



FLY IN, FLY OUT AND OTHER LONG DISTANCE COMMUTING WORK PRACTICES IN QUEENSLAND

FIFO Australian Community of Excellence
(FACE) submission to the Infrastructure,
Planning and Natural Resources Committee

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Fly in, fly out and other long distance commuting work practices in Queensland

FACE submission

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ABOUT FIFO AUSTRALIAN COMMUNITY OF EXCELLENCE (FACE)

OUR PURPOSE

To promote safe, supportive FIFO* work practices and lifestyle informed by evidence-based research and to influence policy. *Fly-In Fly-Out (FIFO) includes Drive-In Drive-Out (DIDO), Bus-In Bus-Out (BIBO), working away and long distance commute.

WHAT WE DO

- Collect, generate and disseminate accurate information as the peak nonprofit FIFO organisation
- Present an evidence based view, often giving voice to previously unheard FIFO stakeholders
- Build a network of expertise with a view to developing FIFO as a sustainable lifestyle
- Provide opportunities for policy makers, industry and individuals to work together
- Create an inclusive community for any stakeholder to share and learn
- Maintain a library of FIFO knowledge

HOW WE DO IT

- Consult
- Listen
- Connect
- Share
- Encourage conversations
- Promote understanding

OUR VALUES

- Fair to all (Balanced, impartial)
- Use the truth (Evidence-based)
- Build goodwill (Reciprocal partnerships)
- Beneficial to all (Stabilise, normalise)

FACE is a non-profit association of researchers, FIFO workers, policy makers, service providers and community members interested in all elements of Fly-In Fly-Out (FIFO), long-distance commute work, health and lifestyle usually related to mineral and energy exploration, construction or production. As an independent multidisciplinary network, FACE has been created to promote and advance sustainable FIFO work practices via collaboration with like-minded individuals and businesses. Our organisation facilitates on-going dialogue nationally and internationally to advance knowledge through mutually beneficial relationships.

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BACKGROUND AND EXECUTIVE SUMMARY. Authored by Lorili Jacobs.

Fly-In Fly-Out (FIFO) for this submission applies to Drive-In, Drive-Out (DIDO) and Long Distance Commuting (LDC) work practices defined as requiring travel on a regular basis for an extended period, over such a distance from the employee's home that they are not able to return to their permanent residence at the end of a shift.

This submission incorporates contributions from a range of expert academics and service providers. Unique to this submission are additional contributions from the often unheard experts: men and women with lived experience of working FIFO. The academic evidence throughout is **illustrated by testimonials** describing the lived experience of FIFO work and lifestyle. The authors gratefully acknowledge each contributor from the FACE network who took the time to express their opinions and to present evidence to address three (3) of the Committee's Terms of Reference (TOR):

- 1. The health impacts on workers and their families from long-distance commuting, particularly mental health impacts, and the provision of health services in mining communities;** *response authored by Libby Brook, Dr. Dawson Cooke, Dr. Loretta Baldassar, Adam Gale, Catherine Ashton, Philippa Vojnovic.*
- 2. Strategies to optimise the FIFO experience for employees and their families, communities and industry;** *response authored by Zoe Tierney.*
- 3. The commuting practices for FIFO workforces, including the amount of time spent travelling, the methods of transportation and adequacy of compensation paid for commuting travel times;** *response authored by Milan Vojnovic.*

We note the "Cancer of the Bush or Salvation of the Cities" report in 2013 recommendations included several calls for research into the impacts of FIFO, the establishment of best practice guidelines and policy implementations and changes. All previous and subsequent reports or submissions point to gaps in knowledge and information in the context of FIFO. Many of the same issues are discussed in this FACE network submission to the Queensland Parliament Infrastructure, Planning and Natural Resources Committee Inquiry into Fly in Fly out and other long distance commuting practices. Nevertheless, to address TOR 1, we will refer to new evidence based research to analyse the impacts of FIFO on the mental health and functioning of FIFO workers and their families. To address TOR 2, we propose the need for new conversations in the community centered on the concept of normalising and integrating FIFO work practices into contemporary Australian culture via exploring and questioning whether FIFO is non-standard work or not. To address TOR 3, we draw on new research, and discuss fatigue associated with shift start times, and longer than usual commute times which may be associated with worker health, safety and wellbeing.

It is believed that most societal changes are recognized first in anecdotal reports, in community events and media stories, followed by research case reports published in the scholarly literature and in the long run investigated via population based research responding to public health concerns associated with societal change. WHO recognises multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion and unhealthy lifestyle, risks of violence, physical ill-health and human rights violations. Of necessity, this summary and the submission as a whole cannot encompass the huge number and

variety of factors influencing the physical, mental and social health of workers, families, communities and industries in the context of FIFO work.

With regard to TOR 1, the determinants of health for workers and their families are recognised to be underpinned by particular psychosocial risks. The elements of psychosocial risk for a FIFO worker include:

- Absent workplace culture for help seeking
- High compression rotations influence relationship and mental health
- Sleep and fatigue problems
- Conscious or subconscious sense of being controlled related to regimented living and working conditions onsite
- Guilt when missing key events and inability to communicate
- Bullying
- Isolation

The elements of psychosocial risk for FIFO partners include:

- Distress and stress related to separation from life partner
- Single parenting challenges combined with swift adjustment required when dual parenting starts and finishes when working partner is home then leaves
- Stress related to FIFO job security and family finances
- Relationship dissatisfaction that is not necessarily associated with FIFO work

The costs associated with mental health problems in any workplace are associated with: absenteeism, bullying, reduced productivity, turnover, job strain, compensation claims. These costs are not unique to FIFO work. There is a general lack of empirical evidence from which firm conclusions could be made regarding mental health and the impact of FIFO work and lifestyle. Some evidence supports there being no overall difference between FIFO and non-FIFO workers and their families with regards to mental health, well-being and family functioning. Nonetheless, there are also reports and research studies demonstrating increased risk to mental health related to the characteristics of the mostly Australian male workforce, the stigma of workplace health problems (particularly mental) and the variety of living and working arrangements associated FIFO work: the social determinants of health. Australia has the opportunity to undertake nationally coordinated academic research, that minimizes self-selection bias and uses population based samples of FIFO workers together with families in the community as a control group will permit differences and similarities to be identified. Heather, ex FIFO worker and health professions says “Many companies have an EAP service, but it is often a ‘tick the box’ exercise. The EAP program needs to be of high quality, readily available (to suit 24 hour operations), easily accessible through a variety of mediums and ‘men friendly’. All workers, their family members and leaders need to know their EAP; who they are, how the service is set up and how to access it. If leaders are trained in understanding common mental health issues (stress, anxiety, depression, etc.) they can play a key role in supporting the mental wellbeing of their crews and encourage use of EAP services.

Scientifically rigorous methodology can measure the efficacy of mental health interventions to inform all stakeholders the extent of and improvement to mental health of FIFO workers and their families. In tandem with further research, FACE network recommends that evidence based mental health improvement and de-stigmatization strategies are introduced in a cohesive manner across all FIFO workplaces including contractors.

With regard to TOR 2, we submit that optimise in the sense of enhance or improve may be confusing and not required if workers understand the risks and benefits of conditions encountered during FIFO employment. Given there are multiple factors at play across a number of domains, experience for employees and their families, communities and industry depends on respective priorities at any point in time. The risks and benefits of mixed residential and FIFO workforces (social determinants of health) are not well understood or researched. Key issues identified include: infrastructure provision, affordability of housing, social and cultural cohesion, as well as public safety such as domestic violence and substance abuse. We suggest it is valuable to identify and implement strategies to normalise and integrate FIFO into contemporary Australian culture. Strategies consist of increasing the positive aspects of FIFO rather than attempting to isolate performance indicators to justify sector optimisation. Tom, an exploration geologist, says “Each and every person involved in FIFO (employee, contractor, consultant, employer) have an accountable and sensible duty of care to themselves and each other in a respectful way.”

With regard to TOR 3, the travel time for LDC varies significantly. The calculation comprises three elements: distance from worker’s home to their local airport, flight to the airport nearest the work site and drive or bus to remote workplace residential facility. Accordingly, commute time involves several hours at best, with anecdotal reports of commuting spreading into days due to interstate travel and unfriendly flight connections. It is common for employers to cover costs associated with travel, such as flight, meals, and transport from airport to the residential facility, yet the actual travel time is not often paid to the employees. Tammy, a female mine worker in her 50s from Mackay Qld, says “I am a DIDO operator currently working on a crew where the majority of workers are FIFO. Until recently we had a 6/6 roster with a changeover day in the middle but this has been altered to a 7/7 roster to accommodate FIFO workers. That is 7 straight days, 7 off, 7 straight nights. I and the other crew members who live in the surrounding towns were saddened by this as it means due to long hours it's difficult to maintain contact with friends and family. Work has turned into 7 shift jail sentence....”

In conclusion, we are not aware of funding or policy initiatives to undertake research addressing the obvious and outstanding question in relation to mental health and the impact of FIFO work: **Is there any difference in the mental health of people who do and do not work FIFO?**

In addition to other recommendations incorporated within this submission and because similar questions continue to arise at inquiries and in multiple reports, we strongly advocate that action be taken to address the barriers to (i) sharing of knowledge related to the impact of FIFO on individuals and communities, (ii) acceptance of evidence by policy makers and industry; (iii) building a cohesive national structure to respond to identified FIFO practice problems.

The FACE network authors and contributors from the FIFO working community thank the Government of Queensland and the Infrastructure, Planning and Natural Resources Committee for the opportunity to make a submission to this inquiry into Fly-In Fly-Out and other long distance commuting work practices in Queensland. Our lead author Philippa Vojnovic from Perth is available by telephone (0410 152 992) or email (Philippa@facenetwork.com.au) should any further information be required.

Table of Contents

About FIFO Australian Community of Excellence (FACE)	2
Background and Executive Summary.	3
1. The health impacts on workers and their families from long-distance commuting, particularly mental health impacts, and the provision of health services in mining communities.	7
Definition of key terms.....	7
Costs of mental health problems	7
Prevalence of mental health problems in Australia.....	7
Analysis of the impacts of FIFO on the mental health and functioning of FIFO workers and families.....	8
Family balance.....	9
Communication with families through technology	11
Physical health	14
Substance misuse	15
Finance.....	17
Suicide	17
Supports	18
2. Strategies to optimise the FIFO experience for employees and their families, communities and industry.....	21
3. The commuting practices for FIFO workforces, including the amount of time spent travelling, the methods of transportation, and adequacy of compensation paid for commuting travel times.	23
Recommendations for community	25
Recommendations for industry and government	25
References.....	28

1. THE HEALTH IMPACTS ON WORKERS AND THEIR FAMILIES FROM LONG-DISTANCE COMMUTING, PARTICULARLY MENTAL HEALTH IMPACTS, AND THE PROVISION OF HEALTH SERVICES IN MINING COMMUNITIES.

Response authored by Libby Brook, Dawson Cooke, Dr. Loretta Baldassar, Adam Gale, Catherine Ashton, Philippa Vojnovic.

Definition of key terms

1. 'Mental health problem': Diminished cognitive, emotional or social abilities but not to the extent that the criteria for a mental illness are met (National Mental Health Policy, 2009, p.30).
2. 'Mental illness': 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) (National Mental Health Policy, 2009, p.30).

