FEATURE FIFO WORKERS

Golden handcuffs

High salaries and a high-spending lifestyle lock in the strain of fly-in fly-out work. **Denise Cullen**

Rhys Connor's Facebook photos show a man in the prime of his life. One depicts the 25-year-old pressed nose to nose with his young son; another reveals the pair in matching safety vests; a third shows him and his stepfather gleefully displaying the spoils of a day spent crabbing.

Yet, in the early hours of 25 July 2013, only days after texting his family to say he'd soon be home, Connor died by suicide in his tiny room at Hope Downs mine camp in WA's Pilbara region. In a note subsequently released by his family to raise awareness of mental health issues among fly-in fly-out (FIFO) workers, Connor wrote: "My time is up. I have decided to end my life."

Connor's suicide was one of at least nine that occurred among Pilbara mine workers in a 12-month period. It was this statistic, and the pleas of distraught families, that led the WA Government's Education and Health Standing Committee to convene an inquiry into the mental health impacts of FIFO work arrangements.

Though the full inquiry report will not be tabled until 5 March 2015, already—from a month of hearings and more than 40 written submissions—a disturbing picture has emerged of high-pressure, hard-drinking, male-dominated work environments where the prevailing attitude is 'Toughen up, princess'. FIFO WORKERS FREQUENTLY FAILED TO REPORT MENTAL HEALTH ISSUES BECAUSE THEY FEARED THE IMPACT ON THEIR FUTURE EMPLOYMENT PROSPECTS.



ONE IN FIVE WORKERS CLAIMED THEIR INDUSTRY DID NOT HAVE ON-SITE MENTAL HEALTH OR COUNSELLING FACILITIES, AND ONE IN 10 SAID THEIR INDUSTRY DID NOT HAVE AN EMPLOYEE ASSISTANCE PROGRAM. SOURCE: LIFELINE WA

Harsh environment

Though FIFO workers don't hold a monopoly on anxiety, depression and related disorders, they are exposed to unique and prevalent psychosocial hazards and stressors that can have a negative impact on their mental health, says Dr Jane Austin, a clinical psychologist among the workplace mental health specialists at CommuniCorp Group.

"They spend long periods of time away from their partners and children, which most people find very difficult," she explains. High-compression roster rotations mean sleeping problems creep in. "They're also more prone to fatigue due to long working hours, and when they come home there's a list of jobs to catch up on and a tendency for partners to say, 'Well, I've had the kids for three weeks, now it's your turn."

Men are, Austin adds, "reluctant to seek help when things aren't going well for them". But this goes beyond blokes' general disinclination to share their feelings for fear of being thought 'soft'. In evidence given to the inquiry by Steve McCartney, secretary of the Australian Manufacturing Workers Union (AMWU), FIFO workers frequently failed to report mental health issues because they feared the impact on their future employment prospects.

Following a survey of 300 workers conducted by the AMWU, McCartney told the inquiry that some workers suffering depression refused to take prescribed antidepressants because of concerns that urine tests designed to screen for illicit drugs would tip off their employers to their condition.



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Contradictions

In its own submission to the inquiry, the Chamber of Minerals and Energy (CME) of WA, which represents mining, oil and gas, and contracting and construction companies, argued that its members demonstrated "a high level of commitment to employee health and safety". This, it claimed, was accomplished through initiatives such as education and awareness programs, peer support, early intervention and crisis management, healthy lifestyle options and employee assistance programs (EAPs).

Such statements reveal the depth of the chasm separating workers' and employers' perceptions. After surveying 924 FIFO and drive-in drive-out (DIDO) workers in 2013, Lifeline WA released a report that suggested the opposite: "Regarding support services, one in five workers claimed their industry did not have on-site mental health or on-site counselling facilities and one in 10 reported their industry as not having an EAP." The report also cited numerous structural barriers to help-seeking, such as a lack of communication coverage to access telephone counselling.

Even high salaries failed to insulate workers against the strain. The Lifeline WA report found that those in the highest income bracket (\$200,000+) reported the greatest stress during their time at work. The reality for most FIFO workers is this is the best money they'll ever make. They are wearing, some acknowledge, 'golden handcuffs', locked into highearning, high-spending lifestyles that, despite the considerable risks and drawbacks, are hard to abandon.

