁷⁷

The Chamber of Minerals and Energy (**CME**) expressed the view that:

*it has actually been the improvements in technology and in telecommunications that has probably enabled an increasing proportion of people to want to consider doing fly-in, fly-out.*⁷⁸

74 Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013, p. 64.

75 Submission No. 35 from Australian Manufacturing Workers' Union, 26 September 2014, p. 10.

76 Submission No. 35 from Australian Manufacturing Workers' Union, 26 September 2014, p. 10.

77 Mr Simon Bennison, CEO, Association of Mining and Exploration Companies, *Transcript of Evidence*, 3 November, pp. 8–9.

78 Ms Nicole Roocke, Deputy Chief Executive, Chamber of Minerals and Energy Western Australia, *Transcript of Evidence*, 5 November 2014, p. 4.

In the quote above, the CME would seem to acknowledge that people's expectations with respect to their ability to communicate with home are being satisfied by technological developments. In other words, people who would not have previously considered working FIFO will do so now because they feel they will be able to communicate with home. Clearly, however, there is a view that these expectations are not being met, and that communications with home remain difficult despite the technological advances.

The AMWU suggested that communications problems remained because of the reluctance to spend the money necessary to expand the bandwidth in order to cope with peak demands:

One of the biggest problems out there is the communication off that joint is terrible [...] Barrow Island is shocking. There are big gaps in the Pilbara as well [...] it is about the bandwidth that companies are prepared to pay for [...] It is about how many people are using the band at the one particular time. So you can imagine knock-off time – it goes mad. They do not have – or they do not buy – the capacity that takes that pressure.⁷⁹

Committee comment

Given the impact of rosters on the ability of workers to remain engaged in their family and social lives, and given the documented psychological consequences of social disconnection and isolation, the Committee is of the view that good communications services are essential to the mental health and wellbeing of the FIFO workforce.

Workplace culture

Mental health stigma

Multiple submitters to the inquiry sought to highlight the role of stigma in preventing FIFO workers from coming forward to discuss their mental health concerns, either with a mental health professional or in the context of seeking help and support from friends and workmates.

The Inspire Foundation told the Committee that its research had found that:

The overwhelming message from young men was that when confronted with mental health difficulties their view was that they just needed to 'toughen up' if they were struggling. They felt societal pressure to be self-reliant, suppress emotions and manage their

79 Mr Steve McCartney, Secretary, Australian Manufacturing Workers' Union, *Transcript of Evidence*, 3 November 2014, p. 13.

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*personal problems independently; whilst getting help while going through a tough time was something that 'chicks do'. Young men stressed a strong desire to fix problems themselves – they are reticent to speak to anyone about what is going on.*⁸⁰

In their submission to the inquiry, Peter and Anita Miller, the parents of a young man who committed suicide in a FIFO camp in 2013, reported that employees were “afraid to speak up” about mental health and bullying; that a “toughen up attitude” remained in the industry; and that employees feared the stigma associated with those who spoke up about mental health issues.⁸¹

The AMA noted that employers were often providing “comprehensive and valuable” employee support programs that were all too frequently under-utilised. The AMA attributed this under-utilisation to “barriers related to the stigma associated with accessing these services and the predominant 'macho' culture that exists in FIFO environments.”⁸²

The unions also raised stigma in their submissions to the inquiry, predominantly by reference to the findings of the FIFO Mental Health Research Report commissioned by Lifeline WA in 2013. Lifeline found that:

*Females in the sample showed a willingness to access information and services, as well as to educate themselves about mental health. In contrast, males were driven either by culture and stigmatisation, or were genuinely not interested in matters pertaining to their mental health.*⁸³

The AMWU included survey responses from members that confirmed what many other submitters were reporting. According to one AMWU member:

*Too many men are brought up to believe that men do not talk about feelings or show emotion.*⁸⁴

Another AMWU member observed that:

*It's still a man's world, where "real" men don't talk about deep issues. If someone does mention a problem everyone goes quiet and all of a sudden the roof and floor look really interesting.*⁸⁵

80 Submission No. 11 from Reach Out by Inspire Foundation, 23 September 2014, p. 5.

81 Submission No. 24 from Mr and Mrs Peter and Anita Miller, 26 September 2014, p. 6.

82 Submission No. 53 from the Australian Medical Association WA, 30 September 2014, p. 5.

83 Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013, p. 50.

84 Submission No. 35 from Australian Manufacturing Workers' Union, 26 September 2014, p. 6.

Committee comment

On the evidence made available to the Committee, a stigma associated with mental health pervades the resources sector, particularly because of the 24x7 nature of FIFO. This stigma is a significant workplace cultural issue and is a major barrier to encouraging help seeking behaviour amongst the FIFO workforce.

Fear of the ‘window seat’

An important element of stigma, and closely connected to overall workplace cultural issues, is the fear that employment will be terminated should an employee come forward with their mental health concerns. On numerous occasions during the course of the inquiry, in both formal evidence gathering sessions and via informal telephone contact with individual workers, the Committee was told about the threat of the window seat as a means of ensuring conformity across a range of workplace issues, including the reporting of mental health concerns. Window seat is a commonly used euphemism in the FIFO industry for employment termination.

The CFMEU informed the Committee that workers on sites are expected by supervisors to meet certain targets with the threat that “if you do not get up to our performance standard, you are on a window seat”.⁸⁶ The CFMEU summed up the feeling in the industry thus:

The biggest issue at the end of the day that restricts people talking, making inquiries or complaining is the fact that they believe and live in fear that if they do, they will get a window seat and they will never work on that project or in the industry again [...].⁸⁷

Reports about fear of employment termination were not simply limited to the unions. This FIFO Life, a mental health online resource developed for FIFO workers and their families with funding from the WA Mental Health Commission, submitted that workers fear disclosing they have a problem because of the consequences of doing so, including the fear of employment termination. According to This FIFO Life, this is a “particularly prevalent view in the construction industry where job security is more tenuous.”⁸⁸

At hearing, Mr Peter Miller, the father of Rhys Connor, told the inquiry that Rhys had also been concerned about his job security when considering how to respond to his depression:

85 Submission No. 35 from the Australian Manufacturing Workers’ Union, 26 September 2014, p. 6.

86 Mr Graham Pallot, Assistant Secretary, Construction, Forestry, Mining and Energy Union, *Transcript of Evidence*, 5 November 2014, p. 3.

87 Mr Graham Pallot, Assistant Secretary, Construction, Forestry, Mining and Energy Union, *Transcript of Evidence*, 5 November 2014, p. 3.

88 Submission No. 25 from This FIFO Life, 26 September 2014, p. 5.

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I had a discussion with Rhys that particular night and I wanted to contact the on-site services about it and say, "My son's in trouble, he needs help." In that incident Rhys begged me not to say anything at all. Being the father, it is very, very difficult because you are in a situation where you have a son—we talked for about an hour—who is on a remote site, begging for my confidence. He feared job loss, so I had to endure.⁸⁹

Concerns about being labelled "unfit for work" following the disclosure of a mental health issue were also raised with the Committee. The Inspire Foundation reported that:

[...] fear of potentially being seen as unfit for work by their employer [prevents] many workers from seeking help, both formal and informal.⁹⁰

The fear of being seen as unfit for work would appear to be similar to the fear of the window seat. Some submissions from resource companies made reference to the 'Fit for Work' test. BHP Billiton submitted that:

In line with our commitment to providing a safe and healthy work environment, we expect our people to be physically and mentally capable of performing the requirements of their role without risk to themselves and others. We call this being Fit for Work. This duty is consistent with the requirements imposed on employees by the applicable work health and safety legislation and is supported by the Company's policies and procedures.⁹¹

It is clear that the 'Fit for Work' test is an important component of work practice in the resources sector. Given the importance of the 'Fit for Work' test to an employee's working life, it is therefore important for the Committee to understand the processes and concepts related to it. BHP Billiton informed the Committee that:

...all supervisors are trained to identify and manage employees that are not Fit for Work. To complement this education, our businesses have established processes to proactively manage fatigue, to support workers affected by mental illness and substance misuse, and to encourage our employees to seek assistance if they are experiencing any issues that may impact their wellbeing.⁹²

89 Mr Peter Miller, *Transcript of Evidence*, 12 November 2014, p. 6.

90 Submission No. 11 from Reach Out by Inspire Foundation, 23 September 2014, pp. 5–6.

91 Submission No. 30 from BHP Billiton, 15 October 2014, p. 5.

92 Submission No. 30 from BHP Billiton, 15 October 2014, p. 5.

Committee comment

The problem for the resources sector is that the perception of adverse consequences associated with reporting mental health concerns is reportedly preventing employees from taking action to address their problems.

Drug testing

The inquiry heard that some FIFO workers, fearing detection by urine tests screening for drugs, either do not disclose or cease taking their prescribed mental health medication. The AMWU reported that some workers fear repercussions at work ‘even if they sought professional help outside work for mental illness and were prescribed medication’.⁹³

A respondent to the AMWU’s survey reported:

*A lot of people are too afraid to take antidepressants short term due to drug testing and as a result management find out person is suffering from depression and then usually confidentiality is out the window and the whole team finds out.*⁹⁴

It appears that fear of discovery as a result of drug testing is potentially preventing workers from taking their medication. When submitting to a drug test, workers are asked to disclose any prescription medication they may be currently taking.⁹⁵ The fear and stigma attached to disclosure of mental health to supervisors and colleagues could result in workers ignoring their mental health problems and failing to seek adequate treatment, or failing to continue with their treatment.

93 Submission No. 35 from the Australian Manufacturing Workers’ Union, 26 September 2014, p. 6.

94 Submission No. 35 from the Australian Manufacturing Workers’ Union, 26 September 2014, p. 6.

95 Mr Steve McCartney, Secretary, the Australian Manufacturing Workers’ Union, *Transcript of Evidence*, 3 November 2014, p. 9.

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Committee comment

It has been reported to the inquiry that people have stopped taking their anti-depressant medication, or have not commenced taking it, as a result of fear of adverse consequences for their employment should their use of medication be discovered.

It is essential that stigma and the associated fear of disclosure of mental health problems are eliminated from the workplace and that FIFO workers are able to get the treatment they require for their illness.

The Committee intends to gather further information on drug screening procedures and processes during the next phase of the inquiry.

Bullying and harassment

The *Code of Practice on Violence, Aggression and Bullying at Work* applies to the resources sector and suggests that bullying in the workplace can have the following negative consequences:

- stress, anxiety or sleep disturbance;
- panic attacks or impaired ability to make decisions;
- incapacity to work, concentration problems, loss of self-confidence and self-esteem or reduced output and performance;
- depression or a sense of isolation;
- physical injury;
- reduced quality of home and family life; or
- in extreme cases, risk of suicide.⁹⁶

Comments made by the CFMEU and AMWU, and a range of submitters made reference to bullying and harassment being present on FIFO work sites.

On the nature of bullying on site, the AMWU reported:

*Sometimes it is just like schoolyard crap, to be perfectly honest, where guys just pick on people on the job. We should be able to be, hopefully, in an environment where we can put our hand up over that.*⁹⁷

96 Department of Commerce, *Code of Practice: Violence, Aggression and Bullying at Work*, Commission for Occupational Safety and Health, 2010, p. 16.

97 Mr Steve McCartney, State Secretary, Australian Manufacturing Workers' Union, *Transcript of Evidence*, 3 November 2014, p. 12.

Bullying is not restricted to co-workers, but can also include bullying and intimidation from supervisors and security staff. The AMWU told the inquiry:

There is no shortage of supervisors, security people and others, understanding how much power they have got. If you are earning \$170 000 or \$180 000 a year and you want to protect that, they know how badly you want to protect that [...] So some people [...] abuse that power, and some people do not.⁹⁸

The Department of Mines and Petroleum also indicated that bullying can involve both co-workers and managers:

We get bullying from co-workers bullying other workers. There are supervisors allegedly bullying people, making undue expectations or showing favouritism to others and that sort of thing. It is not unusual to get complaints in that area.⁹⁹

Similarly, some submissions reported that workers who were seen to make mistakes or ‘stuff something up’ on the job were humiliated in front of colleagues, and in some cases an arbitrary penalty was imposed, such as a carton of beer. Mr and Mrs Miller told the inquiry of a young man who recently committed suicide on a FIFO site who was:

[...] belittled on site in front of others on a regular basis. He owed at the time of his death five birthday cakes—slabs of beer—for his so called mistakes on site.¹⁰⁰

DMP has jurisdiction to investigate reports of bullying on mine sites; however, as discussed in chapter 6, there are doubts about DMP’s ability to investigate or regulate activity that takes place in accommodation facilities. DMP reported that it is often the case that individuals discontinue a bullying complaint when asked to provide certain details or specific information.¹⁰¹

In the previous five years, DMP has received a total of 72 complaints of bullying, of which:

- 19 were investigated by an Inspector due to a bullying complaint form being lodged with DMP;

98 Mr Steve McCartney, State Secretary, Australian Manufacturing Workers’ Union, *Transcript of Evidence*, 3 November 2014, p. 12.

99 Mr Simon Ridge, Executive Director, Resources Safety Division, Department of Mines and Petroleum, *Transcript of Evidence*, 22 October 2014, p. 7.

100 Mrs Anita Miller, *Transcript of Evidence*, 12 November 2014, pp. 1–2.

101 Mr Simon Ridge, Executive Director, Resources Safety Division, Department of Mines and Petroleum, *Transcript of Evidence*, 22 October 2014, p. 7.