Costs of mental health problems

3. Costs associated with mental health problems are from: absenteeism, bullying, reduced productivity, turnover, job strain, compensation claims. These costs are not unique to FIFO employment. Australian business are reported to lose \$11 billion annually due to mental health problems. A return on investment of \$2.30 for every \$1 spent on mental health in the workplace is reported, with a small mining business or service provider potentially returning \$14-\$15 for each \$1 spent (PwC, 2014). Specific costs of mental and physical health problems to resources companies and subsequent health care costs to the government are unreported.

Prevalence of mental health problems in Australia

4. The rates of mental health problems in Australia are reported by the Australian Bureau of Statistics (2008) through census data and indicate that approximately 20% of individuals will have had a mental disorder in the last year, with 46% of people experiencing a mental illness in their life (Australian Bureau of Statistics, 2008). Depressive, anxiety and alcohol abuse disorders are the most common mental health problems, with alcohol misuse and Post-Traumatic Stress Disorder (PTSD) featuring highest among men (National Centre for Education and Training on Addiction [NCETA], 2012).
5. Men employed in male dominant higher risk mining and similar "tough" industries are reported to have an increased prevalence rate of mental health problems (NCETA, 2012). Self-reporting and accuracy of male data is potentially underreported due to cognitive dissonance, bias (Geller, 2001) and conflicting masculine gender norms (Royal Australian College of General Practitioners [RACGP], 2006).
6. Most societal changes are recognized first in anecdotal reports, in community events and media stories, followed by research case reports published in the scholarly literature and in the long run investigated via population based research responding to public health concerns associated with societal change. WHO (2014) recognises multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion and unhealthy lifestyle, risks of violence, physical ill-health and human rights violations.

Analysis of the impacts of FIFO on the mental health and functioning of FIFO workers and families

7. Numerous reports have highlighted the potential of social and psychological impacts for workers and their family resulting from long distance commuting work practices such as fly-in, fly-out (FIFO). This concern for possible risks associated with FIFO lifestyle is evidenced by this current inquiry being the third of its kind in Australia - following two previous government inquiries addressing concerns with FIFO work practices and arrangements:
 - Commonwealth Parliament's inquiry into the use of FIFO workforce practices in regional Australia (Parliament of Australia, 2013).
 - Western Australian Legislative Assembly inquiry into mental health impacts of FIFO work arrangements (Parliament of Western Australia, report 4, 2014).
8. A common theme drawn from submissions to these inquiries is the general lack of empirical evidence from which conclusions could be made – an observation acknowledged in other FIFO reports (Meredith et al., 2014; beyondblue, 2014). This is particularly evident from the lack of peer-reviewed studies that are referenced in these reports. The repeated recommendation from these reports is for more thorough research.
9. Although there is a general lack of strong evidence, there is support for arguing that there is no overall difference between FIFO and non-FIFO workers and their families with regards to mental health, well-being and family functioning (Bradbury, 2010; Sibbel, 2010; Kaczmarek & Sibbel, 2008; Taylor & Simmonds, 2009; Clifford, 2009). These findings of no difference are suggested to indicate that many concerns regarding FIFO lifestyle are exaggerated or misguided. These studies and others (Gallegos, 2006; Blackman, 2014) also bring attention to many strengths and benefits of the FIFO lifestyle. However, the studies have used participants

"I am a FIFO worker and have been for six years. I became quite depressed and anxious. I was suicidal while I was working FIFO and really reluctant to tell anyone what I was going through.

Three main things contributed:

1. Isolation, like missing events going on back home
2. My roster, it was too long
3. I was scared if I told my company then I'd get a window seat Part of being scared was that I didn't want to be judged and I was worried that people would think negatively about me.

In 2014 I had a crisis. By this stage I was severely depressed, suicidal and really needed help. I was admitted into the mental health unit in hospital and received treatment. Then I saw a counsellor regularly and learnt strategies about how to deal with my mental health and new ways to cope. I told my company what I was going through and if I had known how supportive they would be, I would have told them sooner. I chose to keep working FIFO with the same company and now I keep my supervisors and bosses up to date with what's going on for me. I can tell them if I need a break, even if it's just an hour, and they'll be very supportive of that. What my story shows, is that workers are scared to ask for help. It also shows that companies can be supportive but it's not well known. I didn't get a window seat but I thought I would. Companies need to inform their workers that it's okay to talk about mental health and that you're not going to be fired over it because that's what a lot of other guys think. Maybe some companies are like that. I tell my mates and I ask them about their mental health and support them too. I have now learnt how to talk about what I've been through because talking helps. The reason I'm sharing my story with you is that you can make changes to help the situation for other men like me. You can help stop others being depressed and others from dying. And if it helps one person then it's worth it." Scott Bartlett.

from different locations and companies which may explain some of the variance in results.

10. Of consideration are differences between FIFO employment conditions (e.g. oil and gas compared to construction) that may affect mental health, and therefore we cannot assume that the same mental health risks are present for all FIFO workers.
11. Interpreting research into FIFO worker mental health must consider variations among organisational employment conditions (e.g. roster rotation) alongside individual differences (e.g. education level) to establish meaningful findings.
12. These findings highlight the need for more carefully planned independent studies, that minimize self-selection biases and have more representative samples of FIFO workers and families, and which include community (control group) samples so differences can be identified. Another consideration is that a self-selection process may exist whereby FIFO workers tend to be more resilient and this offsets potentially harmful aspects of FIFO lifestyle (Petsonk et al., 1995; Joyce et al., 2013).
13. The studies that have found evidence of psychosocial risk factors for FIFO families include:

Risks for FIFO workers:

- Tend to not seek help – due to workplace culture or stigma regarding mental health difficulties (Torkington, 2011)
- Relationship and mental health difficulties (for workers on high compression rotations) (Henry et al., 2013)
- Sleep difficulties and fatigue (Henry et al., 2013)
- Remoteness, missing key events, a sense of being controlled (Australasian Centre for Rural & Remote Mental Health)
- Bullying (Miller, 2014)
- Isolation (Henry et al., 2013; McPhedran & De Leo, 2014).

Risks for FIFO partners:

- Higher rates of distress (Sibbel, 2010) and stress (Cooke et al., 2015)
- Parenting challenges (Bradbury, 2010; Gallegos, 2006)
- Family stress (Kaczmarek & Sibbel, 2008)
- Relationship dissatisfaction (Voysey, 2012)

“I’m a female, 32.5 years old, dump truck driver at a coal mine in Moranbah, Qld. DIDO and FIFO have a place in the industry for sure. Before I had my kids the FIFO lifestyle suited me perfectly. I had the best life doing that. But now I have my kids I couldn’t imagine this lifestyle. Why take that choice away cos it’s still the job I love (I know that sounds dumb but I can’t think of anything I’d rather do!). Keep our choices open. Let the young carefree or older experienced guys who want that lifestyle do it. But also let the family people have the choice of supporting their families without being ripped away from them!!” Daisy Smith.

Family balance

14. Ensuring that workers have adequate time to engage productively and meaningfully with their families is an important consideration in the FIFO work arrangement.
15. A recent study found that there were no significant differences between FIFO, shift, and residential workers in the division of household tasks and child responsibilities, however there was a significant difference in the perception of conflict in these areas (Lee, 2014). Interestingly, FIFO workers perceive themselves to have less conflict with their partner over roles/ chores than shift workers and residential workers. Perhaps the FIFO partner accepts that the FIFO worker will not contribute to tasks as much.

This would explain the anecdotal stories about workers feeling superfluous because partners are in control of their routine.

16. FIFO partners have been found to be dissatisfied with the longer rosters, whereas the workers were more concerned with the shift ratio (Voysey, 2012). Those with children aged 6-11 were the most dissatisfied with the rosters. The stress experienced by the partners was significantly greater for those with no children, and those with 2 children were significantly less stressed. Overall, FIFO partners reported greater relationship dissatisfaction than the workers indicating that more support needs to be offered to partners.
17. The lack of family and community interaction and missing out on significant events can have a negative impact on the FIFO family. From a large sample of 924 FIFO workers in WA, (Henry, et al., 2013), 72% were partnered or married, and over half of all workers had children. Another study by Clifford (2009) found that about half of all FIFO workers with children have a child under 6 years of age. This critical age of formative relationship building and commencing formal education can cause adverse emotional reactions if there is difficulty transitioning from co-parenting to solo parenting to fit in with FIFO rosters. The challenge of providing for the emotional and physical needs of children, compounded by the lack support of a partner at home, can add to stressors for families involved in FIFO (Meredith, Rush & Robinson 2014).
18. Potential impacts on children can include escalating behavioural problems, particularly for males, linked to the working away parent's absence (Meredith, Rush & Robinson 2014). The absence of a male adult in the home, due to working away, can lead to the young male child inadvertently taking on the male adult protector role. Anecdotal evidence suggests that working away fathers have asked that the young male becomes the 'Father of the house'; this can have a

"The 15th of October 2015 will mark my 19th year in the mining industry. I have been underground the entire time & have in that time been fortunate to have worked at various mines throughout Western Australia & the Northern Territory. I have also worked overseas in both Ireland & Turkey. I started as a Truck driver and worked my way up to Jumbo which I was on for 10+ years. I have spent the last 2 years as a Shift Supervisor.

From the very start of my mining career, the thing that I have always loved is the sense of comradery & Family that permeates the industry. From the first time that you 'Tag on', you are part of Family! The guys that you go down the hole at the start of your shift with are the guys that bring you up safely at the end! We watch each other's backs while we are at work & have a beer together at the end of the day. But it's not just the guys that are at your mine that become family, it's ANYBODY that has 'tagged on' at ANY mine ANYWHERE in the world. We are all Family. That is why when there is a death or miners become trapped underground, we all feel it! We come together to support the Families of the fallen.

Throughout my time Underground, I have done several types of rosters. From 2 weeks on-1 week off (2n1) to 8 days on- 6 days off (8n6). I have even done a 6 month residential job in Turkey. There are many other roster types including 6 weeks on-3 weeks off. Each roster has its own good and bad points, 2n1 rosters are good for saving money, the 6 week rosters are good for traveling on your breaks. But my favourite is the week on- week off (7n7) roster. I feel that this roster is the most family friendly roster & as I have recently gotten married & have a small family (twin step daughters (7) & my little man (16 months)), It is the perfect one for me. While I'm at work, all I do is eat, sleep, work, repeat! Which is fine for a week. When I come home however, all my time is spent with my Family. I take over from my wife who has been doing everything in my absence. I am able to get up with the girls for school, I am there at the end of the day to pick them up. I can help with their homework & get their dinners ready & tuck them into bed. With My little man, I am able to spend so much quality time with him, feed him his meals, take him to swimming lessons & playgrounds etc. And most importantly, put him to bed each night I'm home! It's all very cool"! Neil McGavock.

negative impact on the male child or adolescent who does not have the emotional maturation to take on the role of adult responsibilities.

