Submission

Inquiry into the use of 'fly-in, fly-out' (FIFO) workforce practices in regional Australia

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beyondblue, the national depression and anxiety initiative, is pleased to present this submission on the use of 'fly-in, fly-out' (FIFO) workforce practices in regional Australia to the House of Representatives Standing Committee on Regional Australia. In making this submission, *beyondblue* has focussed on the **high prevalence mental health disorders of depression and anxiety**, the impact on consumers and carers, and areas that are most relevant to our work and research findings.

beyondblue is a national, independent, not-for-profit organisation working to reduce the impact of depression and anxiety in the Australian community. Established in 2000, *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments. *beyondblue* works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression and anxiety, to bring together their expertise.

Our **five key result areas** are:
1. Increase awareness of depression and anxiety
2. Reduce stigma and discrimination
3. Improve help seeking
4. Reduce impact and disability
5. Facilitate learning, collaboration, innovation and research

Specific population groups that *beyondblue* targets include young people, Indigenous peoples, people from culturally and linguistically diverse backgrounds, people living in rural areas, gay, lesbian, bisexual, trans and intersex populations, and older people.

Prevalence and impact of depression and anxiety disorders

Depression, anxiety and substance use conditions are the most prevalent mental health disorders in Australia.[1] One in three Australians will experience depression and/or anxiety at some point in their lifetime and approximately 20 per cent of all Australians will have experienced depression, anxiety or a substance use disorder in the last year.[2] People experiencing depression and/or anxiety are also more likely to have a co-morbid chronic physical illness.[3]

Mental illness is the leading cause of non-fatal disability in Australia, and it is important to note that depression and anxiety accounts for over half of this burden.[4] Globally, the World Health Organization predicts depression to become the **leading cause of burden of disease by the year 2030**, surpassing ischaemic heart disease.[5]

Mental illness costs the community in many different ways. There are social and service costs in terms of time and productivity lost to disability or death, and the stresses that mental illnesses place upon the people experiencing them, their carers and the community generally. There are financial costs to the economy which results from the loss of

productivity brought on by the illness, as well as expenditure by governments, health funds, and individuals associated with mental health care. These costs are not just to the health sector but include direct and indirect costs on other portfolio areas, for example welfare and disability support costs. **It is estimated that depression in the workforce costs the Australian society $12.6 billion over one year, with the majority of these costs related to lost productivity and job turnover**.[6] The individual financial costs are of course not exclusively borne by those with mental illness. It is often their carers who experience financial hardship due to lost earnings, as well as increased living and medical expenses.[7]

beyondblue's response to the inquiry into 'fly-in, fly-out' (FIFO) workforce practices in regional Australia

Terms of Reference: The effect of a non-resident FIFO/Drive-in Drive-out (DIDO) workforce on established communities, including community wellbeing, services and infrastructure

The impact of a FIFO/DIDO workforce on established communities is not well understood. While anecdotal feedback suggests that FIFO/DIDO workforces have a negative impact on communities, additional research is needed to explore this relationship.

Some research that has investigated the effect of FIFO/DIDO workforce practices suggests that their **impact on established 'host' communities may include**:[8,9]
- tensions between FIFO/DIDO workers and residents – residents have a long-term commitment to the community, but may feel that they 'bear the burden' of sustaining and improving the community
- increased costs associated with housing and daily living
- FIFO/DIDO workers being a 'burden' on local services and infrastructure, that are unable to meet demands
- different patterns of crime and violence, impacted on by excessive alcohol and other drug use
- mental health problems
- increased numbers of fatigue-related injuries and accidents
- family-related problems, including violence, break-ups and parenting problems
- low levels of community cohesion and connectedness.

Additional research is needed to better understand the effect of a non-resident FIFO/DIDO workforce on established communities, with a particular focus on community wellbeing and mental health. This is particularly important given the increasing number of employees working under FIFO/DIDO arrangements, and the use of this employment model across not only the mining sector, but also construction, transport and healthcare services.