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- 36 were investigated by an Inspector despite no bullying complaint form being lodged;
- 12 were sent a bullying complaint form but did not return the form to DMP and were not further investigated. This may also be due to insufficient evidence provided by the complainant to investigate further; and
- 5 were investigated by the mine site itself.¹⁰²

As a result of the 55 complaints above that were investigated by DMP, five improvement notices were issued in relation to bullying.¹⁰³

Committee comment

The CFMEU expressed the view that more should be done to protect individuals in camp arrangements from bullying and harassment.¹⁰⁴ Given the reluctance of many employees to make formal complaints to DMP, this is not an exclusively regulatory problem. The reluctance of employees to come forward is connected to the same workplace cultural problems that create fear and stigma about mental health issues. Addressing bullying will require collaboration between employers, employees, unions, and the regulator.

FIFO women

Research has indicated that women find working within a male dominated environment particularly challenging, with few female colleagues available to build a successful support network.¹⁰⁵ Women have reported specific challenges working FIFO, such as being the focus of attention in a male dominated environment, fitting in with the masculine culture onsite, coping with a lack of privacy, having a lack of contact with other females, being subject to harassment and discrimination, and having to prove themselves in their positions to male colleagues.¹⁰⁶

102 Submission No. 63 from Department of Mines and Petroleum, 5 November 2014, pp. 1 & 9.

103 Submission No. 63 from Department of Mines and Petroleum, 5 November 2014, p. 1.

104 Mr Michael Buchan, State Secretary, Construction, Mining, Forestry and Energy Union, *Transcript of Evidence*, 5 November 2014, p. 12.

105 Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013, p. 90.

106 Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013, p. 34.

Committee comment

The Committee acknowledges that women working FIFO have a range of specific challenges, and would welcome further information on the particular mental health issues that women face while doing this form of work.

Alcohol on site

There appears to be a view that workers are regularly abusing alcohol on site and endangering both their physical and mental health. The AMA has highlighted the use of alcohol and drugs as a non-effective coping strategy employed by FIFO workers to cope with the “unique pressures of working in a FIFO environment”.¹⁰⁷

The Lifeline WA report asserts that “[h]igher levels of alcohol consumption and substance use have been found amongst FIFO workers when compared to the national average.”¹⁰⁸ The AMA similarly reports:

*When the realities of the FIFO lifestyle are compared to the factors associated with risky drug and alcohol consumption, it is evident that particular similarities exist. The AMA (WA) has previously articulated reports from WA medical practitioners that the disrupting nature of FIFO employment has led to an increased use of alcohol and drugs in their FIFO patients. This high risk taking behaviour is a proven risk factor in an age and gender cohort already predisposed to suicide.*¹⁰⁹

The Mental Health Commission also expressed some concern about the impacts of having alcohol readily available in FIFO accommodation sites and warned that:

*Increases in overall consumption are usually associated with increased harmful consumption and related harm. Other risk factors such as the workforce being predominantly males, younger ages and relatively high disposable income, are likely to exacerbate the environmental cues for harmful alcohol use ...It is also possible that people self-medicating emerging and existing mental health problems, such as depression, with alcohol will be further supported in the risky behaviour.*¹¹⁰

107 Submission No. 53 from the Australian Medical Association, 1 October 2014, p. 4.

108 Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013, p. 35.

109 Submission No. 53 from the Australian Medical Association, 1 October 2014, p. 4.

110 Submission No. 61 from the Mental Health Commission, 13 October 2014, p. 6.

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Committee comment

Alcohol is often used as a non-effective coping mechanism by FIFO workers experiencing lower levels of mental wellbeing. The ready access to alcohol on site means that it is all too often the default choice for dealing with stress, anxiety or other problems. The Committee acknowledges that many sites place limitations on the amount of alcohol that can be purchased by workers, but many submitters raised concerns about the permissive drinking cultures that remained prevalent on a number of sites.

The Committee acknowledges that there is the related issue of alcohol consumption when a worker has returned home in between swings. The Mental Health Commission reported that “the mining workplace has an impact on the culture of alcohol use both on and off site for FIFO workers.”¹¹¹ The FIFO Australian Community of Excellence reported that “[w]hile 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”.¹¹² Other submitters have reported partners of FIFO workers complaining “about the social behaviours that are not acceptable outside of the workplace or camps [...] e.g. drinking alcohol in excess”.¹¹³

Committee comment

The Committee is aware that excessive consumption of alcohol away from the mining workplace may be a problem for some FIFO workers, and would appreciate more information on the impact of these habits on the mental health of the worker and their family.

A connected issue relates to the consumption of alcohol by workers during a shift changeover period where they are required to stay on an accommodation site. The Committee is aware that there have been tragic outcomes reportedly arising from binge drinking during this shift changeover period.¹¹⁴

Accommodation facilities

Many submitters made reference to various aspects of FIFO accommodation as critical to the mental wellbeing of FIFO workers. Issues such as the design of camps, camp facilities and activities, controls over worker movement and access to areas, and the atmosphere of camps were highlighted.

111 Submission No. 61 from the Mental Health Commission, 13 October 2014, p. 2.

112 Submission No. 23 from Fly-in/Fly-Out Australian Community of Excellence, September 2014, p. 22.

113 Submission No. 12 from Bunbury Counselling, 23 September 2014, p. 2.

114 Grant Taylor and Peter Williams, 'Mine Fight Death', *The West Australian*, 5 June 2014, p. 1.

The design of FIFO accommodation facilities

According to the CME, the design, size and standard of camps and rooms in FIFO villages can vary from site to site. It was suggested that room design focuses on “providing a high level of comfort for employees” with an en-suite bathroom and items such as desks, televisions, internet access, and storage areas standard.¹¹⁵

According to the CFMEU, worksite accommodation is typically a cluster of prefabricated, demountable dongas.¹¹⁶

Most resource companies acknowledged that the comfort and privacy of their employees was important to their wellbeing, as well as highlighting that accommodation should offer the opportunity for quality rest and relaxation.¹¹⁷

Motelling

Motelling was identified by several submitters as contributing to the sense of isolation and remoteness experienced by FIFO workers.

The term motelling refers to the practice of assigning workers a different room each time a worker reports to site for their next swing. This is distinct from the practice of assigning a FIFO worker their own dedicated donga or room to which they return each time they are on swing.

The AMWU suggested the practice “dissolve[s] the community fabric that exists with more permanent arrangements and undermine[s] camp cohesiveness”; the CFMEU expressed a similar concern.¹¹⁸ These concerns centred on workers’ ability to establish networks of support or to create communities in accommodation villages.

The AMWU submitted that permanency of accommodation allows for “continuity of neighbours”, and that familiarity with neighbours in an accommodation village “provides a level of comfort during long swings away from regular support networks”.¹¹⁹ The sense of community and the support networks that evolve in accommodation villages are important given the findings of the Lifeline WA report that

115 Chamber of Minerals and Energy of Western Australia, *A Matter of Choice: Capturing the FIFO Opportunity in FIFO Communities*, Western Australia, April 2012, p. 95.

116 Submission No. 39 from the Construction, Mining, Forestry and Energy Union, 26 September 2014, p. 12.

117 Submission No. 30 from BHP Billiton, 26 September 2014, p. 10.

118 Submission No. 35 from the Australian Manufacturing Workers’ Union, 26 September 2014, p. 11. Submission No. 39 from the Construction, Forestry, Mining and Energy Union WA, 26 September 2014, p. 12.

119 Submission No. 35 from the Australian Manufacturing Workers’ Union, 26 September 2014, p. 11.

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males were much more likely to seek support from a colleague, friend or relative than they were from a formal support service such as an EAP.¹²⁰

Submitters reported that occupying a new room each “swing” was detrimental to a worker’s ability to create a comfortable home away from home. Workers who occupy the same accommodation each time they are on site are able to bring personal items from home, such as photos of loved ones, in order to create their own comfortable space.¹²¹

Workers occupying the same room each swing are able to get to know their neighbours and build relationships and a level of trust with them. As the CFMEU has commented, motelling arrangements remove this possibility: “[i]f something happens during the night and I want to go and seek some help or talk to someone, I do not know which door to knock on anymore.”¹²²

Motelling can also have the effect of exacerbating bullying or harassment experienced on the site. It was reported that permanent accommodation arrangements allow workers who may be experiencing some conflict with a particular co-worker the opportunity to avoid them. However, with motelling arrangements, there is the potential for workers in conflict to be placed close to each other.¹²³

The inquiry has been informed that motelling is becoming increasingly prevalent and that it is a particular feature of most FIFO construction sites.

Committee comment

The practice of motelling reduces the sense of community in accommodation facilities in the FIFO sector and this loss of community potentially contributes to the feelings of isolation and loneliness experienced by some FIFO workers. A sense of community helps to build resilience amongst workers.

Amenities provided at FIFO accommodation facilities

Industry emphasised additional facilities and amenities that were available at some camps such as:

- Gymsnasiums and fitness areas.

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

121 Mr Michael Buchan, State Secretary, Construction, Forestry, Mining and Energy Union, *Transcript of Evidence*, 5 November 2014, p. 6.

122 Mr Graham Pallot, Assistant Secretary, Construction, Forestry, Mining and Energy Union, *Transcript of Evidence*, 5 November 2014, p. 13.

123 Mr Graham Pallot, Assistant Secretary, Construction, Forestry, Mining and Energy Union, *Transcript of Evidence*, 5 November 2014, p. 13.

- Outdoor sporting facilities such as tennis and basketball courts, bowling greens, cricket nets, soccer pitches, and volleyball courts.
- Walking tracks.
- Social areas with barbeques and gazebos.
- Prayer/reflection rooms.
- Recreation rooms with movie theatres, pool tables and televisions.
- Onsite shops.
- Medical centres.
- Laundry facilities.
- “Wet” and “dry” messes.¹²⁴

These amenities are provided by employers to “provide opportunities to their employees to engage in social activities and live an active and healthy lifestyle while residing in the villages”.¹²⁵ This sentiment was echoed in submissions from the resources sector.

Physical and mental health are linked, with good physical health, including remaining hydrated and eating healthily, contributing to positive mental health which results in workers being mentally equipped to deal with the practical demands of FIFO work.¹²⁶ Most companies have recognised this and provide facilities for workers to maintain their physical health, including making fitness instructors available. However, it is unclear what the uptake of these facilities and services amongst FIFO workers is, and whether workers’ on-site nutrition supports good physical health.

The AMA expressed concern that the accommodation could become a stressor for workers, with the working lifestyle becoming boring and monotonous. Furthermore, with a lack of activities once shifts finish, workers tend to spend their time in the solitary space of their rooms watching television.¹²⁷

Workers on many sites are also provided with services such as Lifestyle Co-ordinators, sporting competitions, and scheduled social activities. These initiatives by industry aim

124 Chamber of Minerals and Energy of Western Australia, *A Matter of Choice: Capturing the FIFO Opportunity in FIFO Communities*, Western Australia, April 2012, p. 95.

125 Chamber of Minerals and Energy of Western Australia, *A Matter of Choice: Capturing the FIFO Opportunity in FIFO Communities*, Western Australia, April 2012, p. 95.

126 Submission No. 23 from FIFO Australian Community of Excellence, 26 September 2014, p. 21.

127 Submission No. 53 from the Australian Medical Association, 1 October 2014, pp. 4–5.

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to tackle the sedentary behaviour identified by the AMA, and address the isolation felt by many workers when they withdraw into their accommodation.

Creating Communities, a social planning consultancy, suggested that the role of Lifestyle Coordinators tended to only focus on fitness, exercise and diet issues rather than actively building networks between individuals and facilitating the development of a sense of community on site.¹²⁸ It was felt that this role could be redefined to encompass facilitating greater social connectedness amongst workers in the accommodation.

Committee comment

The Committee queries whether Lifestyle Coordinators are currently meeting the psychosocial needs of the FIFO workforce.

Stressors

Fatigue

Fatigue has been identified as a contributing factor to vulnerable mental states and suicide.¹²⁹ The high compression rosters worked by some FIFO workers can lead to poor sleeping patterns and fatigue, whilst the limited time off does not allow for adequate rest and recovery time.

The Lifeline WA report found that workers were concerned about fatigue, exhaustion and even burn out in relation to working long shifts, carrying out physically demanding tasks often in extreme weather conditions.¹³⁰

Committee comment

The Committee intends to further explore the connection between fatigue and mental health and welcomes further engagement from stakeholders on this issue.

Control exercised over workers

Several submitters suggested that the regimented nature of FIFO life, both in the workplace and accommodation facilities, was a major source of stress for FIFO workers. This is a result of the level of control exercised by the employer over ordinary life on the camp, touching on issues as basic as when and what to eat, what time to go bed, and the nature of activities available off-shift.

128 Mr Carl Binning, Managing Director, Creating Communities, *Transcript of Evidence*, 5 November 2014, p. 10.

129 Submission No. 23 from FIFO Australian Community of Excellence, 26 September 2014, p. 6.

130 Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013, p. 66.

The AMA suggests that this issue “cannot be underestimated as having a major negative impact on employee mental health.”¹³¹ The Lifeline WA report highlighted the impact of restrictive safety regulations and monitoring, coupled with restrictions on workers once they return to their accommodation at the end of their shift, as contributing to a sense of having a lack of control over their lives.¹³² According to the report:

*[t]he matter of agency versus personal control is significant, for as shown in other population groups, like prisoners and soldiers, there are long-term negative impacts associated with undermining individual autonomy and decision-making.*¹³³

The Lifeline report also found that workers felt ‘trapped’ and unable to change their circumstances.