19. The interaction between job, life and relationship satisfaction of 132 land-based mining and off-shore workers was examined and no significant differences were found; however there were differences between swing and roster arrangements, and that those with higher relationship satisfaction were better adapted to the FIFO lifestyle (Gent, 2004).
20. Interviews that explored female FIFO workers perspectives demonstrated positive aspects, which included: type of work, the level of remuneration, and career opportunities. Challenges included: difficulty in maintaining friendships, fatigue, depression and loneliness. Many women reported challenges of working in a male dominated workplace and noted issues with lack of privacy, reported a desire for more female contact, and coping with discrimination (Pirodda, 2009).
21. Many FIFO families advised that they faced different rather than higher stressors than non-FIFO families (Sibbel, 2010). Access to family support, managing children's behavior and parenting issues have been reported (Torkington, Larkins & Gupta, 2011).
22. The coping, flexibility and communication of 33 FIFO workers and 30 partners of FIFO workers was examined (Taylor, 2006). Results revealed good flexibility and communication and indicated positive and healthy family functioning. Successful coping was linked to roster and shift arrangements, worker, partner and children's life stages, and previous FIFO experience (Taylor, 2006).
23. Concern has been raised that negative community attitudes to FIFO families (Sibbel 2010; Sibbel & Kaczmarek, 2005) may influence their participation with their local community. At home partners may rely on family and community support, increasing their vulnerability.

The downside of the life is of course being away from your loved ones and missing out on things such as birthdays, anniversaries or even just BBQs. We do this because we want the best for our families, to see that they are well looked after. One thing that I have learned in my time is that we need to as much as we can NEVER go back to work with an argument in our minds. What I mean by this is that we should try to resolve any argument between ourselves & our partners before returning to work. I've found that if we don't, while we are up on site missing our partners & forgetting what we may have been arguing about, they have been at home where it took place & it may fester into something bigger! In conclusion, the mining industry is not for everyone! There are incredible sacrifices which are made by both those who go to work & those that are left behind. I consider myself to be extremely fortunate that I have been able to do so much and to travel as much as I have doing something that I love. The Friends I have made over the years & the Friends which have become Family over the years have made each and every flight to work worth it. Neil McGavock.

Communication with families through technology

24. The ability of FIFO workers and their families and support networks to 'feel connected' and 'be in touch' across distance has significant implications for mental health and wellbeing. When individuals feel they are well connected to their support networks – despite distance – they are likely to be more emotionally and psychologically resilient. This feeling of connectedness across distance is dependent on good access to internet and communication technologies, ideally at all times during the day and night, but especially in worker's private spaces (bedrooms).
25. These findings and recommendations are based on over 10 years of research on migrant and transnational families as well as a recent set of interviews with FIFO family

couples in Perth (Baldassar, 2015). All family members separated by distance report that access to reliable, affordable and accessible communication technology is ‘essential’ for keeping relationships together. Despite the obvious importance of new media, a preliminary literature review suggests there is limited awareness of its relevance at a policy level in relation to all types of mobile families (Taylor et al. 2009), including FIFO workers and their families and support networks.

26. For all types of families, including FIFO, access to new media offers an important avenue to meeting distant care needs and obligations. You might be forgiven for presuming that such access would be abundant in industries characterized by FIFO workforces, like open pit mine sites and oil and gas platforms, which are generally highly technological work places. However, research indicates that long work hours, high demand for broadband during peak periods, lack of privacy and poor connectivity means that the quality of and access to the communication is often limited. These problems appear to be shared by all staff, whether administrative, blue collar labourers or professionals. As one interviewee explained;

“we have established a good routine where he calls me every evening at 8pm. Skype would be ideal but it is not possible in his room and there is no privacy in the areas where reception is better. The reality is, he’s too exhausted to talk much. It’s just, “Hi, I survived the day. You? Bye.” So, if I have something I need to discuss, it has to wait until his week at home. But then, you don’t want to spoil that week he’s home, so you can end up never talking about it.... And that can be the death knell for the relationship” (Baldassar, 2015)

27. The issue of communication across distance attracted considerable interest at a Perth FACE forum for FIFO workers in April 2015. Participants reported that workers had limited control over the time they could call home as well as the (technological) quality of the call. This limited access and control over ‘feeling and being connected’ resulted in unsatisfactory and poor quality communication with loved ones. This is especially the case when young children are involved for whom poorly timed calls or calls with poor quality connectivity can result in unintended feelings of emotional rejection by the FIFO worker as the child may be distracted by other activities and/or there is no adult available to facilitate the child’s interaction. There were several heart-felt descriptions of children either refusing to talk when the call came in or not being able to make a call when they wanted to. Skype technology is particularly useful for communication across distance with small children as the video connection adds an important dimension that facilitates emotional exchange and the feelings of connectedness. Skype connectivity needs to be available in worker’s private spaces to facilitate the highest quality communication exchange.

“Communication is the key to managing a FIFO lifestyle— whether it is between work mates or between the worker and their support networks (friends and family). There are a number of programs and initiatives that can help support mental wellbeing. Well thought-out peer support programs have been proven to assist workers. Peer support programs train workers who are natural communication leaders how to have a supportive conversation with someone experiencing signs of stress and help direct them to services and other supports that are available to assist them. Suicide first aid programs (such as Lifeline’s ASIST) can complement peer support, with key site leaders and emergency management personnel trained to assist someone who is suicidal. As far as workers communicating with their personal support networks, every effort has to be made by sites to ensure there is high quality infrastructure (to allow phone calls, Face-time/Skype) and free phone access”. Heather Hingston.

28. FIFO workplaces generally only provide workers with access to the internet at limited times of the day. This often results in high demand usage that can limit the technological quality of connectivity, making calls patchy and limiting the quality of communication exchange. Even more importantly, internet access is often only provided in public spaces, making private communication very difficult, undermining the emotional and psychological quality of the calls. Internet access in private spaces, like bedrooms, is often entirely dependent on the worker's personal internet provider plan and reception is often completely absent in more remote sites. Female workers, in particular, report feeling especially vulnerable in these situations as they cannot even place a call to on site colleagues as land (phone) lines are also absent. There was a case of a female worker who was harassed by a very drunk male worker who tried to break into her room and she had no way of calling for help. The experience was so traumatising for her that she resigned.
29. While there is growing research on the value of new media for the delivery of health care information and support, there appears to be no research on the specific issue of the role of new media in sustaining families and support networks among WA FIFO workers. Kaczmarek et al's (2008) psychological study comparing FIFO, military and proximate families concluded that "mothers from the FIFO families reported significantly more stress than the military and community groups with respect to communication, support and behaviour control within the family." Similarly, another psychological study based on a sample of 63 WA FIFO families found that: "High family functioning was strongly associated with healthy family cohesion and flexibility, and effective communication" (Taylor et al. 2009, p.23). These authors also draw attention to the role that a lack of telecommunications technology can have in contributing to negative FIFO experiences:
- Parkes et al. (2005) suggested that improvement in access to timely and private telephone contact between couples during the at-work period has made a great difference for couples since the early studies of the 1980s. In particular, timely and private telephone contact helps to maintain continuity of relationships and thereby family connectedness, and makes shared decision-making possible. To extrapolate, for families already struggling with family relationship issues, the lack of access to convenient and private telecommunication is very likely to aggravate problems (Taylor et al. 2009, p.32).
30. Under the sub-heading "Implications for Counsellors, Companies and Communities", Taylor and Simmonds focus their first recommendation on "the importance of access to private and timely communication for the worker at the workplace. Means of communication is not limited to telephone but includes internet-based communication (such as email and social networking platforms)." There is an important policy issue here about the responsibility of governments, local councils and employers to providing adequate and affordable access to the internet. It is interesting to note that the UN have declared access to the internet a universal human right (WSIS 2003).
31. Recommendations: Employers must acknowledge the important role of communication technology in sustaining the family and support networks of FIFO workers
32. Employers must provide FIFO workers with adequate access to internet and communication technology so that workers may feel and remain well-connected to their family and support networks
33. Access to internet and new media should be available to FIFO workers at all times, including during the work day, and especially in worker's private rooms.

“My name is Tania and I am a FIFO wife and owner of Safe Balance where we provide Children’s Contact Service and High visibility clothing for children. My husband works on a 2/1 FIFO roster, my son is on a 4/1 FIFO roster, my mother in law is on a 4/1 roster and my dad is on a 2/1 FIFO roster. I have over 50 family members working FIFO. I’m a FIFO worker, separated with children. I can identify the issues, new trends and high statistics that are currently happening.

Safe Balance has been made increasingly aware of the issues that confront separated FIFO parents, particularly the fathers. One of the main issues are the financial implications that arise from family breakdown. Legal fees involved are often exorbitant and often they are burdened with the additional legal fees for their children’s lawyers. There are also the Child contact service fees, travel and accommodation costs involved in visitation. Inflexible work rosters can also cause further stress. The costs can run into the tens of thousands and often there is a real fear of bankruptcy. Judges decisions should take FIFO rosters into account but unfortunately this is not always the case and can result in fathers missing out on visitations because court ordered child contact and rostered weeks off do not always coincide. Furthermore, the complicated legal processes are difficult to understand and negotiate and the restrictive rules placed on them by the Courts often put their FIFO positions at risk because of their obligations to attend court hearings, orders and counselling. FIFO rosters in these cases can cause incredible pressure and stress for parents who have legal obligations to adhere to.

Solutions to help address this issue?

- Onsite and Offsite Inductions, Information and Resources for FIFO workers and families who are separated
 - Child Contact Services and Family Legal Advice added to EAP Employment Assistant Programs
 - FIFO Family Initiative Days for children to be escorted onsite to see the parent.
 - Onsite FIFO Family Specialist
 - Internet access for workers to access private skype calls for children”.
- Tania Hohaia.

Physical health

34. FIFO work has risks associated with physical health.
35. Around two thirds or 68% of adult males are overweight or obese, and those men have higher rates of illness and chronic disease (Australian Bureau Statistics, 2012).

36. FIFO workers report higher levels of weight problems than other occupations (Joyce et al, 2013).
37. Men in remote areas are more likely to experience lifelong health conditions such as selected cancers, cardiovascular and respiratory diseases (Australian Institute of Health and Welfare, 2010). FIFO smoking, risky drinking and weight problems are critical risk factors for these chronic illnesses, which may also increase mental health risks. This further demonstrates the need for holistic interventions.
38. Heavy metal contamination from the worker's clothes has been found at FIFO cafeterias (Oosthuizen, 19th March, 2015). By extension it is possible that this contamination is brought home and spread to FIFO families. While the contaminant level may not be high, the materials may be cumulative and pose a health risk in the long term. Another health consideration is the heat stress experienced by workers in some locations. Whilst those who are on site for a period of time will acclimatise, those who are onsite for shorter periods (i.e. contractors) do not necessarily acclimatise, and so may experience heat stress when others do not necessarily consider the risk (Oosthuizen, 19th March, 2015).
39. Working night shift work may exacerbate mental health issues, including Depression, Schizophrenia , Anxiety , Panic disorder and obsessive compulsive disorders, not only from accumulated sleep debt (chronic sleep loss), but also when the circadian rhythm is disrupted (Costa, 2010; Morin & Espie, 2012). Some industries have 'permanent' night shifts, however the health risks of these can be metabolic syndrome (Biggi, Consonni, Galluzzo, Sogliani, & Costa, 2008; Esquirol et al., 2009; Suwazono et al., 2009), gastrointestinal disorders (Costa, 2010) and cancers, such as breast, endometrium, prostate, colon-rectal and non-Hodgkin lymphoma (Costa, 2010; Fossum, Bjorvatn, Waage, & Pallesen, 2013).
40. Given these health risks, organisations should consider minimising the circadian disruption by limiting the consecutive night shifts (Muller, Carter, & Williamson, 2008) and allowing adequate recovery time. Fatigue risk management systems (FRMS) in organisations should also take into consideration these elevated risks when considering other elements of its rosters, including time on shift, recovery time, consecutive day shifts, healthy meals and lighting. Given this, shorter periods of consecutive shifts, while also limiting circadian disruption, are recommended.

