24 March 2021

Committee Secretary
Select Committee on Mental Health and Suicide Prevention
PO Box 6021
Parliament House
Canberra ACT 2600

Sent via email: mhsp.reps@aph.gov.au

To whom it may concern,

SUBJECT – INQUIRY INTO MENTAL HEALTH AND SUICIDE PREVENTION

Mental health and suicide are complex issues felt across all facets of Australian society. The Chamber of Minerals and Energy of Western Australia (CME) has welcomed focus on these important issues through the recent Productivity Commissions' Mental Health Inquiry (the PC Inquiry).

The WA resources sector is committed to the health and safety of its employees, including employee mental health and wellbeing. CME works with our member companies to strive towards continuous improvement in workplace health and safety (WHS), whereby companies seek to continuously innovate and invest in this area, improving their practices.

CME is the peak resources sector representative body in Western Australia (WA). CME is funded by member companies responsible for more than 86 per cent of the State's mineral and energy workforce employment.[1] The value of royalties received from the sector totalled $9.3 billion in 2019-20,[2] accounting for 29 per cent of general government revenue.[3] Now accounting for 47 per cent of the State's total industry Gross Value Added,[4] the sector's exports are likely to remain a major contributor to Australia's economic recovery from its largest global contraction since the 1940s.[5]

Summary of Recommendations

CME appreciates the opportunity to provide comment to the Select Committee Inquiry into Mental Health and Suicide Prevention. A summary of recommendations is included, below with further supporting detail outlined in the following submission. In summary, CME:

- reiterates the importance of continuing a coordinated and holistic approach, acknowledging that we all have a role to play in addressing mental health as a community issue. Within this, employers have a role to play in managing psychosocial hazards in the workplace, in line with WHS legislation.

- continues to support the ability for industry to rapidly respond to a changing environment with a risk-based approach to mental health and wellbeing.

- continues to support the development of a minimum standard for EAPs.

- considers telehealth services and online mental health services providers as an important component of a larger system of tools used towards the management of mental health and wellbeing.

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[1] Full-time employees and contractors onsite in 2019-20, excludes non-operating sites. Government of Western Australia, *2019-20 Economic indicators resources data*, Safety Regulation System, Department of Mines, Industry Regulation and Safety, 25 September 2020.

[2] Ibid.

[3] Government of Western Australia, 2019-20 *Annual report on State finances*, Department of Treasury, 25 September 2020.

[4] Cassells, R. *et al*, *BCEC Quarterly economic commentary*, Bankwest Curtin Economics Centre, 26 November 2020, p. 2.

[5] Commonwealth of Australia, *Resources and energy quarterly: September 2020*, Department of Industry, Science, Energy and Resources, 29 September 2020.

Background

Mental health issues in society require a holistic approach – whereby government, the community, and industry all have roles to play. In the context of employers and workplaces, CME notes that the definition of 'health' in the model WHS Act is explicit in its inclusion of psychological health. The Western Australian Department of Mines, Industry Regulation and Safety (DMIRS) has taken a clear position that the current Mines Safety and Inspection Act 1994 should be interpreted similarly, until the proclamation of the new harmonised legislation (expected late 2021). As such, CME considers the current and future legislative environment governing the management of WHS in WA adequately provides for the consideration of mental health by employers.

The resources sector has a diverse range of workplaces, practices, and demographics. The varying size, nature, and duration of resources sector projects spanning exploration, construction, and production means that there is no 'one size fits all' approach to mental health in the workplace. Therefore, a risk-based approach to the prevention and mitigation of psychosocial hazards in the workplace is most effective in ensuring approaches are tailored appropriately. This risk-based approach has been critical in allowing industry's approach in this area to evolve appropriately. As more information and research has become available, the industry's approach to mental health and wellbeing has evolved from predominantly reactive compliance-based responses, to proactive, tailored, and diverse wellness programs.

In WA, there has been a focus on the mental health of fly-in fly-out (FIFO) workers over recent years. Employer management of FIFO mental health and wellbeing in WA is supported through the DMIRS Code of Practice *Mentally Healthy Workplaces for FIFO workers in the resources and construction sectors* (the FIFO Code). The development of the Code was a key recommendation from the FIFO Inquiry and is supported by the DMIRS mentally healthy workplaces audit tool. While CME supported the risk-based approach taken in the FIFO Code and acknowledged its development was beneficial in raising awareness about the importance of workplace mental health, CME has previously expressed concern regarding the limited focus on FIFO in the resources and construction sectors. Mental illness and suicide are significant and complex public health issues felt across all aspects of the Australian community; recent data from the Australian Bureau of Statistics indicates the one in five Australians experience a mental illness in any year.[6] CME considers the narrow focus on FIFO workers as a missed opportunity to address mental health issues comprehensively within the workforce and greater community. Alternatively, CME welcomed the holistic and coordinated approach to addressing mental health as a society-wide issue in the PC Inquiry.