The AMA also expressed its concern about this issue, noting that “[o]nerous rules, safety procedures and focus on achievement of production levels have been shown to create a distinct sense of entrapment in FIFO workers.”¹³⁴

It has been reported to the inquiry that workers on site who receive rest days (normally, those who work higher compression rosters) are typically prohibited from leaving the site, regardless of proximity to a population centre.

The AMWU’s state secretary Steve McCartney summed the situation up in this way:

*[...] when I was working FIFO, I had a sense of freedom after work, because I was free to leave the camp. I was free to do anything any other responsible person was allowed to do [...] as long as I was responsibly back in a fit condition to go to work the next day. Now you are controlled whether you can leave the camp, you are controlled what you do when you are in the camp, you are controlled how many people can visit you in the camp, and you are controlled where you live in the camp.*¹³⁵

Other elements of control reported to the inquiry included:

131 Submission No. 53 from the Australian Medical Association, 1 October 2014, p 5.

132 Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013, p. 82.

133 Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013, p. 82.

134 Submission No. 53 from the Australian Medical Association, 1 October 2014, p. 5.

135 Mr Steve McCartney, State Secretary, Australian Manufacturing Workers’ Union, *Transcript of Evidence*, 3 November 2014, p. 8.

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- Strict controls of entry to the accommodation facilities;
- Security guards, sometimes equipped with German Shepherds; and
- Accommodation facilities surrounded by barbed wire fences.¹³⁶

Committee comment

The extreme level of control exercised over FIFO workers while they are on site may heighten the risk of mental ill-health amongst the workforce. This level of control varies between camps but seems to have increased over time.

Financial stressors

Research by the Australasian Centre for Rural and Remote Mental Health identified the financial situation of workers as one of the most significant sources of stress for workers and their families.¹³⁷ This has been identified as a key stressor which may impact on the mental health of workers. The AMA suggests “many FIFO workers are highly committed financially based on their current incomes, any threat to this income has the potential to impact on mental health”.¹³⁸

Many other submissions made mention of the “golden handcuffs”; a term given to the tendency for workers to become overstretched financially and forced to persevere with FIFO work to maintain their lifestyle. Many submitters identified a trend in which some workers’ lifestyles changed to match their income without regard to the future financial implications of a change of circumstances and earning capacity. A report by the Australian Institute of Family Studies found:

*While high levels of income are an incentive for families to enter a FIFO/DIDO lifestyle, evidence suggests that correspondingly expensive lifestyle choices can become a trap for some families, particularly if the FIFO lifestyle is found to be unsustainable and the need to go back to previous income levels is problematic due to financial over-commitment.*¹³⁹

The Lifeline WA report found that FIFO workers “having committed themselves to significant ongoing financial obligations (i.e. mortgages), [...] felt unable to leave FIFO

136 Mr Michael Buchan, State Secretary, Construction, Forestry, Mining and Energy Union, *Transcript of Evidence*, 5 November 2014, p. 11.

137 Submission No. 19 from the Australasian Centre for Rural and Remote Mental Health, 25 September 2014, p. 14.

138 Submission No. 53 from the Australian Medical Association, 1 October 2014, p. 5.

139 Meredith, V., Rush, P., & Robinson, E., (2014), 'Fly-in, fly-out workforce practices in Australia: The effects on children and family relationships', CFCA Paper No. 19, Australian Institute of Family Studies, Melbourne, February 2014, p10.

work, regardless of their stress and dissatisfaction with it”.¹⁴⁰ This contributes to workers feeling trapped into continuing with FIFO work, and disregarding their mental health out of necessity. Due to concerns about this issue affecting mental health of FIFO workers the AMA “encourages employers to be cognisant of this and to develop strategies for employees to cope with changing circumstances”.¹⁴¹

Committee comment

Financial stresses often mean that the only choice for a FIFO worker is to continue in a FIFO role despite possible impacts on their health and wellbeing.

140 Sellenger Centre for Research in Law, Justice and Social Change at Edith Cowan University, *FIFO/DIDO Mental Health Research Report 2013*, commissioned by Lifeline WA, Western Australia, 2013, p. 82.

141 Submission No. 53 from the Australian Medical Association, 1 October 2014, p. 5.

Chapter 4

Research on the mental health of FIFO workers

This chapter examines the existing research and other hard data presented to the inquiry and draws together the themes addressed in preceding chapters.

Research into the mental health impacts of fly-in, fly-out work arrangements

Almost all submitters to the inquiry were in agreement that there was insufficient research on the question of the overall mental health of the fly-in, fly-out workforce. *beyondblue* reported that the diversity of the resources sector, and the rapid expansion of its associated workforce, had added to the complexity of establishing a sound evidence base.¹⁴²

However, the Lifeline WA study, which has the benefit of a large sample size – some 924 workers – found that levels of psychological distress were higher amongst the sampled FIFO workers than the general population as a whole.¹⁴³

The Chamber of Commerce and Industry (CCI) commented that “the capacity of policy makers to properly identify occupation-related health or psychological issues, and the ability of employers to respond appropriately to the needs of their workforce, is limited by an absence of empirical data in relation to the social and emotional wellbeing of workers.”¹⁴⁴

Unions contributing to the inquiry also commented on the lack of research on the impact of fly-in, fly-out work arrangements. The Australian Manufacturing Workers Union (AMWU) suggested that the lack of information should be “of significant concern to the current inquiry.”¹⁴⁵ The CFMEU offered similar sentiments and described as “particularly problematic” the “dearth of published studies and data on FIFO practices in Western Australia”.¹⁴⁶

The Chamber of Minerals and Energy (CME) highlighted that the resources sector provides support for research initiatives through partnerships with universities and

142 Submission No. 44 from *beyondblue*, 30 September 2014, p. 2.

143 Submission No. 19 from the Australasian Centre for Rural and Remote Mental Health, 25 September 2014, p. 8.

144 Submission No. 57 from the Chamber of Commerce and Industry, 3 October 2014, p. 3.

145 Submission No. 35 from the Australian Manufacturing Workers Union, 26 September 2014, p. 4.

146 Submission No. 39 from the Construction, Forestry, Mining and Energy Union, 26 September 2014, p. 5.

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service providers, although it did not provide additional information about the nature or purpose of the research.¹⁴⁷

Despite the widely acknowledged lack of published research examining the prevalence of mental health problems amongst fly-in, fly-out workers, many submitters did draw upon research material to support their respective views. The Committee outlines these positions in the sections that follow.

The Committee notes that some submitters referred to a report completed by the Commonwealth Parliament's Standing Committee on Rural and Regional Affairs: *Cancer of the bush or salvation for our cities?* This was a wide ranging inquiry that examined fly-in, fly-out in a broad context and mental health was not examined in any particular detail. Nonetheless, the Commonwealth Committee made the following recommendation:

*The Committee recommends that the Commonwealth Government commission a comprehensive study into the health effects of fly-in, fly-out/drive-in, drive-out work and lifestyle factors and as a result of this research develop a comprehensive health policy response addressing the needs of fly-in, fly-out/drive-in, drive-out workers.*¹⁴⁸

The Committee is not aware of any action in response to the recommendation. Some submitters also took the opportunity to quote in their submission to this inquiry the following paragraph from the Commonwealth Committee's report:

*No evidence was presented that supported a claim that mental health issues were any higher in the FIFO worker population than in the wider workforce.*¹⁴⁹

Committee comment

The Committee does not necessarily agree that the same conclusion can be reached based upon the evidence provided to this inquiry. Especially as the comprehensive study recommended by the Commonwealth Committee has yet to be carried out.

147 Submission No. 54 from the Chamber of Minerals and Energy, 1 October 2014, p. 9.

148 House Standing Committee on Regional Australia, *Cancer of the bush or salvation for our cities? Fly-in, fly-out and drive-in, drive-out workforce practices in Regional Australia*, Parliament of Australia, Canberra, 13 February 2013, p. 100.

149 House Standing Committee on Regional Australia, *Cancer of the bush or salvation for our cities? Fly-in, fly-out and drive-in, drive-out workforce practices in Regional Australia*, Parliament of Australia, Canberra, 13 February 2013, p. 100.

Industry submissions on mental illness

Submissions to the inquiry from industry bodies and individual companies acknowledged the existence of unique stressors that impact upon fly-in, fly-out workers. The Committee examined these stressors in the previous chapter. In accepting that these stressors exist, most industry submitters sought to highlight the results of studies and other research that indicated either a better rate of psychological wellbeing amongst FIFO workers, or rates at levels equivalent to the population at large.

The CME submitted that “examination of available research does not suggest any significant association between employment in the resources sector and poor wellbeing.”¹⁵⁰ The CME cited a study by Western Australia’s Department of Health which analysed mining industry workers’ reported self-assessment of their mental health and found that they do not report having a higher prevalence of mental health problems, compared to the general population.¹⁵¹

CME, AMEC and the CCI drew the Committee’s attention to a PhD thesis completed by Dr Anne Sibbel in 2010, which found that “both FIFO employees and their partners are within the norms for healthy functioning on the scales and sub-scales of the measures of psychological wellbeing, relationship satisfaction and perceptions of family function”. The quantitative study involved 90 FIFO workers and 32 of their partners and the qualitative study involved 16 FIFO workers and 12 of their partners.¹⁵²

Both the CCI and the CME also referenced a study from the University of Queensland’s Centre for Social Responsibility in Mining. This study, completed in 2013, involved a literature review and a survey of 286 FIFO workers employed in the resources sector around Australia. CME highlighted that this study found that the sampled FIFO workers experienced a *lower* prevalence of depression, anxiety and stress when compared to the general population.¹⁵³

The CCI cited a report completed by Nicholas Keown in 2005 for Goldfields Men’s Health Inc. This report found “no significant differences in levels of psychological wellbeing as determined by the GHQ 12 between male FIFO and residential mining employees.”¹⁵⁴ The same report was cited by the CME in *A matter of choice: capturing the FIFO opportunity in Pilbara communities*, a publication released in April 2012.¹⁵⁵

150 Submission No. 54 from the Chamber of Minerals and Energy, 1 October 2014, p. 17.

151 Submission No. 54 from the Chamber of Minerals and Energy, 1 October 2014, p. 17.

152 Submission No. 54 from the Chamber of Minerals and Energy, 1 October 2014, p. 17.

153 Submission No. 54 from the Chamber of Minerals and Energy, 1 October 2014, p. 18.

154 Submission No. 57 from the Chamber of Commerce and Industry, 3 October 2014, p. 3.

155 Chamber of Minerals and Energy, *A matter of choice: capturing the FIFO opportunity in Pilbara communities*, April 2012, p. 90.

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The Australian Mines & Metals Association (**AMMA**) drew the inquiry's attention to research conducted by Dr Samara McPhedran, using data about 375 men from the Household, Income and Labour Dynamics in Australia (HILDA) Survey at the University of Melbourne. AMMA provided the following quote from Dr McPhedran in its submission:

*Much of the speculation surrounding employees in the resources sector and their mental health is based on anecdotal information rather than concrete data [...]. Our study in fact, found very little evidence of poor mental health or emotional wellbeing among miners.*¹⁵⁶

AMMA also highlighted a 2013 report from Safe Work Australia, detailing the incidence of accepted workers compensation claims for mental stress, that showed the mining industry accounted for 0.6 per cent of the mental stress claims across all industries. The highest rates of mental stress claims were found in the health and community services sector, followed by the education sector.¹⁵⁷

Committee comment

The Committee acknowledges that it is not at present in possession of data relating to claims for workers compensation for mental stress or psychological injury in the workplace. The Committee would welcome further submissions on this issue.

In its submission to the inquiry, Rio Tinto stated that:

*Despite recent assertions that there may be a higher occurrence of mental health issues associated with FIFO employment, research is yet to establish any substantive evidence to support such claims.*¹⁵⁸

In its submission to the inquiry, Fortescue Metals Group (**FMG**) referenced the findings of research by the Australian Institute of Family Studies:

- *Research to date indicates that FIFO families are likely to be healthy and functioning and demonstrate high levels of communication and cohesion;*
- *Most FIFO couples report healthy, satisfying and cohesive relationships;*
- *The ability to communicate regularly, privately and spontaneously is an important factor that reduces the impact of FIFO on children and families; and*

156 Submission No. 48 from the Australian Mines & Metal Association, 30 September 2014, p. 6.

157 Submission No. 48 from the Australian Mines & Metal Association, 30 September 2014, p. 2.

158 Submission No. 49 from Rio Tinto Limited, 30 September 2014, p. 29.

- *A FIFO lifestyle does not suit everyone and families considering FIFO should review the likely advantages and disadvantages.*¹⁵⁹

Some of the research relied upon by the resources sector is problematic. Unfortunately, at least two of the reports cited above over-represent “professional workers” in the survey results and, as explained in chapter 2, the significant majority of employees in the resources sector are labourers or other skilled trades.

Committee comment

Overwhelmingly, the evidence submitted to the inquiry from the resources sector downplayed the impact of FIFO work practices upon individual psychological wellbeing. There was little acknowledgement of contrary information.

Industry submissions on suicide

Most industry submitters sought to highlight the lack of evidence suggesting a causal connection between mental illness and suicide and FIFO work practices. Instead, the inquiry was encouraged to consider the broader demographic features of the FIFO workforce and the extent to which those demographic features matched the at-risk populations for mental illness and suicide. At hearing, the CME summarised this position in the following terms:

*The challenge for the inquiry, for industry, community and government is to clearly understand what is causal, what is contributory or what is coincidental, so that we can respond to improve the health and wellbeing of not only the employees in the resources sector and their families, but also the broader community of Western Australia.*¹⁶⁰

The CME expressed its concern that the inquiry had assumed “there is a higher incidence of mental illness and suicide within the resources sector FIFO workforce”.¹⁶¹

The CCI sought to calculate figures for suicide rates per 100,000 based on the nine FIFO suicides reported in the media. It arrived at a figure of 14.75 per 100,000 persons, a rate it described as:

[...] significantly lower than the Australian male suicide rate for all but one male five year age group by working age (15-19), lower than the

159 Submission No. 33 from Fortescue Metals Group, 26 September 2014, p. 7.

160 Ms Nicole Roocke, Deputy Chief Executive, Chamber of Minerals and Energy, *Transcript of Evidence*, 5 November 2014, p. 3.