Substance misuse

41. Substance misuse is associated with mental and physical health problems and may mask and exacerbate pre and co-existing health problems (Ministerial Council on Drug Strategy, 2011; NCETA, 2012).
42. NCETA (2012) clearly describes mining as having the highest rates of risky drinking for single occasions (35%), over their lifetime (44%), and more than the average population by 200%. The Australian Safety and Compensation Council [ASCC] (2007) makes similar assertions, with mining women also adapting and drinking to similar levels, and describes a culture where substance misuse is normalised (NCETA, 2012; NSW Minerals Council [NSWMC], 2012).
43. Men in remote communities are 70% more likely to smoke, 50% more likely to consume alcohol in excess and 28% more likely to have experienced a substance use disorder (Australian Institute of Health and Welfare, 2010). FIFO workers are more likely to exhibit all these risks compared to other occupations (Joyce, et al., 2013) including significantly higher illicit substance use in the last twelve months (NCETA, 2012).

44. A study which investigated alcohol consumption found that whilst binge drinking (i.e. short term harm) is not more prolific in the FIFO population, the levels of 'harmful use' and 'dependency' (as defined by the ICD-10) is significantly greater than the Australian norm (Harvey, 2013).
45. Drug use in FIFO has been rumoured to be different from residential workers, although little research has been done in this area. A recent study with a sample of 820 participants looked at prevalence of drug use in FIFO, residential non-shiftwork and residential shiftwork populations (Brook et al, forthcoming). It found that the prevalence of drug use was fairly consistent across the sample employment types (31.4-36.4%); however the types of drugs used varied. Residential shiftworkers used more marijuana (31.8%) and methamphetamines (18.2%); while residential non-shiftworkers used marijuana (17.1%), methamphetamines (15.7%), non-prescribed sleeping pills (14.3%), Cocaine (12.9%) and MDMA (12.9%). FIFO workers used marijuana the least of the three groups (14.6%), instead favouring Methamphetamine (16.1%). They also use MDMA (13.4%), Cocaine (10.1%) and sleeping pills (6.3%). It would appear that there may be some truth in the rumours that workers will shift from Marijuana (which remains in the body for longer) to evade drug screens, however there is still a high percentage taking the drug. It was interesting to see that there was little variation in the total percentage of each population taking drugs.
46. There is indication users adjust their patterns and types of drug use in an attempt to outsmart drug testing. Many know which drugs are detectable or not; which last in their system, for how long and when they should stop use before returning to work 'undetected' (Gribin, 2013; Herber, 2013). Current systems would have difficulty identifying Functional Binge AOD users who are drug detection aware (Herber, 2013; DAO, 2005). Drug testing programs have limitation in catching users of amphetamine / party drugs returning from rest and recreation (R&R), due to their quick passing through urine / saliva. Clear test results don't indicate fitness for work - with fatigue, mental impairment and withdrawal posing considerable risks to health and safety (Kitchner, Jorm & Kelly, 2013).
47. The employee/person centered intervention approaches of much current workplace policy, guided by Government guidance material to managing these Alcohol and Other drug risks (Work Safe NSW, 2006; Commission for Occupational Safety and Health, 2008) raises questions on accountability and sustainability, via a lack of focus on workplace/environment: leadership, culture, promotion, availability and tracking of Alcohol and Other Drugs use (Department of Defence, 2008).
48. Education regarding appropriate coping strategies and effects of substance misuse should be taught to FIFO workers.

“On 2:1 rosters with a shift change (morning off to shift to night shift) in the middle, it was normal for everyone to get plastered. There was heaps more troubles with alcohol on shift changes with this type of roster. On an even time roster with no shift change in the middle – the drinking culture was different. It was normal for blokes to drink each night, but it was typical Aussie Bloke drinking – 6 beers a night. No one got plastered because you couldn't blow numbers in the morning. I went to Gym and didn't go to the bar much at all.”
Mathew Foreman.

49. Regular screening of alcohol and drug use and available health promotion materials on and off site linked with the resource company, in the airport lounge and via human resources departments are recommended.

Finance

50. Financial concerns among FIFO workers may affect their mental health and include a lack of financial contingency plans, debt, poor financial awareness and education. Stress and relationship issues may be exacerbated by financial problems and worsened by fear of unemployment that effects mental health.
51. Workers can feel trapped in the FIFO lifestyle by financial over commitment, colloquially termed the 'golden handcuffs'. Recommendations: provide budgeting and broad financial education to workers as part of the on-boarding process (Acorn Life Path, 2014).

Suicide

52. Work-related suicide among FIFO workers is currently under inquiry in WA by the Education and Health Standing Committee.
53. Suicide is impacted by protective (e.g. support) and triggering factors (e.g. redundancy).
54. Mental health problems are a significant risk factor of suicide: 50.2 per cent of Australian suicides with an associated cause of death for 2001-2010 were identified as related to a mental health concerns (ABS 2012).
55. Increased suicide rates among male dominated industries including mining and construction have been demonstrated by multiple international and national studies (NCETA, 2012) and are prevalent occupations for FIFO workers (Ruah Community Services, 2008).
56. Suicide is recognised as a main cause of premature death among people with mental health problems (NSWMC, 2012) and acute alcohol use was evident in 40% of suicides (Fidalgo, da Silveira & da Silveira, 2009).
57. Men are seven times more likely to die by work-related suicide; of working age (18-65), those are most at risk are males aged 35-54 (followed by those in the 18-34 range), those employed in the private sector, in management positions or in low-skill level occupations (Routley & Ozanne-Smith 2012).
58. FIFO workers are employed in occupations that are identified as high risk for work-related suicide (FACE 2014).
59. FIFO employment exposes workers to risk factors of reduced social support, occupational stress, challenges to well-being and long work hours which may increase the vulnerability of suicide for workers with predisposing risk factors. Performance pressures, fear of, and actual, retrenchment, work injury, and arguments with colleagues may compound mental health issues and further increase the risk of suicide (Routley & Ozanne-Smith 2012; Vojnovic, 2014).
60. Suicides can be reduced through specific organisational measures including: risk assessment analysis, regular inspections by professionals, and mandatory health check-ups which assess sleep problems and symptoms of depression (FACE 2014).
61. It should be noted that there is a relationship between the FIFO worker profile or demographic, and those most at risk of work-related suicide. This correlation may lead to an overestimation of suicide rates in this population, and it is advised that this be considered by the parliamentary committee. It is recommended that any research into rates of FIFO work-related suicide should interpret available data with caution (FACE 2014).

62. Suicide prevention strategies should focus on issues of rostering, EAP, induction, worker screening for mental health issues prior to employment, alongside regular monitoring, and peer support programs (FACE, 2014).

Supports

63. Research indicates that approximately 65% of individuals with mental health problems don't seek help (Kitchener, Jorm & Kell, 2013).
64. Individual differences and perceptions influence whether or not workers will seek help. Perceived Social Pressure, Attitude and Perceived Behavioural Control, significantly predicted intention to seek help (Stewart, 2015). Training in self-awareness in Mental Health and help seeking led to a significant change in the perception of Social Pressure and Intention to seek help in WA construction workers.
65. Stigma and perceived unmanliness prevents men from accessing support (Henry, et al., 2013; Jackson, et al., 2007; Wrigley, et al., 2005). When looking at felt social support, affectionate support (feeling wanted) was the lowest, followed by emotional/informational support (feeling they could talk to someone) for all job-levels of male FIFO workers (Scherpenhuizen, 2015).
66. Research has suggested that there is a greater risk for blue-collar workers in male-dominated industries (Henry, et al., 2013; Roche, et al., 2012). When looking at the differences between job levels, trade had the highest level of social support overall, and their lowest type of available support was emotional/informational support. Trade workers and supervisors both reported that the highest level of social support that was available during a swing was positive social interaction support (someone to relax with and have a good time with), while the highest level of social support reported for managers was tangible support (practical assistance). While this shows that some types of support are available and being accessed onsite, the less superficial/practical and more emotional needs are not necessarily being met to the same extent.
67. Supports provided by resource companies to employees vary considerably and can include: information provided at induction, on-site chaplains, mental health awareness training provided on-site, phone access to EAP provider,

“As a health professional who has lived and worked in the health area on a FIFO mine-site in the remote Pilbara (Western Australia) I have been involved in developing, implementing and evaluating mental wellbeing initiatives for over 3 years. One of the key strategies that can have a considerable impact on the workforce is an Employee Assistance Program (EAP) that understands the needs of a FIFO/DIDO environment and is proactively engaged to promote mental wellbeing. Many companies have an EAP service, but it is often a ‘tick the box’ exercise. The EAP program needs to be of high quality, readily available (to suit 24 hour operations), easily accessible through a variety of mediums and ‘men friendly’. All workers, their family members and leaders need to know their EAP; who they are, how the service is set up and how to access it. If leaders are trained in understanding common mental health issues (stress, anxiety, depression, etc.) they can play a key role in supporting the mental wellbeing of their crews and encourage use of EAP services. However leaders need to be confident that the service that the EAP is providing is of high quality and meets the needs of their work group. The nature of FIFO – distance, long hours, harsh working environments; can make dealing with life’s ups and downs additionally challenging. Resources and supports for workers and their families can be provided from the start of a workers employment through the induction process. Opening up the conversations about: ‘how to manage a FIFO lifestyle?’, ‘how to parent from a distance?’, and ‘what are the supports available to help?’ (e.g. EAP) can be beneficial to both parties (the workers and their families)”. Heather Hingston.

EAP support during workers R&R period, and health promotion programs; on-site counselling is not reported (although may be provided at some locations) and may be beneficial.