Terms of Reference: The impact on communities sending large numbers of FIFO/DIDO workers to mine sites

The FIFO/DIDO workforce may impact on the 'source' communities sending large numbers of workers to mine sites, as well as the FIFO/DIDO families and workers themselves. The **community-level impact** of a large FIFO/DIDO workforce is not well documented. Anecdotal feedback suggests that the impacts on the 'source' communities may include:

- income distortions creating 'two tier' or 'segregated' communities
- increased demand on child care and after-school care, due to the parental working arrangements
- reinforcing stereotypical gender roles (for example, males as the primary breadwinner and females as the primary parent)
- decreased numbers of participants and reduced sustainability of community groups and sporting clubs, which may result in lower levels of community cohesion
- a lack of ongoing male role models in communities and schools
- an increase in alcohol and other drug use, which may impact on crime and violence.

Research assessing the impact of FIFO/DIDO working arrangements on **families and workers** is also limited, and findings are sometimes conflicting and inconclusive.[10] Despite these limitations, some research suggests that:

- There may be relationship difficulties associated with FIFO/DIDO working arrangements, including difficulties in communication; unmet expectations while workers are at home; an unequal share of family responsibilities; and role conflicts. Despite these difficulties, families generally report accepting and coping with the FIFO/DIDO arrangements, and the benefits, including high salaries and extended time at home, may justify and/or outweigh the costs.[11]
- There does not appear to be significant psychological impacts of FIFO/DIDO arrangements on children. Limited research indicates that rates of depression, anxiety, and the level of family functioning, do not significantly differ between FIFO families and a comparable community-based sample.[12]
- FIFO workers may be as healthy, or healthier, than 'daily commute' workers, and have comparable long and short-term stress levels.[13]
- Compared with locally resident miners, FIFO miners report higher levels of sleep disturbance, and more interference from work in the ability to perform social and domestic activities (such as participating in sport, attending the doctor, looking after children).[14]

While additional research is needed to better understand the impact of FIFO/DIDO working arrangements on families and workers, it is important to note that this working arrangement may be the preferred type of employment for workers and families, depending upon their life stage.

Terms of Reference: The provision of services, infrastructure and housing availability for FIFO/DIDO workforce employees

While research has demonstrated that the FIFO/DIDO working arrangements impacts on the provision of general services, infrastructure and housing availability in FIFO/DIDO communities,[15] the impact on access to health care services is not well documented. Some feedback from health professionals suggests that a lack of available and consistent health care for FIFO/DIDO workers is negatively impacting on the identification and effective management of health problems.[16]

Despite the limited research assessing the availability and use of mental health care services within FIFO/DIDO communities and workers, **research findings assessing men's use of mental health services is applicable to this population group**. This research demonstrates that men use all services within the health care system to a lesser extent than women.[17] This is particularly evident when examining the use of health care services for mental health problems - for men with a 12-month mental disorder, just over one in six (18 per cent) visit a general practitioner, compared to almost one in three (30 percent) of women. [18]

There are a number of **barriers that contribute to men's willingness and ability to seek help for depression and anxiety** – these include high levels of self-stigma, a perceived lack of skills and support, a need for control, and a preference for action over introspection. These barriers to using mental health services may be exacerbated in FIFO/DIDO workers.

To **increase men's use of health services for depression and anxiety**, *beyondblue*-commissioned research suggests that:
- Men are provided with tools, such as checklists, to support them to identify problems and take action
- Health messages are delivered in line with the world-view of men, and in ways that are personalised but non-confronting, and provide permission to connect with others
- Language used to describe depression and anxiety focuses on 'taking action' / 'acting', rather than 'help seeking' or 'needing help', which may be perceived as being passive and emasculating
- Framing depression and anxiety as 'routine but serious' health conditions which require monitoring, similar to the monitoring of cholesterol levels and blood pressure.

These evidence-based strategies should be used when designing and delivering healthcare services targeting the mental health and wellbeing needs of FIFO/DIDO workers.

Terms of Reference: Strategies to optimise FIFO/DIDO experience for employees and their families, communities and industry

While there is a need to undertake significant research to better understand the impact of FIFO/DIDO working arrangements, there is an opportunity to implement existing, evidence-based strategies to optimise the experience for employees and their families, communities,

and industry. These strategies include implementing workplace-based programs to improve mental health and wellbeing; and improving access to mental health services.