161 Submission No. 54 from the Chamber of Minerals and Energy, 1 October 2014, p. 19.

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*average death rate of 16.3 for males, and about half the rate of the age group 35-39 at 27.6.*¹⁶²

The CME also calculated an estimated suicide rate per 100,000 using the same nine reported suicides and found the rate to be 13.4 per 100,000.¹⁶³

Committee comment

The Committee would be reluctant to give credence to the estimated rates of suicide by FIFO workers based on the publicly reported suicides. As later sections of this report make clear, there remains significant uncertainty about the rate of suicide amongst these workers.

Non-industry submissions on mental illness

As previously mentioned, all submitters were in agreement that there is an unacceptably low amount of reliable data on the incidence of mental illness amongst the FIFO workforce. In its submission, the Australian Centre for Rural and Remote Mental Health (ACRRMH) identified the following limitations with respect to the existing research:

- Small sample sizes
- Qualitative rather than quantitative research
- Anecdotal
- Sampling bias
- Extrapolations from other sources and types of work or industries¹⁶⁴

Concerns about the quality of existing research were also raised by Gary Hulse, a professor of addiction medicine at the University of Western Australia's School of Psychiatry and Clinical Neurosciences. Professor Hulse pointed out that "[many] of these studies suffer from poor design, often based on small sample sizes without provision of a control group making generalizations impossible."¹⁶⁵

The ACRRMH also highlighted the results of a study of 994 FIFO workers that it had undertaken over a two-year period. This study found that the prevalence of

162 Submission No. 57 from the Chamber of Commerce and Industry, 3 October 2014, p. 4.

163 Ms Nicole Roocke, Deputy Chief Executive, Chamber of Minerals and Energy, *Transcript of Evidence*, 5 November 2014, p. 2.

164 Submission No. 19 from the Australian Centre for Rural and Remote Mental Health, 25 September 2014, p. 8.

165 Submission No. 16 from Professor Gary Hulse, School of Psychiatry and Clinical Neurosciences, University of Western Australia, 25 September 2014, p. 2.

psychological distress at the sites surveyed was 50 per cent higher than the general Australian population.¹⁶⁶

Almost all submitters made reference to the report completed by Lifeline WA in 2013. At hearing, Lifeline WA's CEO Ms Fiona Kalaf indicated that she had asked for the report to be completed because she was often being asked for a view about FIFO mental health but had no data on which to offer an opinion.¹⁶⁷ The Lifeline WA report was also relied upon quite extensively by submitters because of its identification of various stressors that act upon FIFO workers. These stressors are discussed at some length in chapter 3.

There are sources of data on this issue which the Committee has not yet accessed, including information about unexpected personnel evacuations from FIFO sites. The Committee intends to pursue access to this information with the resources sector as it continues the inquiry in 2015.

Committee comment

For the various reasons already discussed in this section, the amount of research regarding the prevalence of mental illness amongst FIFO workers brought to the Committee's attention by submitters was limited. Having said that, with the exception of the Lifeline WA report, the absence of definitive research does not indicate the absence of a problem.

Non-industry submissions on suicide

Many submitters made reference to the nine suicides repeatedly mentioned in the media in the lead-up to the establishment of this inquiry. Very little hard data was made available to the inquiry, although the information that is available will be examined in some detail in the sections that follow.

Unreliable official sources of data

Firstly, the Committee was not able to independently verify the reported figure of nine suicides in 12 months. The Committee undertook a comprehensive media review to ascertain which, if any, suspected suicides connected to FIFO had taken place in the 12 months following Rhys Connor's death in August 2013. The Committee was able to identify six reported suspected suicides (including Mr Connor), but relying upon the media as the source of this information is problematic – many families do not wish for the details of their loved one's death to be made public, so it is likely that the media

166 Submission No. 19 from the Australian Centre for Rural and Remote Mental Health, 25 September 2014, pp. 9–10

167 Ms Fiona Kalaf, Chief Executive Officer, Lifeline WA, *Transcript of Evidence*, 3 November 2014, p. 7.

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will under-report the issue. Indeed, the Committee is aware of suspected suicides that have taken place since August 2014 that have not been reported in the media.

Secondly, the Department of Mines and Petroleum (**DMP**) is not a reliable source for data on suspected suicides in FIFO accommodation facilities. This issue is explored in further detail in chapter 6, but DMP advised the Committee that, during the previous three financial years, it only had records for three suspected suicides having taken place in either the workplace at a mine or in an associated FIFO accommodation facility.¹⁶⁸ Importantly, the three deaths that it is aware of took place in August, September and October of 2014 – in other words, these suspected suicides were only reported to the regulator after news of this inquiry became prominent in the media.

Thirdly, the Coroner’s information about suspected suicides is similarly incomplete. The Coroner provided the information in Table 4.1 to the inquiry about the number of suicides by persons working in FIFO occupations for each financial year between 2008–2009 and 2013–2014. The Coroner acknowledged that the information contained in coronial records would depend upon the accuracy and detail of the information provided in the case documentation, which is usually compiled by the police. As a result, although six records specifically documented FIFO as the employment at time of death, this number could not be relied upon because of the inconsistent approach to data recording. Aware of this, the Coroner also provided the inquiry with information about suicides by those employed in occupations that were “associated with that of a fly-in, fly-out worker”.¹⁶⁹

Table 4.1: Data from the State Coroner on reported instances of suicide amongst FIFO associated occupations

Financial year	Occupation associated with FIFO	“FIFO” contained in record ^a
08–09	4	3
09–10	0	0
10–11	4	1
11–12	9	1
12–13	7	1
13–14	0	0
Total	24	6

^a Note that the data in this column is a subset of the data in the “occupation associated with FIFO” column

Even having regard for the provision of both types of data, the Coroner acknowledged there may be the likelihood of under-reporting because of:

- Accuracy and detail of information provided in case documentation;
- Rate of document attachment for each case (particularly for cases 2013 – 2014);

168 Submission No. 67 from the Department of Mines and Petroleum, 11 November 2014.

169 Submission No. 9 from the Coroner’s Court of Western Australia, 22 September 2014, p. 3.

- Accuracy of information provided in the National Coronial Information System.¹⁷⁰

Other data sources

The inquiry received a submission from BSS, a provider of employee assistance programs to the resources sector. BSS reported that it is the largest provider of critical incident response services to the Western Australian resources sector, providing employee assistance services to an estimated 34,600 FIFO workers and their immediate families and 14,800 residential workers and their immediate families.¹⁷¹

During the 21 month period commencing in January 2013 and ending in September 2014, BSS was requested by client organisations to respond to 18 critical incidents involving either a suicide or attempted suicide.¹⁷² BSS provided the following breakdown in table 4.2 for the critical incidents:

Table 4.2: Critical incidents reported to BSS Employee Assistance in relation to suicide or attempted suicide

Year	Work status	Suicide completed	Suicide attempted
2013	FIFO worker	2	2
	Non-FIFO worker	2	1
2014	FIFO worker	4	1
	Non-FIFO worker	4	2

In commenting on the data, BSS observed that “given the number of FIFO workers compared to residential workers we make services available to, the number of suicides and suicide attempts in residential workers is disproportionately higher than in FIFO workers.”¹⁷³

The Committee was greatly appreciative of BSS’s voluntary provision of this information to the inquiry, but attaches the following caveats to the data:

- The total size of the FIFO workforce in Western Australia is estimated at 67,000 workers, but BSS estimates that it provides services to only half of that workforce.
- The nature of the companies in the resources sector that BSS provides services to is not known by the Committee – for example, whether services are provided to construction contractors or large mining operators.
- BSS relies upon callout by its clients; BSS told the inquiry that “in most cases, actual or attempted suicide away from work (e.g. at home address) generates a request for support for workmates on site, (or when returned to site) [...]”.¹⁷⁴ Given this, it

170 Submission No. 9 from the Coroner’s Court of Western Australia, 22 September 2014, p. 2.

171 Submission No. 66 from BSS Employee Assistance, 7 November 2014, p. 1.

172 Submission No. 28 from BSS Employee Assistance, 26 September 2014, p. 1.

173 Submission No. 28 from BSS Employee Assistance, 26 September 2014, p. 1.

174 Submission No. 66 from BSS Employee Assistance, 7 November 2014, p. 1.

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is to be expected that there would be a level of under-reporting attached to the data.

In coming months the Committee will continue to engage with a number of stakeholders in order to gain access to accurate data about the incidence of suicide within the resources sector FIFO workforce.

The connection between FIFO and mental health

The Committee certainly acknowledges the submissions from the resources sector seeking to warn the inquiry of the dangers of seeing causal connections where none may exist. These submissions are effectively saying to the inquiry that there is no evidence that FIFO work practices are the cause of increased rates of mental illness or suicide.

Many of the submissions from the resources sector highlighted the existing rates of mental illness amongst the community in order to indicate that mental health concerns were a problem significantly broader than the resources sector and FIFO workers.

In seeking to highlight the existing high rates of mental illness in the community, the resources sector is also highlighting the unique challenge that it faces given its reliance upon FIFO work practices. As chapter 2 has outlined, FIFO relies upon a workforce whose profile in terms of gender, age, occupation and educational attainment are at heightened risk of both mental health problems and suicide. Given this, even if there is nothing causal in terms of FIFO, the resources sector is employing in large numbers a group of individuals who, when considered as a population group, are bringing to the workplace high-risk characteristics.

At least one submitter from the resources sector would seem to agree that this is not a controversial point: BHP Billiton acknowledged that it is “aware that the demographics of [its] workforce align with the cohort at risk of mental health issues.”¹⁷⁵

In its submission, Rio Tinto suggests that the contributing factors that may lead to mental illness and suicide are “common across Australian society and are not restricted to FIFO workers” and that the “FIFO lifestyle is not a direct cause of suicide or mental ill-health.”¹⁷⁶ Rio Tinto’s view is a rather direct summation of the position adopted by many of the submitters from the resources sector.

175 Submission No. 30 from BHP Billiton Iron Ore Pty Ltd, 26 September 2014, p. 1.

176 Submission No. 49 from Rio Tinto Limited, 30 September 2014, p. 29.

Committee comment

It is the Committee's view that Rio Tinto's position underplays the impact of the unique aspects of FIFO work practices upon an individual's mental health. While it could be argued that FIFO is not a direct cause of suicide or mental ill-health, it does not mean it is not a causal factor and that it is not significant.

As the extended discussion in chapter 3 has made clear, there are a number of stressors that directly result from the requirement that FIFO workers be accommodated away from home. It would therefore be naïve in the extreme to argue that there is no connection between the nature of FIFO work arrangements and the mental health of those working under these arrangements.

FIFO as a safe system of work

The discussion above leads to a connected point about the need to identify hazards in the workplace, and the lack of research about the impact of FIFO on mental wellbeing.

Mental health and wellbeing factors are well documented and therefore a system of work which seeks to minimise mental health hazards should be the same in principle as a system of work that prevents people from falling from heights.

A common observation made by many submitters across various fields, including unions, individual companies, community groups, and industry bodies, was that the incidence and prevalence of mental health problems amongst fly-in, fly-out workers was unknown. There was a surprising lack of independent research conducted in the area, and much of the research that had been completed was inconclusive or dismissed as based on anecdotes.

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Committee comment

The Committee's view is that without the research, those who employ fly-in, fly-out workers cannot be said to be meaningfully identifying psychological hazards or adequately responding to them. The Committee has no doubt that the policies that employers are instituting are well-intentioned, and that they may even be effective, but without the research outlining the nature of the psychological hazards posed by fly-in, fly-out work, there is no way to be sure of the effectiveness of the industry's current response to the issue.

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

The resources sector is experienced in identifying hazards, assessing risks and implementing systems of work that enhance worker safety. Identifying mental health and wellbeing hazards should be the same when delivering safe and healthy workplaces.

Chapter 5

Industry Initiatives

This chapter recounts current resource sector approaches to managing and protecting employee wellbeing.

Company actions to address mental health in the workforce

The Committee received submissions from seven resource companies. These are: BHP Billiton; Fortescue Metals Group; Woodside Energy Ltd; Rio Tinto; Chevron Australia Pty Ltd; Shell Development (Australia) Pty Ltd; and INPEX Operations Australia Pty Ltd. The Committee notes that these are all large enterprises with significant resources available to provide for facilities and programs for staff. The Committee would welcome further information from smaller companies, including those who conduct operations as contractors for the bigger companies.

The large companies listed above all detailed a wide range of programs and facilities that they provide for their FIFO employees, some of which are designed specifically to address mental health issues. Each company had at least some of the following programs:

- Pre-employment medical assessments, and in some cases, ongoing, periodic health assessments;
- Employee Assistance Programs that provide telephone helplines, referrals to services, and face-to-face counselling provision where required;
- Training programs for employees and supervisors in personal wellbeing and resilience, managing pressure and stress, and ASIST (Applied Suicide Intervention Support Training);
- Peer support programs, for example, the program conducted by Mates in Construction;
- Online wellbeing and mental health programs;
- Fatigue management training and programs;
- Activity coaches in accommodation facilities and access to lifestyle wellness programs;
- Chaplains on sites;

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- Induction and on-boarding programs;
- FIFO life workshops, and providing access to parenting programs for FIFO parents;
- Mental health evacuation plans;
- Partnering with community programs such as ‘R U OK Day’, and ‘Act Belong Commit’, and Mental Health Week.