68. Barriers to workers accessing support include: stigma, masculine socialisation, self-reliance, stoicism and a workplace culture which inhibits accessing support (Corby et al. 2011; Henry et al., 2013; Pini & Mayes, 2012).
69. Increasing the efficacy of support should include: “Develop support services that focus on increasing help-seeking behaviour within FIFO populations, develop targeted supports, develop pre-employment services, develop ongoing post-employment support services that reduce stigma and address mental health literacy and coping, address organisational culture (see Henry et al. 2013)”.
70. Pre-employment, periodic and return to work medicals (Barrett & Brown, 2010) can be used to assess individual risks including: 1) Job Stress Questionnaire (JSQ); 2) AUDIT (Alcohol Use Disorder Identification Test); 3) DASS (Depression Anxiety Stress Scale); & 4) the Epworth Sleep Scale. Workplace environmental Mental Health risk interventions looking at: 1) alcohol consumption, acceptance, alternatives & availability data; 2) job role / control; 3) rosters; 4) team performance; 5) communication & recreation quality and variety; and 6) other social and physical work environment factors are critical (Bridger, 2009).
71. Further, clarification and transparency should be increased around company procedures for dealing with mental health disclosures. It should also be transparent, and documented as to how they comply with The Privacy Act (1988), the Disability Discrimination Act (1992) and The Equal Opportunity Act (1984).
72. Employee concern about EAP confidentiality should be considered.
73. Stigma reduction interventions are the key to improve poor help-seeking and giving behaviours of men with mental health problems.
74. Engaging and conducting risk-based workshops with credible consumers, who have recovered from mental health impairment, has been proven 300% more effective in reducing stigma and improving help outcomes over other education (Michaels et al., 2014).
75. This is done by challenging destructive cultural norms, and providing alternate ‘strong’ role models and action plans that can work. Adaptable Healthier Men are Safer Men (Laponge, 2011).
76. Benchmarking activity for support service availability, including those available for smaller contractors. Part of this benchmarking should include program evaluations to determine effectiveness. It should also include other industries that have suicide intervention strategies in place, including the Australian Defence Force.
77. Men's specific support groups on site which are professionally established and managed may be beneficial (Pulé, 2014).
78. Sustainable mental health resilience is dependent on the workplace leaderships’ sustained commitment to mental health risk management and resource allocation, documented in policy and management plans (Gustavsson, Klefsjo & Wreder, 2007).
79. Leading by example and consistent organisational risk reduction action is essential (Geller, 2001). Further, a risk-based precautionary approach to support decision making and ergonomic interventions that reduce risk practicably, using the hierarchy of control are required by Law in certain locations (AS/NZS, 2001; Robinson, Francis & Hurley, 2013).
80. Competence to reduce mental health problems is essential (Dunn & Chennel, 2013). Competent registered training organisation or educators can develop tailored evidence-

based education programs, including language, assurance and retraining needs suited for specific roles (Dunn & Chennel, 2013) as these vary between FIFO positions.

81. Education should meet Legislation, Standards or other guidance material to recognised performance criteria and competency (Dunn & Chennel, 2013), such as certified Mental Health First Aid training & management by competent Mental Health Professionals (Kitchner & Jorm, 2004).

2. STRATEGIES TO OPTIMISE THE FIFO EXPERIENCE FOR EMPLOYEES AND THEIR FAMILIES, COMMUNITIES AND INDUSTRY. Response authored by Zoe Tierney.

1. The question as to the impact of FIFO work arrangements and subsequently the strategies to improve the experience of not only the workers but their families, communities and associated industries is not a new one. In May of 2012, the Australian Centre of Excellence for Local Government published a report specifically looking at the impact of FIFO a local government level. This included the impact on families and the community. Key issues identified included: infrastructure provision, affordability of housing, social and cultural cohesion, as well as public safety.

“I am an exploration geologist currently in my early 30's and have worked on various projects throughout remote Western Australia predominantly on a FIFO basis for six years.

I finished working in FIFO in late 2012 and have pursued other interests. Over the last two years outside of the industry, I have been able to reflect on my experiences and gain a clear perspective on how FIFO can be improved for the future of remote work in Australia.

The main improvements that I suggest from these reflections include:

- Even time rosters such as 8 days on/6 days off, 2 weeks on/2 weeks off, & 11 days on/10 days off set as standard work schedules, to permit a truly effective work/life balance.
- Less militarisation, bureaucracy, regimental nature & architecture of established campsites & worksites, while maintaining a sensible sense of organisation, safety & logistics.
- Integration with local communities, rather than isolating companies and workers to established campsites.
- Each and every person involved in FIFO (employee, contractor, consultant, employer) having an accountable and sensible duty of care to themselves and each other in a respectful way.
- Open communication amongst FIFO employees and employers without stigma, particularly in regards to mental issues”. Tom Telford.

2. Similarly, the House Standing Committee of Regional Australia tabled a report of an inquiry into the use of FIFO work practices in regional Australian in February 2013. In total this report made 21 recommendations which addressed such issues as listed previously. These recommendations include the commissioning of research into the impacts of FIFO, the establishment of best practice guidelines and policy implementations and changes. All available reports and submissions point to gaps in knowledge and information; however as similar questions continue, perhaps the sharing of knowledge and its acceptance amongst policy makers and industry is stemming progress within the sector.

3. With regards to the current terms of reference it is felt that the use of the word optimise may be misleading, particularly given that there are multiple factors at play across a number of domains. Furthermore, experience is subjective. It may be of more value to look for and implement strategies that seek to increase the positive aspects of FIFO generally rather than attempting to isolate key performance indicators in order to justify sector optimisation.

“I’m a female mine worker in my 50s in Mackay Qld. I am a DIDO operator currently working on a crew where the majority of workers are FIFO. Until recently we had a 6/6 roster with a changeover day in the middle but this has been altered to a 7/7 roster to accommodate FIFO workers. That is 7 straight days, 7 off, 7 straight nights. I and the other crew members who live in the surrounding towns were saddened by this as it means due to long hours it's difficult to maintain contact with friends and family. Work has turned into 7 shift jail sentence rather than the job that we previously enjoyed. After working 3 days we were able to spend our change over night and day relaxing with our family especially those of us with young children. It was a time to de-stress and a chance to return to work with a happy and focused attitude. It is the lack of this connection to loved ones, long hours and long periods of time away from home that often breaks down families and leads to a feeling of isolation and depression in workers. I really wish we could maintain our diversity by keeping options open for DIDO and FIFO workers. Shorter rosters at some mines to accommodate those who move their families to close by towns. I cannot see why drive to work people and FIFOers cannot work together. Please don't change it all to suit the people from far away to the detriment of those who choose to live close to work to enable them to keep a close commitment to their loved ones”.
Tammy Harrison.

4. Drawing on available research and also relating back to the purpose of the recent enquiry one of the key strategies for improving the experiences of the workers, their families and their community would be the introduction of some form of legislation, whether by amendment to current legislature or otherwise, which makes provision for the integration of workers into the communities within which they conduct their work as well as increasing the availability and access to support services to both the workers and their families.
5. Encouraging family engagement, through offering the opportunity for families to visit FIFO operations or company arranged social events that provide further opportunity for families to come together could also be of benefit.

3. THE COMMUTING PRACTICES FOR FIFO WORKFORCES, INCLUDING THE AMOUNT OF TIME SPENT TRAVELLING, THE METHODS OF TRANSPORTATION, AND ADEQUACY OF COMPENSATION PAID FOR COMMUTING TRAVEL TIMES. Response authored by Milan Vojnovic.

1. Some of Australia's most valuable riches lay submerged across its distant and desolate territory, and for the establishment of a functional mining operation, it is a distance that requires to be traversed and desolation that necessitates a requisite infrastructure. The distance of many mine sites, shortage of a local skilled workforce in mining areas, reluctance of metropolitan workers to permanently relocate, and the cost of local accommodation all contributed to the implementation of long distance commuting (LDC) to deliver the sufficient number of qualified workers to remote mining locations (Minerals Council of Australia, 2013). The characteristic feature of LDC is the cyclical pattern of workers travelling long distances from their place of residence to reach the remote mine sites, where they remain for a set amount of days or weeks before returning home for their week off. LDC workers may travel as fly-in/fly-out (FIFO), drive-in/drive-out (DIDO), bus-in/bus-out (BIBO) and through other means of transportation, such as boat or train. And although recent media and research have outlined various concerns involving LDC work arrangements, its implementation has ensured that the resources sector met its labour requirements as a direct response

“Work Contracts close to Darwin ended. The next job was near Middlemount QLD. It was a new site, shorter roster but much longer more frequent commuting. Travel involved a combination of two flights (4 & 1.5 hours) and a 1.5 hour bus trip. On a Fly in day I would leave Darwin in the morning and arrive at site at 8pm at night. Coming off a day roster, I had an overnight in Brisbane and would arrive in Darwin Lunch the next day.

When doing night shifts I would fly to Brisbane the day prior, stay overnight, then fly to Middlemount early morning arriving at site at 10:30 am. Then we waited for a room, because we had no permanent rooms. Rooms weren't available until 11:00 am. I would then try sleep before a 12 hour night shift. Issues with this arrangement were: Fatigue; Travel in our own time; Delays and missed connecting flights due to weather; Missing social commitments other travel plans. Positive for me were: Staying with family in Brisbane; being employed & more frequent time off. There is now a direct charter flight to this site from Darwin. I've also worked DIDO - the big issue is fatigue and guys driving home, because they just want to get home. Fatigue policies are very inconsistent from company to company, even more so from contractors to full-time labour”. Mathew Foreman.

to the increase in mining investment over the past years (D'Arcy, Gustafsson, Lewis & Wiltshire, 2012).

2. Even more so than other aspects that surround LDC work arrangements in the resources industry, there is a paucity of research on the commuting practices and its concomitant features. According to the 2011 census, the prevalence of the LDC is reported to be 2.1%, or 213,773, of the general workforce. 21% of LDC workers were employed in direct relation to the mining industry, while 13% were employed in construction (KPMG, 2013). The 2011 census also reported that the most travelled LDC route was from Perth to Pilbara, where 10,604 workers identified Perth as their place of residence, with the second largest being the Balance-Queensland to the Bowen Basin, counting 5,125 workers. Interstate commuting was less prevalent, however, it has seen the greatest percentage in growth between 2006 and 2011 (KPMG, 2013).
3. Travel time of LDC varies significantly. For FIFO LDCs, this calculation involves the worker's distance from their home to the local airport, the flight to the nearest airport at the work location, and the drive to the residential facility. Combined, the commuting time could involve several hours at best, with anecdotal reports of commuting sometimes spreading into days, where interstate travel and a lack of adequate flight connections are concerned. It is common that employers cover all costs associated with travel, such as the flight, meals, and the transport from airport to the residential facility, yet the actual travel time is rarely paid to the employees. A recent WA study (Vojnovic & Bahn, Forthcoming) has used surveys on 629 Australian FIFO participants which included a question on the total commuting time from place of residence to work place, revealing the average travel time being 7.18 hours and that while some workers reported relatively short (e.g. 1 hour) travel times others reported significant (up to 72 hours) time spent in commute. In a similar vein, the travel time from the residential facility to a mining site can also involve several hours per shift, and while that time is usually paid to the employees, reports indicate that a significant number of hours go unpaid (CFMEU, 2011). Such practices may involve employees driving themselves to the work site in a company vehicle or through the collective transport via busses.
4. It is important to mention that the commuting between place of residence and place of work occurs during the employees' week off, which in some cases could shorten a seven day break to as little as five (Parliament of Western Australia, report 4, 2014). A worker's roster also impacts on the experience of commuting: while shorter rosters are preferred by many LDC employees, they consequently involve more frequent travelling and some workers have reported that they found this more tiring compared to working longer rosters, especially those flying interstate and those who had to cover their own travel expenses (Misan & Rudnik, 2015). Other issues that arise are the periodic travel disruptions that have a negative effect on a worker's fatigue and which cut into their time off work.
5. The above collection of academic and anecdotal reports indicate commuting practices have psychological, financial, and pragmatic influences on the overall LDC practice, and suggest the need for further attention, in the form of research and policies, so that improvements to both employers and employees may be facilitated. While the absence of comprehensive accounts restrict reliable recommendations to improve the LDC experience, some preliminary suggestions could be for hot-bedding camp sites to implement a storage facility so workers do not have to pack and carry heavy luggage every time they commute, for companies to purchase tickets to the airport lounge for their workers to increase the comfort during waiting times, and for companies to account any excessively long commuting time into the length of the week off so workers get the necessary recovery.