CME notes that the scope of the PC Inquiry, while broad, is specific to the impacts of the coronavirus pandemic (COVID-19) and 2019 bushfires. Given CME's role in supporting out members in the WA resources sector, this submission provides comment on the role of employers and the workforce of the WA resources sector.

CME reiterates the importance of continuing a coordinated and holistic approach, acknowledging that we all have a role to play in addressing mental health as a community issue. Within this, employers have a role to play in managing psychosocial hazards in the workplace, in line with WHS legislation.

1. COVID-19

Response

The unprecedented mental health and wellbeing impacts of the COVID-19 across Australian society (and indeed the world) has been acknowledged and explored by experts, including Beyond Blue and Lifeline. For example, Lifeline WA experienced an increased 42.3% of calls during from March 2020 – 2021,[7] and Beyond Blue reported a 66% increase in demand in April 202 when compared to April 2019 data.[8]

The impacts of COVID-19 on mental health and wellbeing have been felt across society. While research studies regarding community mental distress are still ongoing, recent studies have found that almost half of Australians felt COVID-19 anxiety in August 2020, when Victoria experienced a significant surge in cases.[9]

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[6] Australian Bureau of Statistics, National Survey of Mental Health and Wellbeing: Summary of Results, October 2008.
[7] Lifeline WA, *Lifeline WA Impact Statement*, March 2021.
[8] Beyond Blue, Media Release: Beyond Blue assures Victorians free mental health support is always available, released 10 July 2020
[9] ABS, Household impacts of COVID-19 survey, August 2020 reference period, released 31 August 2020.

Additionally, released data from the Melbourne Institute's survey on the impact of COVID-19 on the social wellbeing of Australians living through the effects of the pandemic found that 22% of Australians were experiencing mental distress in April 2020.[10] This is a 12% increase in high mental distress when compared to 2017 data.[11]

The health and wellbeing of employees remains the highest priority for the WA resources sector. In response to COVID-19, the WA resources sector rapidly implemented a comprehensive suite of measures, detailed in the CME COVID-19 Report. Throughout this period, the sector while continued to remain closely engaged with Government to provide assurance of the health and safety of the workforce. As a leader in health and safety risk management, the WA resource sector was able to take a sophisticated risk-based approach that allowed operations to continue to run and support the WA economy and keep workers employed – a widely recognised protective factor for an individual's health and wellbeing.[12]

Industry engaged in regular discussions from Board levels down in order to share lessons learned and examples of effective leading practices. Through these regular meetings, multiple initiatives were put in place by CME member companies. Examples are listed below:

- Preparation – Preparing workers for extended rosters in practical and mental health terms. This can include pre-deployment psychological assessment and management plans and provision of support for personal, financial, legal or family administrative tasks that may need to be resolved during employee shift.

- Family support – Increased support and assistance to employee families during extended rosters. For example, Family Support Officers put in place to assist with tasks such as home maintenance and social support.

- Employee consultation – Increased physical and virtual presence of management at pre-starts and team meetings to enable consultation with workers.

- Training – Provision of online training or information on topics such as self-care routines, stress management, asking for/receiving help, mindfulness, resilience, and communication skills via live or pre-recorded videos and webinars, and factsheets.

- Engagement of external bodies – Establishment of the *CME COVID Community Initiative* to provide financial support to three key WA organisations (Lifeline WA, Foodbank WA, and Royal Flying Doctor Service Western Operations). The financial contribution of over $9.1 million supported community mental health services helped provide essential supplies to vulnerable community members, and assisted COVID-19 patients in remote and regional communities.