Each company has a slightly different configuration of support programs available. The Committee has not yet had the opportunity to discuss these programs with the individual companies, but plans to hold hearings with at least a selection of companies as the inquiry progresses.

Some sample programs

Some of the programs that stood out particularly to the Committee include:

1. BHP Billiton’s new Mental Wellness Standard, developed to provide a “coordinated approach to pro-actively managing the mental health and wellbeing of [BHP’s] employees.” The Standard is based on *beyondblue’s* Heads Up campaign, using the priority areas for business, and includes key priority areas: raising awareness of mental health; improving workplace culture and building skills by enhancing people’s capability to seek support if they need it, and take action if they notice a workmate having a tough time.¹⁷⁷
2. BHP’s on-site family days, where the company arranges for employees’ families to tour operations and facilities on site. Family days are intended to enable families to gain an insight into their loved ones’ working environment and to learn more about BHP’s operations. Some family site visits include an overnight stay at an accommodation village.¹⁷⁸
3. BHP Billiton and Rio Tinto partnering with Ngala to provide parenting support for workers and families, and host communities.¹⁷⁹
4. Rio Tinto’s regional offices in Derby, Busselton and Geraldton which “provide a means for [...] employees and their families to have direct face-to-face contact [...] for any queries, information or concerns.”¹⁸⁰
5. Woodside’s Peer Support Program, where Peer Supporters “take on a ‘stress-management mentoring” role within a clear set of parameters and can often

177 Submission No. 30 from BHP Billiton Western Australia, 26 September 2014, p. 6-7.

178 Submission No. 30 from BHP Billiton Western Australia, 26 September 2014, p. 8.

179 Submission No. 30 from BHP Billiton Western Australia, 26 September 2014, p. 8. Submission No. 49 from Rio Tinto, 30 September 2014, p. 18.

180 Submission No. 49 from Rio Tinto, 30 September 2014, p. 20.

- be the first line of referral to the Woodside EAP.¹⁸¹ Supporters “provide ‘support’ only and do not take on the role of a counsellor or any other role for which they are not trained or qualified.”¹⁸²
6. Chevron’s support for employees through the FIFO for Families Workshop, and engagement with third party events such as the Act Belong Commit program and R U Okay Day.¹⁸³
 7. INPEX’s orientation and settlement service for families moving to Perth, which “assists with finding permanent accommodation, helping with school selection and providing social inclusion services such as mothers clubs and arranging social activities.”¹⁸⁴
 8. Fortescue’s Chaplaincy program, which provides a dedicated pastoral care service in Perth, at all mine sites and at operations in Port Hedland. Chaplains are available 24 hours a day, and provide support to families as well as workers on site. These services are also available to contractors.¹⁸⁵
 9. Shell’s “*Be Well*” programme, to be implemented at Prelude FLNG, which will include a group of “Contact Officers” on the facility, “trained to identify and report mental health warning signs and issues [...]. As part of the Be Well programme, a Stress and Resilience programme will be run regularly for all FIFO staff on the facility”.¹⁸⁶
 10. Mates in Construction and its programs build the strength, resilience and capacity of individual workers and employers to deal with issues and situations that could lead to suicide. MIC’s peer support approach is “mates helping mates” and in order to encourage communication amongst the workforce, those who have completed MIC’s training receive a sticker to affix to their hardhats. This creates a sense of awareness and belonging on site and destigmatises help seeking.¹⁸⁷

The Committee mentions these programs not to endorse these over any other initiative, nor to suggest they are considered best practice. Neither does mention of one company running a particular type of program mean that the other companies do not run similar programs. Rather the Committee mentions these to demonstrate the

181 Submission No. 46 from Woodside Energy Ltd, 30 September 2014, p. 6.

182 Submission No. 46 from Woodside Energy Ltd, 30 September 2014, p. 6.

183 Submission No. 52 from Chevron Australia Pty Ltd, 30 September 2014, p. 5.

184 Submission No. 60 from INPEX Operations Australia Pty Ltd, 10 October 2014, p. 2.

185 Submission No. 33 from Fortescue Metals Group Limited, 26 September 2014, p. 10.

186 Submission No. 59 from Shell Development (Australia) Pty Ltd, 7 October 2014, p. 3.

187 Submission No. 37 from Mates in Construction WA Inc., 25 September 2014, pp. 6–7.

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breadth and range of programs being implemented by companies operating in this field.

Committee comment

The Committee would be interested to know what proportion of the workforce is able to access these programs, and what proportion actually does use them. The level of engagement amongst the workforce with these sorts of programs would be a very relevant statistic. It is worth drawing a parallel at this point with the physical safety induction/on-boarding programs run by companies that are mandatory. Many, if not all of the programs identified above would be a voluntary initiative. A measure of how many people are actually using each service would assist companies, and the Committee, to understand how much support employees are receiving. In addition, it would be useful to know how many employees are actually aware of the range of services their company provides.

The Committee would also be interested to know how many companies run initiatives such as the 'FIFO Families workshops' and the family visit days. These would appear to be useful initiatives for families, but it is not clear how many people are able to access them.

From the information provided by companies, it would seem that there are a plethora of services and programs for employees to make use of if needed. However, in the initial stage of the inquiry, the Committee has received a variety of feedback relating to these employee support programs that suggest that there may be problems that need to be addressed.

Employee assistance programs

Lifeline advised the Committee that its survey of FIFO workers found that "one in five workers claimed their industry did not have on-site mental health or on-site counselling facilities and one in ten reported their industry as not having an Employment Assistance Program (EAP)."¹⁸⁸ Lifeline commented that "the respondents said they did not have an EAP or there was not on-site help, but then talking to employers, most of the employers were telling us, 'Well, we do have that on site and we do have EAPs in place.'"¹⁸⁹ A lack of awareness of EAP services would appear to be problem.

Rio Tinto provided the Committee with some statistics from the quarterly report from its EAP provider. Rio Tinto noted that "this data does not suggest there is an increased

188 Ms Fiona-Marie Kalaf, Chief Executive Officer, Lifeline WA, *Transcript of Evidence*, 3 November 2014, p. 2.

189 Ms Fiona-Marie Kalaf, Chief Executive Officer, Lifeline WA, *Transcript of Evidence*, 3 November 2014, p. 9.

prevalence of mental health issues amongst our FIFO workforce.”¹⁹⁰ The statistics from the second quarter of 2014 showed that:

- 71 per cent of EAP users were male, 38 per cent were between 30–39 years of age, and 30 per cent between 40–49 years of age, which is reflective of the composition of Rio Tinto’s workforce.
- 60 per cent of individuals accessing the service reported they were on a FIFO work arrangement, whilst 40 per cent were non-FIFO. Rio Tinto stated that “this is consistent with the composition of our workforce, with 55 per cent of our workforce being FIFO”.
- Of all personnel accessing EAP, 80 per cent sought assistance for personal issues whilst 20 per cent sought help for work related issues.¹⁹¹

While most companies who provided information to the Committee stated that they had an Employee Assistance Program, none of them, including Rio Tinto, provided information on what proportion of their workforce accessed the service. Other submitters suggested that the take-up rate for this sort of service is likely to be lower amongst resource workers. “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.”¹⁹² Another submitter highlighted that “[e]mployees are still ‘scared’ to use the EAP services provided by their employers as they still believe that it is not confidential and their Supervisor/Manager will find out and then they will lose their job.”¹⁹³

Committee comment

The Committee would be interested to know what the access rate of the general workforce is for use of an EAP; what percentage of resource workers uses their company’s EAP across each company; and what percentage of FIFO workers accesses the EAP.

This information is of interest because of the nature of the service provided by EAPs. Namely, they provide services to people who already feel like they might be in crisis or experiencing difficulty. They are not, generally speaking, a preventative mechanism that promotes mental health and wellbeing amongst the workforce.

The Chamber of Minerals and Energy advised the Committee that:

190 Submission No. 49 from Rio Tinto, 30 September 2014, p. 20.

191 Submission No. 49 from Rio Tinto, 30 September 2014, p. 21.

192 Submission No. 23 from FIFO Australian Community of Excellence, 26 September 2014, p. 32.

193 Submission No. 13 from OzHelp Foundation, 26 September 2014, p. 4.

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EAP providers Davidson Trahaire Corpsych provided a desktop analysis of utilisation within their client base over the past year (1 September 2013 – 31 August 2014) and found uptake within the resources industry to be 5.74% compared to an ‘all Industries’ average of 3.82%. Davidson Trahaire Corpsych client base includes more than 2,000 organisations representing over 100,000 employees across the private, public and not for profit sectors with offices located across Australia as well as Singapore.¹⁹⁴

The question which confronts the Committee is how to interpret this string of information and the statistics. The Committee does not know how many resources workers or FIFO workers are serviced by Davidson Trahaire Corpsych. However, based on its information, it would appear that more resource workers contact their EAP than workers in other industries. One interpretation would be that this demonstrates that workers in the resource industry are accessing the information and support they require. Yet many submitters suggest that many resource workers are unaware of the programs and that others are afraid to contact the EAPs due to stigma and concerns regarding employment tenure. The CME states:

[g]iven the Mental Health Commission has noted 1 in 5 employees is likely to experience poor mental health within a given year, the uptake of EAP appears to be quite low. Factors such as societal stigma, lack of mental health awareness, and concerns regarding confidentiality may contribute to the low uptake of these services across industry.¹⁹⁵

Committee comment

Without further detail and statistics, the Committee cannot draw a conclusion on this information, other than to state that it believes that the EAPs run by companies may find even greater rates of usage amongst resource workers if greater effort is made to promote these to workers.

On-site mental health practices

Some submitters made reference to workplace practices which were a source of stress to FIFO workers and prevented them from either seeking help or disclosing any mental health problems. One such practice was charging supervisors with the responsibility of being the point of contact for any mental health issues workers were experiencing. The AMWU and the CFMEU were concerned with the practice on two grounds: firstly, that

194 Submission No. 54 from Chamber of Minerals and Energy of Western Australia, October 2014, p. 11.

195 Submission No. 54 from Chamber of Minerals and Energy of Western Australia, October 2014, p. 11.

supervisors were not adequately trained to handle mental health issues,¹⁹⁶ and secondly that supervisors were primarily responsible for workplace duties and operations and therefore confidentiality could not be guaranteed.¹⁹⁷ Many workers fear consequences such as termination or bullying should co-workers and supervisors become aware of any mental health problems.

Mental health evacuation programs

Another issue raised with the Committee during the initial stage of the inquiry was the procedure employed by companies to transfer a worker off-site in the event of a mental health event. These procedures are broadly known as a mental health evacuation. Several companies mentioned that they have a mental health evacuation policy.

As an example of these procedures, Rio Tinto identified this procedure as part of its emergency response processes. Where a Rio Tinto employee is identified as “at risk” from a mental health issue, the “Mental Health Transport Guidelines” may be used as a “protocol for evacuation of personnel experiencing acute mental health symptoms who may require emergency care and transport to appropriate medical treatment. This process is initiated by emergency services personnel and directed by a clinical psychologist and occupational physician.”¹⁹⁸

Several individuals contacted the Committee to raise concerns regarding similar mental health evacuation procedures involving particular mine sites and companies. The concerns raised by these submitters included:

- People removed from sites at speed without an opportunity to book onwards travel prior to departure.
- People removed from sites not being accompanied or only being accompanied by a nurse or mental health assistant as far as arrival at Perth airport. Onwards journeys to final destinations were conducted by the individual on their own. This could include extended periods in transit in Perth airport alone.
- A lack of notification to family members of the individual’s departure from site, the reason for that departure, or arrival details at home.

Some submitters have expressed great concern with the mental health evacuation process. The Mental Health Law Centre (WA) Inc. stated that:

196 Submission No. 35 from the Australian Manufacturing Workers’ Union, 26 September 2014, p. 7.

197 Submission No. 39 from the Construction, Forestry, Mining and Energy Union, 26 September 2014, p. 16.

198 Submission No. 49 from Rio Tinto, 30 September 2014, p. 24.

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A clear understanding of the rights and obligations of all parties in the mental health system is a necessary first step to ensuring that the worker is referred to appropriate care with family and carers engaged effectively in their treatment and recovery. A poor understanding of the mental health system and the rights and responsibilities of all parties will lead to poor “navigation” through the mental health system and lead to less effective outcomes, to the detriment of the worker, their family and the employer.¹⁹⁹

The Mental Health Law Centre identified a set of procedures that it considers to be a minimum, which are:

- *workers’ families must be notified that the worker is leaving the site for mental health treatment;*
- *the worker MUST always be accompanied by someone responsible for their safe travel until they reach their destination;*
- *the worker’s current choice of treating practitioner must be consulted before travel is undertaken...*
- *the worker must be given specialist legal advice about her/his rights if civil involuntary care is being contemplated and/or if the worker has been charged with an offence committed while unwell; and*
- *companies including FIFO workers should be required to have education about rights and obligations under OHS and MH [mental health] legislation in relation to work place wellbeing and safety, in the context of mental illness.²⁰⁰*

Committee comment

The Committee has received no detailed information on the procedures companies have in place for a mental health evacuation, including details of the provision of an escort for someone experiencing a mental health crisis. The Committee would like to receive further information on what is considered to trigger a mental health evacuation, what exactly is involved in such an evacuation, and how far companies feel their duty of care extends to their employee (i.e. as far as Perth airport, or as far as the employee’s home).