RECOMMENDATIONS FOR COMMUNITY

1. Promote community and private groups to raise awareness of FIFO as a standard work practice, such as shift work. These groups should promote mental and physical health awareness and prevention measures.
2. The education department should promote ongoing management strategies to students and families with FIFO parents (for example, not removing children from school to spend time with a FIFO parent whilst on R&R) to help reduce negative long term family effects.
3. Connect FIFO workers and their families with professional supports that can accommodate the language, protocols and routines that work with FIFO swings.

RECOMMENDATIONS FOR INDUSTRY AND GOVERNMENT

1. The responsibility and duty of care of resource companies should be clarified, including employees who are not on shift but are still on site or in the residential facilities.
2. Several mining companies have increased chaplains on site, EAP access, and increased referral to support services off site with professionals who specialise in and understand FIFO rosters. Counselling provided on-site may be beneficial. Increase and further support family days on site, improve technology for Skype, satellite and regular telephone services and multimedia access. There has been increased visibility of support information, nutrition, physical health initiatives and an open and tiered approach to working with managers and supervisors. It is recommended that these initiatives be further encouraged across the industry, particularly for contract employees who have access to less support than non-contracting employees and are more likely to experience higher levels of job demands through compressed roster patterns (FACE, 2014).
3. Benchmarking activity for support service availability, including those available for smaller contractors. Part of this benchmarking should include program evaluations to determine effectiveness. It should also include other industries that have suicide intervention strategies in place, like the Australian Defence Force.
4. Educate and empower work colleagues to learn and to look out for each other. It is anticipated that this can be achieved through strategies including peer support, mateship, and mentoring.
5. It is recommended that rostering be regulated by the industry. While different individual circumstances lead some people to prefer different rosters, the research indicates that there are some that may be better than others in terms of workers' mental health. Longitudinal and industry-wide research should be enabled in collaboration with universities to disseminate transparent results which can then feed into maximum working hour recommendations.
6. On-boarding which includes education of the FIFO lifestyle as well as on mental health issues, accessing support and stigma prior to the commencement of employment may assist to develop accurate anticipations among workers, reduce stigma regarding accessing support and increase awareness of the symptoms of mental health problems in self and others. Additionally, employment entry and exit strategies be designed in a way to target men's help-seeking styles and should include a review of mental health symptoms.
7. Build mental health into policies and procedures which supports reporting and discussion of these issues.

8. Formalise the establishment of men's support groups on site that are set up and managed by professionals who have specialised in working on men's health and well-being. That these support groups expand into unisex groups to reflect the worker demographic in due course.
9. Industry combine mental health online self-help tools with conversation, mentor/mateship programs, face-to-face workplace education, EAP and access to medical professionals. The use of tongue-in-cheek Aussie humour, is used in the 'R U OK?' mental health awareness program and this type of approach may be beneficial in reducing the barriers to discussing mental health issues.
10. Psychological screening prior to commencement of employment as part of the worker contract interview, and for on-going annual monitoring as part of performance review. This process should be done by a mental health professional and complemented by a short interview. It is recommended that the Depression, Anxiety, Stress Scale DASS-21, or the K10 would be most appropriate as these have already been used in the FIFO population (to enable comparisons in addition to internal clinical scales), are commonly used by mental health professionals and General Practitioners (GP). The employing organisations should be transparent about how they manage the results of this screen to avoid discriminatory behaviour. It is noted by the authors that this is a very difficult recommendation to make and enforce. Work must provide a safe workplace, but this may be open to debate where the limits of responsibility are. This may be within the realm of regular visits to the EAP (e.g. twice a year). However, there should also be a program evaluation done on this to determine effectiveness as workers may feel coerced or withhold information, particularly if they are distrustful of why they are being forced to see the EAP.
11. Employers must acknowledge the important role of communication technology in sustaining the family and support networks of FIFO workers
12. Employers must provide FIFO workers with adequate access to internet and communication technology so that workers may feel and remain well-connected to their family and support networks
13. Access to internet and new media should be available to FIFO workers at all times, including during the work day, and especially in worker's private rooms
14. Given health risks for FIFO workers, organisations should consider minimising the circadian disruption by limiting the consecutive night shifts and allowing adequate recovery time. Fatigue risk management systems (FRMS) in organisations should also take into consideration these elevated risks when considering other elements of its rosters, including time on shift, recovery time, consecutive day shifts, healthy meals and lighting. Given this, shorter periods of consecutive shifts, while also limiting circadian disruption, is recommended.
15. Drawing on available research and also relating back to the purpose of the recent enquiry one of the key strategies for improving the experiences of the workers, their families and their community would be the introduction of some form of legislation, whether by amendment to current legislature or otherwise, which makes provision for the integration of workers into the communities within which they conduct their work as well as increasing the availability and access to support services to both the workers and their families.
16. Encouraging family engagement, through offering the opportunity for families to visit FIFO operations or company arranged social events that provide further opportunity for families to come together could also be of benefit.
17. Hot-bedding camp sites should consider implementing a storage facility so workers do not have to pack and carry heavy luggage every time they commute, for companies to

purchase tickets to the airport lounge for their workers to increase the comfort during waiting times, and for companies to account any excessively long commuting time into the length of the week off so workers get the necessary recovery.

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FIFO Australian Community of Excellence network



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Appendix Page 1 of 16

List of Australian organisations supporting the wellbeing of people impacted by mental health problems and general FIFO organisations; descriptions use language from each organisation's promotional materials.

Act Belong Commit

www.actbelongcommit.org.au

A community-based health promotion campaign since 2005 to encourage people to take action to improve their mental health and wellbeing. This evidence-based campaign was developed primarily from knowledge of people's perceptions of mental health and the behaviours they believed protected and promoted good mental health. Funded by Healthway and the Mental Health Commission and supported by Curtin University in WA. Aims to extend the reach of the Act-Belong-Commit positive mental health promotion message reach of the campaign to schools, worksites and primary and/or clinical care settings to increase the number of partners from 100 to 200. Example of output: brochure produced in partnership with KEMH, *A guide for New Mums* (one of a series: *Mental Healthy WA*).

Anglicare

<http://www.anglicarewa.org.au>

A not for profit community service organization supporting people, families and their communities to cope with the challenges of life by building their resilience and capacity; relationship issues, financial problems, and housing difficulties. Providers of Employee Assistance Programs, Suicide Prevention CD for farmers.

ARAFEMI has merged with Mind Australia (not to be confused with ARAFMI in WA)

<http://www.arafemi.org.au> has merged with <http://www.mindaustralia.org.au>

Supports recovery and empowerment through community support and family services; promotes the well-being of people affected by mental illness, their families and carers through a variety of services and programs that focus on recovery, respect, inclusion, participation and awareness.

ARAFMI WA (Association of Relatives and Friends of the Mentally Ill)

<http://www.arafmi.asn.au>

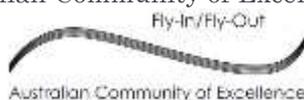
Established in 1976, this organization now employs 50 staff with an annual budget in excess of \$5 million to supports thousands of carers each year with counselling, self-help support groups, psycho-education, information and advocacy. From humble beginnings, it has become a strong voice for carers of people with a mental illness and is regularly consulted regarding Government policy and service implementation affecting carers.

At Ease - Department of Veterans Affairs

<http://at-ease.dva.gov.au/>

A comprehensive mental health program developed in conjunction with Veterans and Veterans Families Counselling Service because it's not unusual to experience sadness, distress or anger after deployment. At Ease aims to help veterans, ADF personnel, and family members identify the symptoms of not coping and when you need to reach out, seek treatment or identify effective ways to move forward. At Ease can provide tips, treatment options & resources including clinical resources for health professionals treating members of the veteran & defence community, online videos (addressing loneliness, relationship issues, violence, anger and relationship issues <http://at-ease.dva.gov.au/veterans/resources/videos/>), a wellbeing toolbox, tips to balance alcohol and a healthy lifestyle, suicide prevention strategies such as *Operation Life* online <http://at-ease.dva.gov.au/suicideprevention/> and mobile Apps such as *On Track* and *PTSD Coach Australia*. <http://at-ease.dva.gov.au/veterans/resources/mobile-apps/>

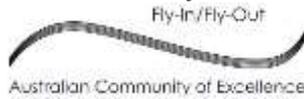
Note: this document is not presented as an exhaustive list. Users are encouraged to seek further information if required.



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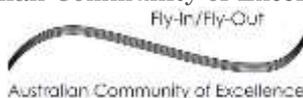
List of Australian organisations supporting the wellbeing of people impacted by mental health problems and general FIFO organisations; descriptions use language from each organisation's promotional materials.

<p>Australasian Centre for Rural and Remote Mental Health http://www.acrrmh.com.au</p>
<p>Founded in 2006 by Philosophy Doctorate Jennifer Bowers to champion proactive, preventative initiatives for rural and remote communities through commitment to practical outcomes, early intervention, identification of problems and prevention where possible.</p>
<p>Australian Women's Health Network http://www.awhn.org.au</p>
<p>A not-for-profit feminist organization, the AWHN acts, speaks, writes, and advocates on behalf of women's issues and rights. Aims to: maintain and increase a national focus on women's health issues; be a national advocacy and information sharing organisation; be an umbrella organisation for State and Territory women's health networks and for other national women's organisations which embrace our objectives and philosophy.</p>
<p>beyondblue http://www.beyondblue.org.au</p>
<p>To provide national leadership to reduce the impact of depression and anxiety in Australia and to:</p> <ol style="list-style-type: none"> 1. Increase awareness of depression and anxiety 2. Reduce stigma and discrimination 3. Improve help seeking 4. Reduce impact, disability and mortality 5. Facilitate learning, collaboration, innovation and research
<p>Black Dog Institute http://www.blackdoginstitute.org.au</p>
<p>Founded in 2002; world-leader in the diagnosis, treatment and prevention of depression, bipolar disorder and suicide. Partners with universities, health services and community groups across the country and provides evidence-based workplace programs to protect and maintain the mental health of workers from a variety of backgrounds</p>
<p>Blooming Minds www.bloomingminds.com.au</p>
<p>Perth based Blooming Minds provides group training and individual consultancy services to assist organisations to understand the impact of mental health problems in their workplace and to minimise the human and economic impacts of employee stress, anxiety and depression. The programs are designed to support an organisation's existing EAP services. We teach supervisors and managers how to meet their obligations in supporting people with mental illness at work; to develop strategies to approach and support staff they suspect are experiencing mental health problems and teach all employees how to optimise their own mental health and wellbeing and prevent their individual mental health risks.</p>
<p>Brain Ambulance www.brainambulance.com.au</p>
<p>Education delivered by people with mental illness background and lived experience. Aim is to simplify the complex topic of mental health and turn fear into confidence. Clients say they have delivered on these outcomes from the perspective of the lived experience which means delivering with understanding not just knowledge and skills. "Ripping the Blinkers off" mental health stigma, myths and misconceptions.</p>



List of Australian organisations supporting the wellbeing of people impacted by mental health problems and general FIFO organisations; descriptions use language from each organisation’s promotional materials.