Workplace-based programs to improve mental health and wellbeing
Workplaces provide an ideal setting to promote and support mental health – this has significant benefits for the mental health of individuals; their employers (for example, there are reduced direct costs related to absenteeism, presenteeism and workers compensations claims, and reduced indirect costs related to poor work performance, morale, turnover, early retirement, work complaints, litigation and penalties for breaching of occupational health and safety legislation[19,20]); and the broader community (for example, there may be greater levels of social inclusion, and economic benefits associated with reduced costs related to loss of productivity, turnover, and high use of health services and medication[21,22]).

Both Government and employers have an essential role in delivering workplace-based programs to support and improve the mental health of FIFO/DIDO workers.

The **role of Government** should include:
- supporting legislation and policies which promotes and supports mental health – for the FIFO/DIDO workforce, this may include adopting a 'mental health in all policies' approach, which would require the mental health implications of legislation and policies governing the establishment and management of FIFO/DIDO workforces to be assessed and incorporated in decision-making processes
- funding research to explore the relationship between FIFO/DIDO working arrangements and mental health and wellbeing
- establishing services, programs and bodies which assist individuals and employers to promote and support mental health in the workplace.

The **role of FIFO/DIDO employers** should include:
- providing conditions and a workplace environment that promotes and supports mental health – for example:
  o clear and demonstrated support for employee mental health by all levels of leadership
  o including mental health as component of induction and ongoing training and education
  o identifying risk factors related to FIFO/DIDO workforce practices and implementing protective/risk reduction strategies – for example, providing communication infrastructure to enable employees to maintain contact with their families; providing flexible work practices to allow employees to remotely engage with family issues.
- developing and implementing organisational mental health policies
- promoting and providing access to support services (for examples, employee assistance programs and counselling services)
- increasing the skills and capacity of managers, supervisors and employees to support people with a mental illness. Educational programs and skill-based training can improve the capacity of managers, supervisors and employees to respond to the needs of people with a mental illness.

beyondblue can play a key role in supporting the delivery of workplace-based programs to support the FIFO/DIDO workforce – for information on *beyondblue's* programs and services, see the response to 'Current initiatives and responses of the Commonwealth, State and Territory Governments'.

Increasing access to mental health services

While workplace-based programs are an essential component of optimising the FIFO/DIDO experience, it is important that these programs are supported through health care and support services within the community. As there are low levels of use of mental health services overall, and among men in particular, it is essential that easily-accessible and affordable care is available to support FIFO/DIDO workers. To meet this need, *beyondblue,* with the support of the Movember Foundation, is trialling an innovative mental health service model, the *beyondblue* Community Access Program (bbCAP). **This new model of care is ideally suited to the needs of the FIFO/DIDO workforce and the established 'host' communities.**

bbCAP will provide psychological support services to people with mild to moderate depression and anxiety. These services include:
- Guided self-help mental health programs, delivered either online or through bibliotherapy
- Un-guided self-help information, delivered either online or through bibliotherapy
- Referrals to community and welfare services (for example, employment support, financial counselling, housing support, drug and alcohol services etc)
- Referrals to local social and community groups (for example, volunteer organisations, community interest groups etc)

The type of services an individual receives will depend upon their needs, and the availability of local services – for FIFO/DIDO workers, this would include a focus on 'virtual' services that are accessible both at work and at home. A specially trained 'bbCAP coach' will guide the individual through the available services, and support them over a six week period, to ensure that their needs are being met. Throughout this time, the bbCAP coach will also ensure that the individual is linked in to other mental health services as needed.

This unique service delivery model will meet a gap in current health care services, and has the potential to provide preventative and early intervention services to meet the particular needs of FIFO/DIDO workers (for example, relating to problems arising from social isolation, separation from family and support networks, high levels of alcohol and other drug use etc). This will benefit the mental health and wellbeing of the individual; their employer (for example, improved productivity, reduced presenteeism etc); and the broader community (for example, developing new and innovative opportunities to participate in sporting and community groups; and better integrating health and community support services across the employment setting and both the 'source' and 'host' communities).