199 Submission No. 22 from Mental Health Law Centre (WA) Inc, 25 September 2014, p. 3.

200 Submission No. 22 from Mental Health Law Centre (WA) Inc, 25 September 2014, p. 3.

Postvention services and policies

The evidence provided to the inquiry by Mr and Mrs Miller made it clear that many organisations could better handle the services they provide to their workforces once a suicide or attempted suicide takes place on site. This also extends to the services and support offered to family members of the deceased.

Some submitters highlighted the importance of providing postvention services to the workforce and families immediately following a suicide in order to prevent contagion, including further suicides.²⁰¹

Committee comment

The Committee would be interested to learn of the policies in place for staff when dealing with the immediate aftermath of a suspected suicide, including securing the location, handling the deceased in a respectful manner, informing the family and the workforce of the death and arranging for counselling and other supports.

Other support programs

The Committee received feedback from other sources regarding the support programs provided by companies. Lifeline commented on “on-boarding” programs, also known as induction programs. Lifeline WA highlighted how important these programs are:

*what we would like to see more of is more on-boarding. So more information to help workers understand what the FIFO lifestyle might be like, not only what is it like physically, but how they can keep themselves safe from stressors. Some stressors can emerge through physical stress – dehydration, for instance – so making sure that workers have access to that right level of information before they even start and then once they have started to ensure that there is a scaffolding of information throughout the time they are employed.*²⁰²

The CFMEU also provided comment on the activity/lifestyle coaches and the arrangements made for workers to undertake activities on their rostered days off (sometimes known as “fatigue days”):

One of the biggest complaints we get on these so-called fatigue days – so a half-day Sunday, or a half day where you have to have a fatigue day – is that there are no actual activities for the workers to participate in on that day. If you are out on Onslow, we believe it would not be out of the way for the principal contractors, ...to be able

201 Submission No. 37 from Mates in Construction, 26 September 2014, p. 9.

202 Ms Fiona-Marie Kalaf, Chief Executive Officer, Lifeline WA, *Transcript of Evidence*, 3 November 2014, p. 8.

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*to organise fishing charters for a half day or even to the point of a flight into Coral Bay, ...and spend some time in town like that, to be able to sort of have a real fatigue day off, with activities that can come back and really mean something, rather than saying, "That's your fatigue day", and you just spend the day walking up and down the corridors like in The Shawshank Redemption!*²⁰³

Committee comment

The Committee is aware of the many mental health first aid training programs that are offered by a variety of providers, but it is not known how extensive such training is in the resources sector. The Committee would be interested in further detail about the prevalence, use and effectiveness of such training in the resources sector.

Contractors

One issue which has stood out to the Committee in the course of the early part of this inquiry is that of the obligations of contracting companies to their staff. The companies discussed earlier in this chapter all appear to have made provision for the mental health care of their employees to some extent at least. However, the Committee has received no information from the companies that are contracted to provide services to the bigger companies.

Rio Tinto, Woodside, BHP Billiton and Fortescue all detailed for the Committee their approach to contractors. All four companies required their contractors to meet certain levels of health and wellbeing standards as part of their contract with the larger company. Some companies allow contractors to access their EAP and onsite health and safety activities, as well as encouraging social engagement and participation in events and activities in accommodation camps, sometimes at a cost to the contractor.

203 Mr Michael Buchan, State Secretary, CFMEU, *Transcript of Evidence*, 5 November 2014, p. 7.

Committee comment

The Committee would be interested to receive information from contractor companies that details their policies for employee wellbeing, and how they interact with the policies of the bigger companies.

The Committee would value more information on how the health and wellbeing policies of high level companies trickle down to employees who may be employed by contractors and subcontractors. The Committee would be interested to know if there is any significant difference in the services and programs available to a person with a mental health issue based on which company in the hiring chain they are employed by. The Committee would also be interested to know whether the requirements placed on contractors through their contracts focus on mental wellbeing as well as the more standard health and safety requirements.

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Regulation

This chapter examines the operation of regulation in Western Australia in respect to FIFO work practices and in particular the regulation relating to FIFO accommodation.

The question of regulation

The Committee is aware that the *Mines Safety Inspection Act 1994* (**the MSI Act**) is likely to be replaced by updated legislation in the coming year. Nonetheless the comments contained in this chapter remain relevant until such time as the legislation is replaced and may help to inform the development of the new legislation.

The issue of the extent of occupational safety and health regulation of the fly-in, fly-out (**FIFO**) workforce emerged at the earliest stages of the inquiry. Submissions from the unions indicated that the provision of FIFO accommodation, and associated services, was largely unregulated and beyond the scope of the *Mines Safety and Inspection Act 1994*. In considering this issue, the Committee also had cause to wonder whether the actual operation of FIFO as a work practice was also beyond the scope of the MSI Act.

The Committee acknowledges that the regulation surrounding FIFO work practices and accommodation facilities is a grey area. There is significant uncertainty about the scope and extent of the regulatory ambit, and beyond merely being aware of this uncertainty the Committee has not had an opportunity to further explore the issue in the lead-up to the release of this Discussion Paper.

This question of regulation is obviously a significant issue and is one that the Committee intends to pursue as it prepares the final report in 2015. As such, submissions from interested stakeholders exploring the issue would be welcomed by the Committee.

Occupational safety and health in Western Australia

The primary legislative instrument through which occupational safety and health is regulated in Western Australia is the *Occupational Safety and Health Act 1984* (**the OSH Act**). This legislation, and its associated subsidiary legislation and codes, regulates the vast majority of Western Australian workplaces. It does not apply, however, to most

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mining or petroleum activities, as these are subject to separate legislation and specifically excluded under section 4(2) of the OSH Act.²⁰⁴

Mining occupational safety and health

The mining industry and the oil and gas industry are regulated under separate legislation.

The mining industry falls under the *Mines Safety Inspection Act 1994 (the MSI Act)*, which establishes jurisdiction over a vast array of activities defined by section 4 of the MSI Act as “mining operations”. The definition of mining operations is considered to be rather broad²⁰⁵ and captures the full range of activities that a mine operator might undertake, from exploration, through to construction and, obviously, the extraction of the mineral resources from the ground.

Section 3(1)(a) of the MSI Act makes clear that the principal object of the MSI Act is to “promote, and secure the safety and health of persons engaged in mining operations.”

Section 9(1) of the Act, establishes the duties of employers, and requires that said employers, so far as is practicable, “provide and maintain at a mine a working environment in which that employer’s employees are not exposed to hazards and, in particular [...] an employer must –”

- (a) *provide and maintain workplaces, plant, and systems of work of a kind that, so far as is practicable, the employer’s employees are not exposed to hazards;*

The MSI Act does not provide a definition of “health”; however, the Department of Mines and Petroleum (DMP), the industry’s regulator, considers health to include both physical and psychological wellbeing.²⁰⁶ Presumably, given this interpretation of the word health, DMP would consider the term “hazard”, as used in the Act, to include both physical and psychological hazards. It does not seem that DMP’s interpretation of the language of the MSI Act to include psychological health has been tested in the courts.

DMP provided a very useful summary of the provisions of the MSI Act as they relate to occupational safety and health in its initial submission to the inquiry. Rather than reproducing this summary at length, the Committee directs interested parties to the submission which is available on the inquiry’s website.

In addition to the legislation, DMP also regulates occupational safety and health via the *Mines Safety and Inspection Regulations 1995*.

204 Submission No. 26 from the Department of Commerce, 6 November 2014, p. 4.

205 Kenner SJ, *Review of the Mines Safety and Inspection Act 1994*, 2009, p. 113.

206 Submission No. 17 from the Department of Mines and Petroleum, 25 September 2014, p. 1.

DMP also publishes a number of Codes of Practice relating to safety and health in the mining industry. Codes of practice are practical guides intended to aid in the achievement of the “standards of occupational safety and health required under legislation” and apply to all who have a duty of care in the circumstances described in the code.²⁰⁷ Most codes are technical in nature and relate to the unique safety challenges associated with the mining industry – for example, the safe design and operation of a tailings storage facility.²⁰⁸ Some codes relate to issues that have been identified as having an impact on the mental health and wellbeing of workers, including bullying and harassment and fatigue and working hours.²⁰⁹

There are no codes that relate specifically to the operation of FIFO work practices or the provision of FIFO accommodation and associated services.²¹⁰

Oil and gas occupational safety and health

Whereas the mining industry is regulated under one piece of legislation, the oil and gas industry is subject to three separate laws, although they all appear to be somewhat similar with respect to health and safety obligations. Responsibility for regulating the oil and gas industry is also shared between DMP and WorkSafe if the oil and gas operations are onshore and within State-controlled waters. The nature of the joint regulation between DMP and WorkSafe is further explained a little later.

The relevant legislation for the oil and gas industry is as follows:

- *Petroleum and Geothermal Energy Resources Act 1967*
- *Petroleum Pipelines Act 1969*
- *Petroleum (Submerged Lands) Act 1982*

Each of these pieces of legislation regulates occupational safety and health via a schedule to the law. The schedules largely correspond to the requirements of both the MSI Act and the OSH Act. For example, the objects of each of the schedules includes the securing of the occupational safety and health of persons engaged in the operations described in each Act.

Consistent with the MSI Act, the petroleum legislation does not include a definition of “health”, nor is mental health specifically covered; however, DMP has told the inquiry

207 Submission No. 17 from the Department of Mines and Petroleum, 25 September 2014, p. 6.

208 Department of Mines and Petroleum, *Code of practice: Tailings storage facilities in Western Australia*, 2013.

209 Submission No. 17 from the Department of Mines and Petroleum, 25 September 2014, pp. 6–7.

210 Mr Simon Ridge, Executive Director, Resources Safety Division, Department of Mines and Petroleum, *Transcript of Evidence*, 22 October 2014, p. 16.

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that it considers the intent of the legislation is to include both physical and mental health in the definition of health.²¹¹

DMP provided a very useful summary of the provisions contained in each schedule as they relate to occupational safety and health in its initial submission to the inquiry. Rather than reproducing this summary at length, the Committee directs interested parties to the submission which is available on the inquiry's website.

In addition to the legislation, DMP also regulates occupational safety and health in the oil and gas sector via several regulations under each piece of petroleum legislation.

WorkSafe's involvement

DMP regulates occupational safety and health at petroleum operations, but petroleum only refers to naturally-occurring hydrocarbons. Liquefied Natural Gas (**LNG**) is not a naturally occurring hydrocarbon. As a result, occupational safety and health at LNG operations and accommodation facilities, such as the Chevron Gorgon plant at Barrow Island, is regulated by WorkSafe.²¹² Having said that, there are some elements of the work currently underway at Barrow Island that fall within DMP's regulatory jurisdiction, including onshore pipelines and onshore petroleum facilities.²¹³

Committee comment

The Committee notes that there is currently a proposal under consideration to transfer regulatory responsibility for major hazard facilities, such as LNG plants, from WorkSafe to DMP. The current arrangements, particularly with respect to how they relate to construction activities on Barrow Island would seem to be less than ideal, both from the perspective of the workers the regulation is intended to protect, and the employers who must grapple with multiple regulatory jurisdictions on the one site.

In the Committee's view, regulation must be efficient in addition to its fundamental requirement of effectiveness. At the very least it is difficult to see how the current arrangements with respect to Barrow Island could be efficient given the inevitable confusion over which agency has jurisdiction and the likely necessity to duplicate regulatory expertise and effort across more than one agency.

FIFO and occupational safety and health

In the lead-up to the first round of public hearings connected to the inquiry, it became clear that many submitters were concerned that fly-in, fly-out (FIFO) work practices, and FIFO accommodation facilities, were largely unregulated. The Construction,

211 Submission No. 17 from the Department of Mines and Petroleum, 25 September 2014, p. 9.

212 Mr Simon Ridge, Executive Director, Resources Safety Division, Department of Mines and Petroleum, Letter, 11 November 2014.

213 Submission No. 17 from the Department of Mines and Petroleum, 25 September 2014, p. 10.

Forestry, Mining and Energy Union (CFMEU), for example, told the Committee that it found the lack of regulation “simply astounding” given the “unique relationship that exists between a FIFO employer and FIFO employee”.²¹⁴

The Australian Manufacturing Workers Union (AMWU) highlighted the lack of a “FIFO-specific industry code of practice” and “lack of specific government legislation dealing with minimum standards”.²¹⁵ This was a situation that the AMWU found “extraordinary, given the huge numbers of workers involved and the unique challenges FIFO workers face.”²¹⁶

The Maritime Union of Australia (MUA) addressed the issue from the perspective of how fatalities in the workplace are classified and investigated by the regulators.²¹⁷ This would appear to be an important issue and is something that the Committee addresses in latter sections of the Discussion Paper.

The central issue for both the AMWU and the CFMEU appeared to be the inconsistent approach across the industry to FIFO work practices and the standard of FIFO accommodation and services – including mental health services – provided on site. The AMWU’s position is worth quoting at length:

*A consequence of industry self-regulation is the huge variation in FIFO standards between companies, sites and projects, including the variables that we submit influence mental health outcomes. In our experience, larger companies with larger workforces are far more likely to allow for provision of mental health services on site and offer superior facilities. But the size of one’s employer should not determine the level of medical care available.*²¹⁸

The Committee acknowledges that the regulation surrounding FIFO work practices and accommodation facilities is a grey area. There is significant uncertainty about the scope and extent of the regulatory ambit, and beyond merely being aware of this uncertainty the Committee has not had an opportunity to further explore the issue in the lead-up to the release of this Discussion Paper. This is a significant issue and is one that the Committee intends to pursue as it prepares the final report in 2015. As such, submissions dealing with regulation from interested stakeholders would be welcomed by the Committee.