<p>Chamber of Minerals and Energy WA http://cmewa.com.au</p>
<p>This peak resources sector representative body in Western Australia since 1901 has formed a Working Group for Mental Health in their Workplace Health and Safety Portfolio. That portfolio is responsible for working with industry to identify and manage inherent hazards/risks, promoting research, implementing industry wide technology solutions and working closely with government to ensure the regulatory regime is streamlined, transparent and formalises a best practice risk based approach. Of importance is their commitment to sharing: Lessons learned from unwanted events and finding strategies to improve Fitness to Operate, emotional wellbeing and suicide awareness. In 2014 the CME CEO said: “Despite recent assertions that there may be a higher occurrence of mental health issues associated with FIFO employment, research is yet to find any substantial evidence in support....Every suicide is a tragic loss with far-reaching impacts. As a community we must all work together to reduce the prevalence....”</p>
<p>Community Mental Health Australia http://www.cmha.org.au</p>
<p>A coalition of the eight peak community mental health organizations from each State and Territory and established to provide leadership and direction to promote the importance and benefits of community mental health and recovery services across Australia. CMHA provides a unified voice for over 800 community-based, non-government organizations who work with mental health consumers and carers across the nation and who are members of, or affiliated with, the various coalition members.</p>
<p>Communicare http://www.communicare.org.au</p>
<p>Provides support services in the spirit of Christian caring to over a quarter of a million Australians a year, supported by 200 staff and volunteers across 80 projects. With 20 sites nationally and more to come, Communicare has grown since its inception in 1977, offering limited services such as marriage counselling, financial assistance and school holiday programs.</p>
<p>Connect Groups http://www.connectgroups.org.au</p>
<p>Maintains an extensive but not exhaustive list of small mental health self help and support groups in WA too numerous to mention individually. Sponsored by Department of Local Government and Communities, this service was established in 1983, to provide practical assistance to both new and established groups to support their effective management and role in the community. Mission: “To promote the philosophy concept and practice of self-help within Western Australia and to facilitate its development and effectiveness by educating, linking and empowering individuals, families and groups to meet their specific needs” Guiding values include: Decisions and participation in Connect Groups business and activities, should not be personally motivated or for personal gain. Produced a useful but hard to find webpage: http://www.connectgroups.org.au/modules/directory/index.php?sub=Health – Mental</p>



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List of Australian organisations supporting the wellbeing of people impacted by mental health problems and general FIFO organisations; descriptions use language from each organisation's promotional materials.

Consumer Health Services Directory – Mental Health
 Found on another useful but hard to find webpage:
http://www.health.wa.gov.au/services/category.cfm?Topic_ID=5

Part of the Health Department of WA website describing the 'comprehensive' range of public mental health services provided for children, adolescents, adults and older people through community mental health units, hospitals and community health centres. NB. There is a wide network of non-government organisations providing mental health services **not listed** in this directory.

Even Keel
<http://evenkeel.org.au>

A network of support groups in Western Australia for people diagnosed with Bipolar Disorder (also known as manic depression), depression, schizophrenia and related disorders. The aim at Even Keel is to offer friendship, understanding, information and a sense of hope to people living with Bipolar Disorder or related disorders and to educate people to remove the stigma associated with mental illness.

FIFO Australian Community of Excellence (FACE) network
www.facenetwork.com.au

FACE is a non-profit association of researchers, FIFO workers, policy makers, service providers and community members interested in all elements of Fly-In Fly-Out (FIFO), long-distance commute work, health and lifestyle usually related to mineral and energy exploration, construction or production. As an independent multidisciplinary network, FACE has been created to promote and advance sustainable FIFO work practices via collaboration with like-minded individuals and businesses.

FIFO Families
<http://www.fifofamilies.com.au>

An online and face-to-face community of FIFO families and FIFO partners not a mental health support site but FIFO people know what others are going through when they are home alone; a sole parent or a solo partner, and the other parent/partner is away at work. Opportunity to network with other FIFO families and FIFO partners throughout Australia and across the world.

FIFO Info
<http://www.fifoinfo.com.au>

A website to provide information and resources for fly-in/fly-out employees and their families as well as for employers and researchers. Produced a brochure: *Helpful ideas and tips for living a Fly-In Fly-Out lifestyle*.

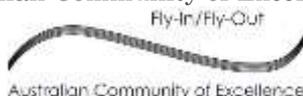
FIFO Research
<http://www.fiforesearch.com>

In 2013, Murdoch University started another FIFO research study investigating FIFO because such working arrangements are typical antecedents reported to contribute to the development of Work-Family Conflict (WFC). FIFO workers may be more likely to experience depression, anxiety and stress due to the extended disconnect from family and friends.

FIFO worker wellbeing and accessing support
<https://www.facebook.com/FIFOwellbeing>

In 2013 Edith Cowan University began a research study to identify sources of support for FIFO workers with suicidal thoughts by asking FIFO guys and girls via Facebook to fill out the anonymous online survey. Results are currently being analysed.

FIFO Australian Community of Excellence network



Mission to share ~ Vision to learn

Appendix Page 5 of 16

List of Australian organisations supporting the wellbeing of people impacted by mental health problems and general FIFO organisations; descriptions use language from each organisation's promotional materials.

GROW

<http://www.grow.org.au>

In partnership with Act-Belong-Commit Campaign, Mentally Healthy Western Australia, MIFWA Mental Illness Fellowship of Western Australia, Connect Groups, Victim Support Services and Angel hands, GROW is a community-based organization now in West Australia aiming to assist people recovering from mental illness through a unique program of mutual support and personal development. Grow was established in Sydney in 1957. Sharing their wisdom to overcome life's challenges and recover from mental illness forms the basis of the Grow Program via weekly meeting that vary in size from 3-10 people.

Headspace

<http://www.headspace.org.au>

This foundation helps young people who are going through a tough time; a place you can go to talk to someone about any of these issues; established and funded by the Commonwealth Government of Australia in 2006; 60 centres around Australia, to help with: General health ; Mental health and counselling; Education, employment and other services; Alcohol and other drug services.

Health Direct

<http://www.healthdirect.gov.au/mental-health-disorders>

Healthdirect Australia is a public company funded by federal, state and territory governments to deliver health services by contracting with service providers, managing ongoing operations and implementing governance structures to manage the following healthcare services:

[Healthdirect](#)

[after hours GP helpline](#)

[Pregnancy, Birth and Baby](#)

[mindhealthconnect](#)

[National Health Services Directory](#)

[My Aged Care](#)

Hunter Institute of Mental Health

<http://www.himh.org.au>

Commenced operations in 1992 in response to a need for high quality, evidence-based professional development training for those within and without the health sector who provided services to people affected by mental illness. Working locally and nationally to build the capacity of individuals, families, organizations and communities so they can contribute to the reduction of mental illness and suicide; translate evidence in to practical resources, programs and approaches that are fit-for-purpose; work in partnership to deliver the best outcomes; and use evaluation and research to guide our work.

Informal FIFO Support Groups (miscellaneous lived experience individuals)

Informal support groups for Fly in/Fly out and Drive in/Drive out families in rural WA who are dealing with the issues related with the FIFO/DIDO lifestyle. Regular catch-ups and a play groups offered.

Email Jackie: bunburyfifo@yahoo.com.au

Email Kristiana: kristiana.italiano@bigpond.com

<http://www.connectgroups.org.au/modules/directory/vieworg.php?id=3282>

Email and blog: debbie@thefifowife.com.au

Luke the FIFO man: <https://www.facebook.com/fifoman007>



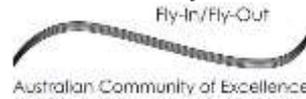
List of Australian organisations supporting the wellbeing of people impacted by mental health problems and general FIFO organisations; descriptions use language from each organisation's promotional materials.

Lifeline Australia
<https://www.lifeline.org.au>

Founded in 1963 by the late Reverend Dr. Sir Alan Walker, when he took a call from a distressed man who later took his own life; Provides 24/7 crisis support and suicide prevention services. FACTS:
Deaths by suicide have reached a 10-year peak.
The overall suicide rate in 2012 was 11.0 per 100,000
The overall suicide rate in 2011 rate was 9.9 per 1,000
Suicide is the leading cause of death for Australians aged 15 - 44
Australian Bureau of Statistics -Cause of Death for the year 2012:
Deaths due to suicide = 2,535
Death due to road related transport = 1,310
In 2012, 1,901 males (16.8 per 100,000) died by suicide
In 2012, 634 females (5.6 per 100,000) died by suicide.
Seven deaths by suicide in Australia each day
60% of suicide deaths are men.
For those of Aboriginal and Torres Strait Islander descent, the suicide rate is 2.5 times higher for males and 3.4 times higher for females.

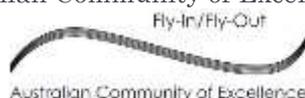
Living is for everyone
<http://www.livingisforeveryone.com.au/Library.html>

LIFE Communications is a National Suicide Prevention Strategy project managed by On the Line on behalf of the Department of Health. The project aims to improve access to suicide and self-harm prevention activities in Australia through the promotion of the LIFE resources and website; and improve communication between suicide prevention stakeholders in Australia. This is achieved by providing access to a range of resources and research, including the latest information from National Suicide Prevention Strategy (NSPS) projects.
LIFE Communications aims to build networks in suicide prevention between key stakeholders such as academics, researchers, health professionals, service providers, community leaders and policy makers. This is achieved through a range of strategic and targeted communication activities. The LIFE website is the primary medium of communication. It provides the latest research on suicide, news on developments in the NSPS, as well as opportunities to discuss issues and share knowledge, resources and information. The website also provides a dynamic and accessible forum of interaction, independent of stakeholders' geography, resources and time constraints.
The project team promotes stakeholder use of the LIFE Resources, making it easy for them to access relevant information and apply it to their suicide prevention work. The library has a catalogue of materials relating to suicide and self-harm prevention: journal articles and resources such as books, reports, guidelines and brochures.



List of Australian organisations supporting the wellbeing of people impacted by mental health problems and general FIFO organisations; descriptions use language from each organisation's promotional materials.