The bbCAP is based on a successful program developed and delivered in the United Kingdom – the 'Improving Access to Psychological Therapies' program. This program has been demonstrated to:

- Achieve **recovery rates** that are comparable to those obtained through traditional mental health services
- Provide services to **four times the number of people**, compared to traditional mental health services
- Generate **cash savings** of approximately £340 for each patient treated

As the bbCAP is ideally placed to improve the mental health and wellbeing of FIFO/DIDO workers, **there is an opportunity for the Government to support the trialling of this model of care within the FIFO/DIDO workforce**. This trial would demonstrate the clinical and cost-effectiveness of the model, and its applicability to the FIFO/DIDO workforce.

Terms of Reference: Current initiatives and responses of the Commonwealth, State and Territory Governments

beyondblue has been funded through the Australian Government's ***Taking Action to Tackle Suicide*** program to implement a range of initiatives that aim to increase help-seeking for depression and anxiety among men. Many of these initiatives are being implemented in FIFO/DIDO workforces, and/or have the potential to be targeted to this population group.

The initiatives include:
- **Community awareness and health promotion campaigns** – *beyondblue* is undertaking a range of projects to increase men's knowledge of depression and anxiety disorders, reduce the stigma associated with these conditions, and increase help seeking. These projects include:
  - a national print media campaign in the sports section of key daily newspapers targeting older men
  - a digital campaign utilising social media, with reference to an interactive microsite where men can get information and check facts, undertake a depression and/or anxiety test and learn from other men's experiences: www.beyondblue-men.org.au

- **Increasing access to the *beyondblue* info line** – the *beyondblue* info line provides callers with information on depression and anxiety disorders and makes referrals to local services. The capacity of the info line will be expanded to provide short-term solution-focussed counselling services, online counselling services, and the capacity for a male caller to request a male counsellor.

- **Expanding access to workplace-based programs to support mental health** – *beyondblue* is collaborating with government, organisations, unions and industry to support and promote men's mental health in the workplace. Activities that are currently being implemented include:
  - developing **evidence-informed tools and resources,** including a workplace mental health good practice model for employers.

- o developing **workplace mental health e-learning programs**, which will include awareness raising, resilience building, culture and leadership and occupational health and safety induction. The first e-learning program, designed to raise awareness and understanding of depression and anxiety in the workplace, was released in February 2012 and is freely available on the *beyondblue* website (www.beyondblue.org.au). As of 17 September 2012, over 3,000 workplaces had accessed the program 5,250 times. Levels of satisfaction with the program have been high.
- o delivering face-to-face workplace mental health training through the *beyondblue* **National Workplace Program –** this program has been demonstrated to effectively increase awareness and understanding of depression and anxiety in the workplace, and increase the skills of staff and managers to effectively support a colleague with a mental illness
- o **funding research,** including systematic literature reviews to identify the best available evidence regarding the link between work and depression and anxiety disorders and research gaps.
- o working in **partnership and collaboration** with key industry stakeholders, such as large employers and a Workplace Mental Health Expert Advisory Group.
- o **advocating** for people with an experience of mental illness and their carers to ensure their needs are addressed in relevant government, industry, profession-specific and workplace policies and practices.

It is recommended that the Australian Government:

1. Undertake and/or fund research to further explore the mental health and wellbeing implications of FIFO/DIDO workforce practices. This research should focus on the impact of a FIFO/DIDO workforce on both established 'host' and 'source' communities, and the availability and use of mental health services among FIFO/DIDO workers and their families.
2. Consider the specific impact of FIFO/DIDO workforce practices on Aboriginal and Torres Strait Islander communities.
3. Fund the trialling of the *beyondblue* Community Access Program in the FIFO/DIDO workforce, to demonstrate the clinical and cost-effectiveness of this new model of care, and improve the mental health and wellbeing of the FIFO/DIDO workforce.
4. Use evidence-based strategies to increase the knowledge of depression and anxiety among FIFO/DIDO workers and their families, and support them to access appropriate support and treatment.
5. Assess the mental health implications of legislation and policies relating to FIFO/DIDO workforce practices. These assessments should consider the impact on the individual worker, their family, and both the 'host' and 'source' communities.
6. Establish services and programs to assist FIFO/DIDO employers to promote and support mental health in the workplace.

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