214 Submission No. 39 from the Construction, Forestry, Mining and Energy Union, 26 September 2014, p. 10.

215 Submission No. 35 from the Australian Manufacturing Workers Union, 26 September 2014, p. 4.

216 Submission No. 35 from the Australian Manufacturing Workers Union, 26 September 2014, p. 4.

217 Submission No. 51 from the Maritime Union of Australia, 30 September 2014, p. 2.

218 Submission No. 35 from the Australian Manufacturing Workers Union, 26 September 2014, p. 4.

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Whilst acknowledging that the inquiry must gather additional information about the interplay of regulation and FIFO work practices, there are a number of specific issues that the Committee wishes to highlight in this Discussion Paper.

The uncertain status of accommodation under the MSI Act

Under section 4 of the MSI Act, the definition of “mining operation” also includes:

(k) operation of residential facilities and recreational facilities and the ground used for that purpose, where such facilities are located on a mining tenement and are used solely in connection with mining operations;

but does not include the operation of —

(s) residential facilities or recreational facilities and the ground used for the purpose where such facilities are not located on a mining tenement and directly associated with mining operations.

DMP told the inquiry that it considers that the intent of the above provisions is to ensure that employers are responsible for the occupational safety and health of workers employed in the operation of the accommodation facilities, where these facilities are located on a mining tenement. This may include cooks, cleaners and gardeners, for whom the accommodation facility itself is their workplace. However, it does not include other mine workers who are ‘off shift’ and using the facilities solely for accommodation purposes.²¹⁹

219 Mr Simon Ridge, Executive Director, Resources Safety Division, Department of Mines and Petroleum, Letter, 11 November 2014.

Committee comment

Given the connection between the employment and the employee's presence in the accommodation facility, the arbitrary distinction between the workplace and non-workplace settings in the MSI Act appears not to have regard for the unique nature of FIFO work arrangements.

Unfortunately, the Department of Mines and Petroleum did not provide further elaboration about how it had come to develop its understanding of the intent of the legislation. The Committee notes that "catering, residential, or recreational facilities for employees or self-employed persons" are specifically excluded from the definition of workplace in the MSI Act, although exceptions are made for those who are employed to service or maintain those facilities. DMP's interpretation of the intent of the provisions is therefore consistent with the definition of workplace established in the legislation. The Committee notes, however, that the objects of the MSI Act, at section 3(1)(a), make no reference to limiting the promotion and securing of safety and health to those in the workplace, and extends the objective of the Act to those engaged in mining operations, which specifically includes residential and recreational facilities.

Two types of accommodation in the MSI Act?

As described immediately above, the MSI Act defines the operation of residential and recreational on a mining tenement as a mining operation. There is also, at section 15D, a separate type of residential premises identified and defined that specifically excludes the residential facilities identified in section 4 of the MSI Act. Employers operating residential premises defined at section 15D must, so far as is practicable, maintain the premises so that the employee occupying the premises is not exposed to any hazards at the premises.

The emphasis of section 15D seems to be the maintenance of the physical premises, and this certainly seems to be the advice provided by DMP to the industry when the section was added to the legislation in 2005. In a special edition of *Mine Safe*, DMP's industry publication, the following advice was given in relation to section 15D:

Employers providing residential accommodation need to ensure that:

- *the building is in good repair and separated from noise, heat, dirt and atmospheric contaminants*
- *electrical outlets are safe to use and protected by residual current devices where appropriate.*

[...]

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- *there are adequate facilities for showering, handwashing and laundering, along with an appropriate number of toilets*
- *clean, cool drinking water is available at a location separate from the toilet area*
- *cooking and refrigeration facilities are adequate and safe to use*
- *the building is regularly cleaned.*²²⁰

Committee comment

The purpose of section 15D is somewhat lost on the Committee, as it seems unlikely that many residential facilities would fall within the definition provided, particularly given that it excludes any accommodation provided on a mining tenement itself. The existence of section 15D also gives rise to questions as to differing obligations attaching to the operators of accommodation depending upon the type of facility they operate (i.e. under section 4 or under section 15D).

Accommodation under the petroleum legislation

Whereas the approach taken in the MSI Act is to limit the application of the occupational safety and health provisions strictly to the workplace, and therefore not the accommodation facilities, the petroleum legislation would appear to adopt a significantly broadened view. Each of the occupational safety and health schedules in the three pieces of petroleum legislation outlined earlier contain a clause making clear that references to the “occupational safety and health of a person” includes a “reference to the safety and health of a person using an accommodation amenity”.²²¹

DMP explained that the “petroleum OSH provisions have a broad scope, covering all persons using accommodation amenities, where those amenities are provided for persons engaged in a petroleum operation.”²²²

Committee comment

It would appear that there is an inconsistency in the level of regulatory protection provided to workers depending upon their employment in the mining industry or the petroleum industry. It is not clear why such an inconsistency should exist, or what it means for the effective protection of the occupational safety and health of the mining workforce in comparison to their colleagues in the petroleum industry.

220 Department of Industry and Resources, *Mine Safe*, March 2005, pp. 10–11.

221 See, for example, Cl. 5 of Schedule 1 in the *Petroleum and Geothermal Energy Resources Act 1967*.

222 Mr Simon Ridge, Executive Director, Resources Safety Division, Department of Mines and Petroleum, Letter, 11 November 2014.

What the absence of accommodation regulation means for mine workers

Reliance upon Common Law duty of care

It is unclear what common law duties an employer owes to an employee in an accommodation facility. At hearing, DMP suggested that the operators of the facility would have a duty of care,²²³ but it is common for mining companies to contract to independent providers to provide for accommodation services. In that case, which organisation would be responsible before the law – the mining company or the accommodation facility operator?

Committee comment

The problem with reliance upon the common law duty of care in situations such as this is that it is an entirely reactive approach, relying upon an injury to occur to a person before an attempt can be made to recover damages. Regulation is obviously the more attractive protection for workers because it is, by its very nature, proactive and seeks to prevent the occurrence of injury.

There are other problems associated with the absence of regulation from mining industry accommodation facilities. An avenue of justice and protection is denied that would otherwise be available to workers if the definition of workplace was expanded to include accommodation facilities. For example, the Committee's current understanding is that complaints about bullying that took place in accommodation facilities could not be investigated by DMP, unless the bullying took place during working hours and involved a person that was employed to service those facilities (i.e. a chef or cleaner or similar worker). When the Committee put this issue to WorkSafe to discuss in a broader employment context, there was a considerable degree of uncertainty as to whether WorkSafe would have the ability to investigate the alleged bullying. Indeed, such was the uncertainty, it was suggested that legal advice would be needed.²²⁴

Absence of codes with respect to level of facilities and services

At hearing, DMP acknowledged that the MSI Act and its associated regulations do not contain any requirements in terms of the types of camps and associated facilities that are provided to workers. Furthermore, there is no code of practice that applies to the provision of FIFO accommodation.²²⁵

223 Mr Simon Ridge, Executive Director, Resources Safety Division, Department of Mines and Petroleum, *Transcript of Evidence*, 22 October 2014, p. 11.

224 Ms Jean Mangraham, Principal Scientific Officer/Inspector, WorkSafe Western Australia, *Transcript of Evidence*, 22 October 2014, p. 12.

225 Mr Simon Ridge, Executive Director, Resources Safety Division, Department of Mines and Petroleum, *Transcript of Evidence*, 22 October 2014, p. 16.

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This would appear to support the concerns raised by the unions in their submissions to the inquiry that FIFO accommodation takes place in a largely unregulated environment.

There is concern that the resources sector has failed to adequately address the psychological and mental health needs of its FIFO workforce when considering the services and facilities that it makes available at accommodation facilities. Given the unregulated nature of this environment, there would appear to be no pressure being brought to bear on the resources sector to make improvements and address these potential shortcomings. This was certainly a point made by the unions in their submissions to the inquiry, but other groups also raised this as an issue. Lifeline WA agreed at hearing with the proposition that there would be benefit to increasing the level of psychosocial support provided at accommodation facilities.²²⁶

Committee comment

The Committee will consider whether motelling would be a feature of modern FIFO work practices if employers were required by law or regulation to give regard to psychological and mental health factors when designing the operation of the accommodation facilities.

On-site support services

It was pointed out to the Committee that most accommodation facilities will have an on-site “active lifestyle coordinator” (or similar position). In its submission, for example, Rio Tinto told the inquiry that:

*Lifestyle coordinators are employed to coordinate health and wellbeing activities and programmes in our accommodation villages. Activities include group fitness classes, team sports, theme nights (e.g. quiz nights, live bands, guest speakers such as Heath Black) and yoga, stretching and relaxation classes.*²²⁷

Creating Communities, a social planning consultancy, was of the view that the focus of these coordinators tended to be too narrow and “generally focused on recreation [...] and getting people to be fit and healthy”.²²⁸ There exists, in Creating Communities’ view, an opportunity to re-envisage the role of the health and lifestyle coordinator “to think about more than food and exercise” and to instead build “networks of people

226 Ms Fiona Kalaf, Chief Executive Officer, Lifeline WA, *Transcript of Evidence*, 3 November 2014, p. 10.

227 Submission No. 49 from Rio Tinto, 30 September 2014, p. 18.

228 Mr Andrew Watt, Senior Associate, Creating Communities, *Transcript of Evidence*, 5 November 2014, p. 8.

that support one another, and around establishing a culture of support within a camp.”²²⁹

Ms Nicole Ashby, the founder of FIFO support group FIFO Families, told the inquiry that personal trainers at the accommodation facilities will often receive bookings from workers who will want to talk rather than undertake exercise.²³⁰

This need for someone to talk to was an issue that emerged quite strongly in many submissions. Employee Assistance Programs, whereby assistance can be provided via a telephone support service, appear to be common across the industry, but there are doubts about their effectiveness in the FIFO context, including:

- Trust issues – whether the information provided to the EAP will remain confidential and not be shared with the employer;²³¹ and
- Communications difficulties – arising from the well documented concerns about the reliability of communications on remotes sites.

Fortescue Metals Group’s chaplaincy program²³² stood out as a sound example of a site-based assistance program and the Committee intends to seek further information about the program during the second stage of the inquiry.

Committee comment

From the evidence received by the inquiry, and also from the data made available through the research undertaken in the area, there would appear to be a view that FIFO accommodation facilities are in need of additional on-site services that cater for the psychosocial needs of the workforce.

The Committee will consider whether additional on-site psychosocial supports and services would be a feature of modern FIFO work practices if employers were required by law or regulation to give regard to psychological and mental health factors when designing the operation of the accommodation facilities.

Deaths on site

During the course of the inquiry, the Committee was made aware of concern about the extent to which a suicide in an accommodation facility would be investigated by the regulator. UnionsWA suggested that a suicide in the workplace would not be

229 Mr Carl Binning, Managing Director, Creating Communities, *Transcript of Evidence*, 5 November 2014, p. 10.

230 Mrs Nicole Ashby, Director, FIFO Families, *Transcript of Evidence*, 5 November 2014, p. 9.

231 Ms Fiona Kalaf, Chief Executive Officer, Lifeline WA, *Transcript of Evidence*, 3 November 2014, p. 10.

232 Submission No. 33 from Fortescue Metals Group, 26 September 2014, p. 10.

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investigated as a work-related fatality. As previously identified, the MUA held similar concerns, but also indicated that the definition of a workplace death is inconsistent across the agencies that might be called upon to investigate such a death:

*The definition of what constitutes a workplace death is also not uniform across the different agencies. With the Coroner's office, WA Police and the various safety regulators being completely at odds with each other as to what determines a workplace death.*²³³

Certainly, given that the definition of workplace in the MSI Act excludes accommodation facilities, and given the manner in which DMP interprets the intent of the Act, it is easy to accept that a suicide in an accommodation facility would not be investigated by DMP.

That is not to say, however, that a suicide in an accommodation facility goes without investigation. Under the *Coroners Act (1996)*, a suspected suicide is a "reportable death", meaning a death that appears to have been unexpected, unnatural or violent or to have resulted, directly or indirectly, from injury.²³⁴ There is a legal obligation for a person to report a death that is, or may be, a reportable death to a Coroner or to WA Police.

WA Police are required under the *Coroners Act* to investigate all reportable deaths on behalf of the Coroner. In a submission to the inquiry, WA Police described its role in these situations in the following terms:

The police officers would commence and lead the coronial investigation in accordance with the WA Police Investigation Doctrine, and having regard to the Five Key Investigative Strategies contained in it.