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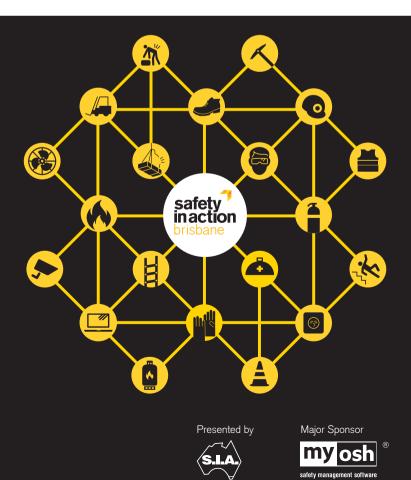
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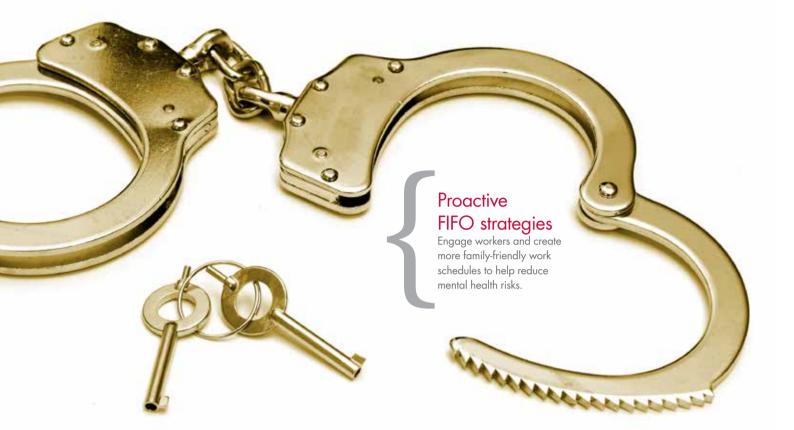
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So while organisations such as the CME frame decisions to join the FIFO workforce as 'a matter of choice' (CME released a glossy booklet by that name in 2012), workers, rather, feel trapped.

The CME also disputes the reported rate of FIFO suicides. "This has not been substantiated, nor causal factors identified," deputy chief executive Nicole Roocke said in a statement. "Proportionately, even at the unsubstantiated rate of nine in the last 12 months, the rate of suspected suicides in FIFO workers per annum would be 13.4 per 100,000."

Austin rejects such logic. "That could well be right, but I don't think it matters," she says. "Suicide rates are too high across the board and we have to address that."

Because of the known risks associated with FIFO work, there is an urgent need for the construction, mining and resources sectors to review psychosocial hazards and early intervention and prevention capabilities within their workplace policies and practices, Austin adds. "Employers need to recognise their responsibilities to maintain good psychological as well as physical health ... Raising awareness is good but it's not enough."

Organisations should adopt a risk management approach, paying close attention to indicators such as absenteeism, EAP attendance figures and—possibly the most telling turnover. "They also need to attend to the outcomes of employee satisfaction surveys and the lessons learned from stress claims. These psychological injury claims represent lag data and should be treated as near misses if there is no psychological injury," Austin suggests.

Warning signs

Austin also recommends implementing more proactive strategies for engaging workers in screening and education programs to prepare them for the rigours and challenges of FIFO life, and creating more family-friendly work schedules that allow workers to be home for important occasions such as anniversaries and children's birthdays.

Greater awareness of the warning signs that an individual is struggling is also important. "It may be that people are not turning up to work, or when they are turning up they're making more errors or are not as productive as they used to be," she says.

"People who are beginning to suffer mental health disorders might also be irritable, teary and less likely to engage socially. While most of us will experience some of this sometimes, employers need to get good at noticing when an individual's normal pattern changes."

Indeed, as Connor said in an interview only days before his death, "People do struggle up there with depression, and at the moment I'm going through it ... There are people out there who seem to be fine but deep down they're not."

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