Lock-down restrictions and quarantine requirements led to increased and varied social isolation for all Australians, with findings indicating that one-quarter of Australian reported symptoms of depression and anxiety during the early months of national lockdown restrictions.[13] The sector is familiar with the potential risks and impacts this may have. In 2018, WA State Government funded research on the mental health of FIFO workers conducted by Curtin University found that social isolation and loneliness both on-site and at home are one of the strongest factors linked to poorer mental health outcomes, and that on-site social events are strong a preventative control.[14] The resources sector considered these findings through the pandemic, proactively responded by facilitating and promoting social connections and an ensuring a sense of community during isolation and quarantine restrictions. A wide variety of initiatives were implemented to achieve this as best as possible, in line with community restrictions, including:

- Virtual activities such as live online quiz nights and birthday celebrations, providing employees with a social connection during the difficult periods of isolation.

- On-site activities and company-provided care packages providing opportunities for employees to build relationships and create a strong sense of community while at work.

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[10] Melbourne Institute, *Coping with COVID-19: Rethinking Australia*, November 2020.
[11] Ibid.
[12] Ibid.
[13] Fisher, et al., Mental health of people in Australia in the first month of COVID-19 restrictions: A national survey, The Medical Journal of Australia, 213 (10), pp. 458-464, 20 August 2020.
[14] WA Mental Health Commission, Impact of FIFO work arrangements on the mental health and wellbeing of FIFO workers, 2018.

- Additional breaks introduced for employees to call home and check in on loved ones during their shifts.

- Online fitness activities provided to employees and their families via live streaming.

- Socially distanced fitness training to encourage employees to continue to exercise while on site. When distancing restrictions and gym usage limited the ability for employers to continue to provide fitness classes, one on one personal training or a 'gym library' were provided.

- FIFO inductions providing new employees and their families with expectations to the change in lifestyle and information on the supports that are available.

The WA Department of Health's guidance discusses the elevated risks posed by regular travel to remote resources sites *"Travel of staff to and from remote industrial sites may increase the risk of spread of COVID-19 infection to other people, including to people living in remote communities, so care needs to be taken to decrease this risk."*[15] In response to these risks, the resources sector implemented a temporary extension of rosters to address the risks associated with the regular movement of workers. Changing work arrangements may introduce new WHS risks, for example fatigue and mental health and wellbeing risks. The existing FIFO Code and the Working Hours Code of Practice were important guidance for the sector through this time when exceptional responses were required. The FIFO Code acknowledges a need for a holistic approach to employee mental health and well-being - of which one component is fatigue and roster arrangements. Both Codes facilitate risk-based management of these issues for example allowing evidence-based decisions to be made in relation to roster practices to suit the operational context. As introduced above, industry adjusted their approach to training to assist in managing risks with the changing work environment brought on by COVID-19. For example, members continued to provide critical induction and fatigue management training remotely via virtual sessions, ramping up the focus on fatigue management. Examples include:

- The provision of safety-critical training throughout COVID-19, allowing the sector to continue to operate and onboard employees in response to the economic impacts felt by Australia and the evolving travel restrictions.

- Usage of Fatigue Detection Technology in heavy and light vehicles, assessing eye-closure duration and head pose to detect microsleep in drivers. The use of driver monitoring systems can instantaneously alert the driver if there a fatigue risk presents and provide the company with location monitoring of the vehicle for data on employee driving hours.

- Workforce consultation and engagement seeking feedback on the proposed changes to rosters and work arrangements to ensure that the changes are supported by employees.

- Work schedules reviewed to consider high-risk work activities in relation to circadian rhythm low points (2am-4am, 2pm-4pm) during the end of an employee's scheduled roster.

- Additional 'R&R' breaks scheduled mid-roster following the introduction of extended work rosters.

- Development of COVID-19 specific fatigue management guidelines and procedures, ensuring that employees, supervisors, and management are across the updated measures and wellbeing advice.

An additional challenge posed by COVID-19 was the challenging surrounding expatriate workers traveling home to WA as well as uncertain interstate FIFO work movements, elevating risks to the mental health and wellbeing of employees and their families. The impact of these restrictions on relevant employees was a particular cause for concern for industry.

As the global response to COVID-19 was reactive and adaptive as further information became available, industry required flexible and scalable approaches to the management of employee mental health and continuity of safe operations. The utilisation of risk-based practices instead of blanket approaches to the workforce allowed for a rapid response. One prominent example was the additional incentives and support offered to interstate and international FIFO workers and their families to relocate to WA during the pandemic to be closer to their workplace and live a more normalised life in a state which experienced only lockdown restrictions and in so doing removed the need to regularly quarantine (ie as was required in most instances when commuting into WA). While these arrangements did not suit all individuals and their circumstances,

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[15] Government of Western Australia, Coronavirus (COVID-19) information for remote industrial sites, Department of Health, 18 April 2020.