Typically, upon attendance at the scene (and having established there was no evidence of criminality in the death), they would:

- *Record the scene/collect physical material (evidence) for later forensic examination;*
- *Identify and interview key witnesses;*
- *Notify and interview the deceased's next of kin regarding victimology (background information about the deceased);*
- *Perform a Family Liaison function;*

233 Submission No. 51 from the Maritime Union of Australia, 30 September 2014, p. 2.

234 Submission No. 47 from Western Australia Police, 30 September 2014, p. 1.

- *Have the deceased formally identified and arrange for the deceased to be certified 'life extinct';*
- *Arrange for the deceased to be conveyed to the nearest mortuary;*
- *Liaise with other regulatory bodies (i.e. WorkSafe) who may be required to commence their own investigation; and*
- *Research available intelligence holdings (regarding the deceased's medical history, previous instances of self-harm, etc.) for information/intelligence which may assist the investigation.*

The officers would later liaise with the pathologist who performed the post mortem examination to establish the cause of death. They would compile a comprehensive investigation report and submit to the Coroner.²³⁵

The major issue appears to be the absence of an investigation by DMP, the regulator. At hearing, it became clear that DMP would not undertake an investigation of a suspected suicide in an accommodation facility, and that any possible investigation might take place subsequent to the Coroner's report if that report identified workplace factors (such as bullying) contributed to the death.²³⁶

Committee comment

The Coroner's Office advised the Committee that all coronial investigations are thorough, and that if there was evidence of bullying associated with a suspected suicide, that evidence would be reported. The Committee does not know if DMP is provided with copies of coronial reports once they have been completed in order for DMP to ascertain whether workplace factors were identified by the Coroner as contributing to the suicide. This is an issue on which the Committee would welcome further input.

Some weeks after the hearing with DMP, the Committee became aware of a suspected suicide that occurred in September 2014 at an accommodation facility at a mine site. DMP confirmed that it had received notification of the suspected suicide and was actively investigating.²³⁷ The fact of DMP's investigation would seem to contradict the earlier evidence provided during the hearing that suspected suicides outside of the workplace would not be investigated.

²³⁵ Submission No. 47 from Western Australia Police, 30 September 2014, p. 2.

²³⁶ Mr Simon Ridge, Executive Director, Resources Safety Division, Department of Mines and Petroleum, *Transcript of Evidence*, 22 October 2014, p. 11.

²³⁷ Ms Jennifer Shelton, Principal Policy Officer, Department of Mines and Petroleum, Electronic Mail, 6 November 2014.

Chapter 6

Given that it was aware of the September 2014 suspected suicide, DMP was asked to provide other data in its records about suspected suicides or attempted suicides either in the workplace or in accommodation facilities for each of the previous three financial years. In response, DMP advised that it had been notified of three suspected suicides, one in each of the months of August, September and October 2014.²³⁸

238 Mr Simon Ridge, Executive Director, Resources Safety Division, Department of Mines and Petroleum, Letter, 11 November 2014.

Committee comment

It is noteworthy that the only reports of suspected suicides in DMP's records correspond to the period when discussions about this inquiry began appearing in the media. Clearly, the publicity surrounding this inquiry has prompted mine site managers to begin reporting suspected suicides in accommodation facilities. This is, of course, a good thing but a number of issues are raised.

The MSI Act requires managers, at section 76, to provide a report to DMP where:

[...] a person suffers injury in an accident at a mine and is disabled by that accident from performing his or her duties of employment as they were being performed at the time the accident occurred [...]

Are suspected suicides in accommodation facilities captured by this provision?

It is noteworthy that DMP has felt the need to investigate at least one of the three suspected suicides, suggesting that the only way for DMP to establish a link between a suspected suicide and the workplace is to actually complete an investigation into the matter. By failing to report deaths in their camps, companies may have been preventing DMP's ability to carry out its investigative function.

The Committee's view is that any death connected to a mining operation (or, for that matter, a petroleum operation – the petroleum legislation contains similar reporting requirements) must be reported to the regulator. An investigation of the circumstances surrounding the suspected suicide is the only means through which causal workplace factors can be identified, including bullying, fatigue and the adequacy of psychosocial supports provided at the accommodation facilities.

It is also important to keep in mind that not all workers who commit suicide as a result of FIFO-related distress will do so on site. If a worker were to commit suicide at home, it would be reported to the Police and the Coroner for investigation. It is unclear whether the possible role of FIFO in that suicide would be a feature of the investigation.

It is therefore possible that a degree of under-reporting of suicides in connection with FIFO will be unavoidable.



Dr G.G. Jacobs, MLA
Chairman

Appendix One

Inquiry Terms of Reference

That the Education and Health Standing Committee inquire into:

- (1) the contributing factors that may lead to mental illness and suicide amongst fly in, fly out workers;
- (2) the current legislation, regulations, policies and practices for workplace mental health in Western Australia; and
- (3) current initiatives by government, industry and community and recommend improvements.

The Committee shall present a preliminary report to the Legislative Assembly by the end of 2014 and a final report on 5 March 2015.²³⁹

²³⁹ Note that the reporting date for the final report has been amended to June 2015.

Appendix Two

Committee's functions and powers

The functions of the Committee are to review and report to the Assembly on:

- a) the outcomes and administration of the departments within the Committee's portfolio responsibilities;
- b) annual reports of government departments laid on the Table of the House;
- c) the adequacy of legislation and regulations within its jurisdiction; and
- d) any matters referred to it by the Assembly including a bill, motion, petition, vote or expenditure, other financial matter, report or paper.

At the commencement of each Parliament and as often thereafter as the Speaker considers necessary, the Speaker will determine and table a schedule showing the portfolio responsibilities for each committee. Annual reports of government departments and authorities tabled in the Assembly will stand referred to the relevant committee for any inquiry the committee may make.

Whenever a committee receives or determines for itself fresh or amended terms of reference, the committee will forward them to each standing and select committee of the Assembly and Joint Committee of the Assembly and Council. The Speaker will announce them to the Assembly at the next opportunity and arrange for them to be placed on the notice boards of the Assembly.

Appendix Three

Submissions received

No.	Name	Position	Organisation
1	Private submission		
2	Private submission		
3	Private submission		
4	Private submission		
5	Private submission		
6	Mr Rod McNamara	Approvals Manager	OSD Pty Ltd
7	Private submission		
8	Private submission		
9	Mr Gary Cooper	Principal Registrar	Coroner's Court of Western Australia
10	Private submission		
11	Ms Lisa Laschon	Western Australia Manager	Inspire Foundation
12	Multiple authors		Bunbury Counselling
13	Mr Tony Holland	Chief Executive Officer	OzHelp Foundation
14	Ms Monique Williamson	Chief Executive Officer	Mental Health Fellowship WA
15	Private submission		
16	Prof Gary Hulse	Professor of Addiction Medicine	University of Western Australia
17	Mr Richard Sellers	Director General	Department of Mines and Petroleum
18	Private submission		
19	Dr Jennifer Bowers	Chief Executive Officer	Australasian Centre for Remote and Rural Mental Health
20	Dr Keith Hampson	Chief Executive Officer	Sustainable Built Environment National Research Centre
21	Private submission		
22	Ms Sandra Boulter	General Manager	Mental Health Law Centre (WA)
23	Multiple authors		FIFO Australian Community of Excellence
24	Mr Peter and Mrs Anita Miller		
25	Ms Julie Loveny and Ms Sue Crock		This FIFO Life
26	Mr Brian Bradley	Director General	Department of Commerce
27	Mr David Perich	Director	Volunteering WA
28	Mr Michael Tunnecliffe	Director	BSS Employee Assistance
29	Mr Lance McCallum	National Policy Officer	Electrical Trades Union
30	Mr Julius Matthys	Vice President Corporate Affairs	BHP Billiton Western Australia
31	Ms Meredith Hammat	Secretary	UnionsWA

No.	Name	Position	Organisation
32	Mr Stedman Ellis	Chief Operating Officer – Western Region	The Australian Petroleum Production & Exploration Association
33	Mr Tim Langmead	Director External Relations, Approvals	Fortescue Metals Group
34	Mr Simon Bennison	Chief Executive Officer	Association of Mining and Exploration Companies
35	Mr Steve McCartney	State Secretary	Australian Manufacturing Workers' Union (WA)
36	Ms Trudi Horler		Perth Positive Psychology Practitioners
37	Mr Godfrey Baronie	Chief Executive Officer	Mates in Construction WA
38	Dr Andrew Harper	Occupational and Public Health Physician	
39	Mr Mick Buchan	State Secretary	Construction, Forestry, Mining and Energy Union (WA)
40	Ms Helen Robinson	Manager Mental Health	Mercy Care
41	Dr Peter Connaughton	Occupational Physician	
42	Ms Vanessa McDonald	Corporate Planning Officer	City of Karratha
43	Private submission		
44	Ms Georgie Harman	Chief Executive Officer	<i>beyondblue</i>
45	Ms Sabina Leitmann	Branch President	Australian Association of Social Workers (WA)
46	Mr Roger Martin	Vice President of Corporate Affairs	Woodside Energy Ltd
47	Dr Karl O'Callaghan	Commissioner	Western Australia Police
48	Mr Tristan Menalda	Senior Industry Policy Advisor	Australian Mines & Metals Association
49	Mr Andrew Harding	Chief Executive, Iron Ore, China, Korea and Japan	Rio Tinto Ltd
50	Mr Andrew Watt and Ms Nicole Ashby		Creating Communities and FIFO Families
51	Ms Linda Morich	Occupational Health and Safety Advisor	Maritime Union of Australia
52	Mr Peter Fairclough	General Manager Policy Government and Public Affairs	Chevron Australia
53	Dr Michael Gannon	President	Australian Medical Association
54	Ms Adrienne LaBombard	Manager Workplace Health and Safety	Chamber of Minerals and Energy
55	Mr Tim Shelton	Director	Energy and Minerals Institute
56			Western Australian Local Government Association
57	Mr John Nicolau	Chief Officer, Member Services and Advocacy	Chamber of Commerce and Industry
58	Private submission		
59	Mr Damian Doherty	General Manager HSSE/SP	Shell Development Australia
60	Mr Bill Townsend	General Manager External Affairs and Joint Venture	Inpex
61	Mr Tim Marney	Mental Health Commissioner	Mental Health Commission

No.	Name	Position	Organisation
62	Private submission		
63	Mr Simon Ridge	Executive Director, Resources Safety	Department of Mines and Petroleum
64	Mr Brian Bradley	Director General	Department of Commerce
65	Mr Simon Bennison	Chief Executive Officer	Association of Mining and Exploration Companies
66	Mr Michael Tunnecliffe	Director	BSS Employee Assistance
67	Mr Simon Ridge	Executive Director, Resources Safety	Department of Mines and Petroleum
68	Ms Julie Loveny and Ms Sue Crock		This FIFO Life
69	Private submission		
70	Private submission		

Appendix Four

Hearings

Date	Name	Position	Organisation
22 October 2014	Mr Simon Ridge	Executive Director, Resources Safety	Department of Mines and Petroleum
22 October 2014	Mr Lex McCulloch	Executive Director	Department of Commerce (WorkSafe)
	Mr Ian Munns	Director, Policy and Education	
	Ms Jean Mangharam	Principal Scientific Officer/Inspector (Human Factors and Ergonomics Team)	
3 November 2014	Ms Georgie Harman	Chief Executive Officer	beyondblue
3 November 2014	Mr Steve McCartney	State Secretary	Australian Manufacturing Workers' Union
3 November 2014	Mr Simon Bennison	Chief Executive Officer	Association of Mining Exploration Companies
	Mr Graham Short	National Policy Manager	
3 November 2014	Ms Fiona Kalaf	Chief Executive Officer	Lifeline WA
5 November 2014	Ms Nicole Ashby	Founder and Director	FIFO Families
	Mr Carl Binning	Managing Director	Creating Communities
	Mr Andrew Watt	Senior Associate	
	Mr Nicholas Fitzgerald	Research Director	
5 November 2014	Mr Godfrey Baronie	Chief Executive Officer	Mates in Construction
5 November 2014	Mr Michael Buchan	State Secretary	Construction, Forestry, Mining and Energy Union
	Mr Graham Pallot	Assistant State Secretary	
5 November 2014	Ms Nicole Roocke	Deputy Chief Executive	Chamber of Minerals and Energy
	Ms Adrienne LaBombard	Manager – Workplace Health and Safety	
	Mr Emmanuel Hondros	Manager – People Strategies	
	Ms Jennifer Rumbles	Policy Adviser – People Strategies and Workplace Health and Safety	
5 November 2014	Mr Stedman Ellis	Chief Operating Officer	Australian Petroleum Production and Exploration Association
	Mr Andrew Woodhams	A/Director – Safety, Environment and Skills	
12 November 2014	Mr Peter Miller		
	Mrs Anita Miller		

Appendix Five

Acronym list

ABS	Australian Bureau of Statistics
ACRRMH	Australian Centre for Rural and Remote Mental Health
AMA (WA)	Australian Medical Association, (Western Australia)
AMEC	Association of Mining and Exploration Companies
AMMA	Australian Mines and Metals Association
AMWU	Australian Manufacturing Workers Union
AOD	Alcohol and Other Drugs
ASIST	Applied Suicide Intervention Support Training
BSS	BSS Employee Assistance
CCI (WA)	Chamber of Commerce and Industry, (Western Australia)
CEO	Chief Executive Officer
CFMEU	Construction, Forestry, Mining and Energy Union
CME	Chamber of Minerals and Energy
DIDO	Drive-in, drive-out
DMP	Department of Mines and Petroleum
DSM	Diagnostic and Statistical Manual of Mental Disorders
EAP	Employee Assistance Program
FIFO	Fly-in, fly-out
FLNG	Floating Liquefied Natural Gas
FMG	Fortescue Metals Group
HILDA	Household, Income and Labour Dynamics in Australia
ICD	International Classification of Diseases
LNG	Liquefied Natural Gas
MH	Mental Health
MHC	Mental Health Commission
MSI Act	Mines Safety and Inspection Act 1996
MUA	Maritime Union of Australia
OHS	Occupational Health and Safety
OSH Act	Occupational Safety and Health Act 1984
QLD	Queensland
R&R	Rest and Relaxation
WA	Western Australia
WACD	Western Australian Coroner's Database
WHO	World Health Organization