CME estimates that around 2,500 FIFO workers, many with their families, relocated to WA during the pandemic.

Risk based management of psychosocial hazards allowed industry to rapidly respond to risks posed by the pandemic in a changing environment to ensure the most appropriate mental health and wellbeing supports the for their employees. CME supports WHS regulatory frameworks that continue to facilitate a risk-based approach.

2. Telehealth services

CME considers employee assistance programs (EAPs) to be a valuable to in supporting workplace mental health. As a formal initiative introduced by companies to assist in supporting their workforce's mental health and wellbeing, EAPs provide support and counselling services on an accessible and confidential basis. These services may be provided in a telehealth capacity.

EAPs are often one of the first formal initiatives introduced by companies to assist in supporting their workforce's mental health and wellbeing. At the beginning of the COVID-19 outbreak, 96% of CME member companies surveyed had an EAP in place.[16] The remaining 4% of member companies surveys were smaller organisations with less than 12 employees.[17] Additionally, 80% of those companies with an EAP stated that they had other measures in place to support mental health and wellbeing.[18] CME considers that while EAPs provide support and value to employees, it is critical to acknowledge that they are only a part of the wide range of strategies that should be in place.

The PC Inquiry noted that lack of set minimum standards or evaluation criteria for EAPs, creating difficulty for employers to understand which service provider would be best suited for their organisation. The increased focus on employee mental health has led to a spike in mental health service providers. The Employee Assistance Professional Association of Australasia has noted this spike has created an opportunity for less experienced or qualified clinicians to enter the industry, potentially reducing the reliability of services, or damaging the reputation of EAP providers.[19] CME has previously echoed this sentiment, supporting the PC Inquiry recommendation for the development of minimum standard for offerings, ensuring that services are evidence-based and deliver adequate support. CME and its membership have previously welcomed the opportunity to participate in the development of a minimum standard, acknowledging the increasing usage by employers and value to employees.

CME continues to support the development of a minimum standard for EAP's.

CME entered a partnership with Lifeline WA in 2018 as part of the WA resources sector's commitment to mental health and wellbeing. This partnership includes the development of industry-specific resources and tools to support organisations as they continue to improve on-site initiatives. The sector continues to greatly benefit from this partnership through access to evidenced-based resources and know-how that is relevant to industry and informed by subject matter experts. During the COVID-19 pandemic, CME and its members continued to partner with Lifeline, pivoting focus towards the development of an online resource - *A Resourceful Life*. Acknowledging COVID-19 restrictions, the virtual initiative created an accessible platform that shared real life stories of individuals in the sector, assisted in breaking down the stigma about seeking help and shared information about the variety of supports and initiatives in place to protect the wellbeing of the sector's employees at this challenging time.

As COVID-19 restrictions have eased, CME and Lifeline have started to progress a second stage to the partnership - the development of a sector-specific peer-support program. Findings from the previously mentioned Curtin University report recommended that industry continue to implement workplace support programs that have a proven track record and are evidence-based.[20] The resources sector acknowledges that mental health requires a multi-faceted approach, and by engaging Lifeline and other subject matter experts, it can develop a system to support existing mental health offerings and telehealth services for an

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[16] CME, The WA Resources Sector: Navigation through COVID-19 and recovery, March 2021.
[17] Ibid.
[18] Ibid.
[19] Employee Assistance Professionals Association of Australasia, Letter Submission, April 2019.
[20] WA Mental Health Commission, Impact of FIFO work arrangements on the mental health and wellbeing of FIFO workers, 2018.

industry-focused. This project is currently in the development stage, however, it is being informed by the Lifeline crisis support training program and consultation from site-based employees and mental health representatives from CME member companies.

CME considers telehealth services and online mental health services providers as a component of a larger system of tools used towards the management of mental health and wellbeing.

Conclusion

CME appreciates the opportunity to provide comment to the Select Committee on Mental Health and Suicide prevention and is pleased to see continued work in the mental health and wellbeing space. The management of mental health in the workplace is a complex and multi-faceted area, and the Western Australian resources sector remains committed to implementing leading practice psychological risk management and promoting the mental wellbeing of its workforce.

Should you have questions regarding this letter, please contact Laila Nowell, Policy Adviser – Workplace Health and Safety, on 0419 712 953 or via email at L.Nowell@cmewa.com.

Yours sincerely,

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Director – Policy & Advocacy

Attached:
Resource Sector COVID-19 Response – Mental Health and Wellbeing