<p>Mates in Construction http://www.matesinconstruction.com.au</p>
<p>A community development organisation aimed at reducing suicide and improving mental health and wellbeing within the Australian Construction industry. Established in Queensland in 2008, MATES in Construction is a federation of independent industry based MATES in Construction organisation in Queensland, New South Wales, South Australia and Western Australia. Offers Mates in Construction (MIC) program of workplace training and support that uses training as tool to raise awareness that there is a problem with suicide and its contributing risk factors in our industry and we can all be part of the solution. The model for support has 5 themes managed via training, clear pathways and case management processes that ensure that workers in need of support are connected to appropriate help, toolbox talks, presence at site events, regular visits to the site office and crib huts with poster, stickers and on-site visits by field officers to support the site and its workers in an ongoing presence until the site closes. The MIC program is not an inoculation against suicide. Postvention support has been designed to help those grieving after a suicide and to ensure they can access appropriate help and support.</p>
<p>Men's Advisory Network (MAN) www.man.org.au</p>
<p>MAN is a not for profit health promotion charity, working in partnership with providers, business groups and individuals to improve male health and wellbeing outcomes. MAN believes that by respectfully addressing male health and wellbeing issues, the benefits will be a healthier community with healthier outcomes for men, women and children alike</p>
<p>Men Alive Australia http://www.menaliveaustralia.com.au/</p>
<p>Founded in 2012 to offer research, consulting and coaching services that build healthy relationships and develop empowering leadership skills to ensure that individuals, families and businesses flourish, Dr Paul Pule introduces a model <i>Towards ecological masculinism</i> that reawakens men's care for self and others. Transformative trainings for businesses, groups and individuals are provided to relieve personal and professional distresses and generate vibrant work environments that attract and retain talented personnel. This consultancy also works with women to assist them on the job and with their families as they find ways to relate with men around the difficult and the celebratory elements of male culture.</p>
<p>Menswork Project (Inc) www.mensworkproject.org</p>
<p>An organisation established in 2001 in Perth that delivers programs supporting men to learn more about themselves and also provides mentoring opportunities. Men often feel alone and unable to share in how they experience their relationship to family, partners, work, social life with others or acknowledge feelings to themselves. One of the projects' goals is to offer opportunities to find out what it's like to be a man by hanging out with some good older blokes who you can trust. This is not a support service addressing depression, addiction, anger, alcohol, abuse and violence.</p>



List of Australian organisations supporting the wellbeing of people impacted by mental health problems and general FIFO organisations; descriptions use language from each organisation's promotional materials.

Mens Line Australia (associated with On The Line)
<http://www.menslineaus.org.au/>

Offers telephone and online support and information service for Australian men, managed by On the Line, Australia's leading professional telephone and online counselling and training provider. This unique, dedicated service for men is an initiative of the Commonwealth Department of Social Services launched in September 2001; it runs the Suicide Call Back Service and SuicideLine (Victoria). On the Line also runs the; LIFE (Living Is For Everyone) project, part of the National Suicide Prevention Initiative. The benefits of telephone and online counselling are particularly attractive to men, who often find it tough to ask for help and can find face-to-face discussions about difficult issues confronting. Unlike face-to-face counselling, Mensline telephone and online counselling provides: visual privacy; a high level of control by the client over the situation; an immediate response; anonymity, enabling greater honesty in the client a 'quicker' counselling process; aimed at:

- Men who want to better manage a primary relationship difficulty and enhance an existing relationship with their wives, partners, children, work colleagues or others in their lives;
- Men who have concerns about being a dad and want to improve their parenting skills;
- Men who are dealing with a separation or family breakdown and would like some support to manage this critical time appropriately;
- Men who have concerns about emotional wellbeing or anger management issues;
- Men who are dealing with family violence;
- Help for anyone who is worried about a male family member, partner or friend;
- Professionals working with men & family or relationship issues.

Mental Health Australia
<http://www.aihw.gov.au/mental-health>

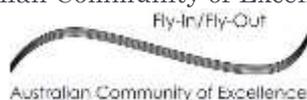
Government department that provides the most recent data and information about the activity and characteristics of Australia's mental health-related services. The report, which covers information on services, resources and key performance indicators, is updated as data becomes available.

Mental Health Emergency Response Line (MHERL) - WA
http://www.mentalhealth.wa.gov.au/getting_help/Emergency_help/emergency_mherl.aspx

Telephone emergency service listed under "Getting Help" on the Government of Western Australia Mental Health Commission website and when the team at MHERL receive a call, they can provide assessment and support and, if required, referral to other services. The MHERL teams are made up of mental health professionals, including psychiatrists, nursing and allied health staff. They provide after-hours assessment and specialist intervention for people experiencing a mental health emergency and during business hours calls are referred to local public health services. The primary difference between the services is that there are seven Community Emergency Response Teams, geographically scattered across Perth Metro area whereas there was just one response team for the Psychiatric Emergency Team

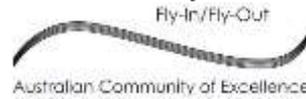
Mental Health Service Directory – WA
http://www.mentalhealth.wa.gov.au/getting_help/directory.aspx

This is another difficult to find webpage that is part of the Government of Western Australia Mental Health Commission: "Find a mental health service" searchable by region and service type. The Support and self-help page provides a selection of links some of which no longer exist. eg "From the Heart" http://www.mentalhealth.wa.gov.au/getting_help/cc_support.aspx



List of Australian organisations supporting the wellbeing of people impacted by mental health problems and general FIFO organisations; descriptions use language from each organisation's promotional materials.

<p>Mental Illness Fellowship of Australia http://www.mifa.org.au</p>
<p>A group of long-standing membership based organisations, we currently have more than 80 'front doors' across Australia. We are building a national network that delivers local solutions based on our common strengths.</p> <p>MIFA gives an Australian voice to international mental health networks – we are members of the World Federation for Mental Health and the World Fellowship of Schizophrenia and Allied Disorders and we have links with the US National Alliance on Mental Illness (NAMI).</p> <p>We give priority to persuading funders, policy makers, politicians and potential corporate sponsors to invest in community resources which reflect these common strengths and work closely with families, carers and friends as well as the person with a mental illness, including those who are hard to reach.</p>
<p>Mental Health First Aid https://mhfa.com.au/cms/what-we-do</p>
<p>Developed in 2001 by Betty Kitchener OAM and Professor Tony Jorm, Mental Health First Aid Australia is a national not-for-profit organisation focused on mental health training and research. MHFA Australia develops, evaluates and provides evidence-based courses which teach mental health first aid strategies for the public, students and professionals underpinned by mental health first aid using the Action Plan acronym ALGEE:</p> <p>Approach, assess, assist with crisis; Listen non-judgementally; Give support and information; Encourage appropriate professional help; Encourage other supports.</p>
<p>Mental Health in Multicultural Australia http://www.mhima.org.au</p>
<p>The MHiMA project is funded by the Australian Government, Department of Health, to provide a national focus for advice and support to providers and governments on mental health and suicide prevention for people from culturally and linguistically diverse (CALD) backgrounds.</p>
<p>Mind Australia http://www.mindaustralia.org.au</p>
<p>Provider of community mental health services to enable Australian to live connected, productive and satisfying lives; supporting people aged 16 years and over whose ability to manage their daily activities and to live in the community is impacted by mental health issues. We work with people who seek our support to set goals, and develop the knowledge and skills to achieve them. Our focus is on an individual's strengths, values and support preferences rather than their illness.</p>
<p>Mind Health Connect http://www.mindhealthconnect.org.au</p>
<p>A website launched in July 2012, is a national initiative operated by <u>Healthdirect Australia</u>, on behalf of the <u>Australian Federal Government</u> as part <u>National E-Mental Health Strategy</u> to aggregate mental health resources and content from the leading health focused organisations in Australia. You can access a range of <u>mental health resources</u> including online programs, fact sheets, audio and video, and online communities provided by our <u>trusted content partners</u>.</p>



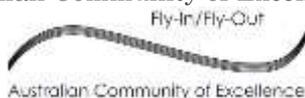
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<p>Minerals Council of Australia http://www.minerals.org.au</p>
<p>The peak industry body of Australia's exploration, mining and minerals processing industry, representing the minerals industry, both nationally and internationally, to advance contributions to sustainable development and to society. MCA member companies account for more than 85 per cent of Australia's annual mineral production and more than 90 per cent of mineral export earnings. The MCA recommends urgent reform to poorly developed and administered regulation at all levels of government including occupational health and safety to result in nationally uniform, risk-based, consistent legislation across jurisdictions, sectors and industrial activities.</p>
<p>Mining Family Matters http://www.miningfm.com.au</p>
<p>Launched in February 2010 to provide free professional support and practical advice to Australian families in mining, oil and gas. Alicia Ranford and Lainie Anderson began the organisation after Alicia's young children struggled to cope with their dad's fly-in, fly-out roster. Website readership is now 16,000 every month and survival guides for Oil and Gas and Mining have been produced plus an Online Induction Toolkit developed by psychologist Angie Willcocks.</p>
<p>Mood Gym www.Moodgym.anu.edu.au and http://nimhr.anu.edu.au/</p>
<p>The National Institute for Mental Health Research (NIMHR) at ANU aims to improve the mental health of individuals through research and development, training, policy and the dissemination of health information. Learn cognitive behaviour therapy skills for preventing and coping with depression. Find out more about e-hub Self-Help Programs for Mental Health and Wellbeing on Facebook www.facebook.com/ehub.selfhelp.</p>
<p>My Compass www.mycompass.org.au</p>
<p>Website provided by the Black Dog Institute as an interactive self-help service to promote resilience and wellbeing for all Australians. myCompass is a guide to good mental health – it points you in the right direction. You can track your moods, write about them and view information and tips. You can also choose to do one of the modules designed to help you manage mild to moderate stress, anxiety and depression.</p>
<p>My Dr (has post natal depression) http://www.mydr.com.au/babies-pregnancy/postnatal-depression-caring-for-someone</p>
<p>An Australian healthcare website dedicated to providing Australian consumers with the most comprehensive and relevant health information resource in Australia including postnatal depression which affects everyone around the person who is experiencing it especially partners. Helpful PND information developed in conjunction with PANDA is provided with a depression self assessment tool and calculator. <i>myDr</i> is a project of Cirrus Media Australia, publishers of <i>Australian Doctor</i> and <i>Medical Observer</i> and the website complies with the standards set by HealthInsite (Federal Government accreditation initiative) designed to provide Quality Assurance for health information on the Internet. <i>myDr</i> also abides by the HON Code principles of the Health on the Net Foundation.</p>



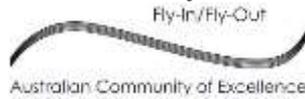
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<p>My FIFO family http://www.myfifofamily.com</p>
<p>A not for profit organisation that aims to give parents in a FIFO lifestyle the tools to help their children understand and adapt to FIFO life. MFF supports likeminded companies that support workers in the resource industry and donates generously to NFP companies such as Ngala and OzHelp.</p>
<p>National LGBTI Health Alliance http://www.lgbthealth.org.au</p>
<p>National peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people and other sexuality and gender diverse (LGBTI) people and communities; priority areas are ageing and aged care; mental health and suicide prevention; and better health for intersex, trans, and gender diverse people.</p>
<p>One Life http://www.onelifewa.com.au</p>
<p>This website outlines the Ministerial Council for Suicide Prevention. The Council oversees initiatives to: improve strength and resilience; expand community understanding of suicide; and support capacity building in communities at risk. The Commissioner for Mental Health is a member of the Ministerial Council for Suicide Prevention. The Western Australian Suicide Prevention Strategy is aligned with the National Suicide Prevention Strategy: Living is for Everyone (LIFE) and provides a framework to guide initiatives in Western Australia. Suicide prevention small grants are sought in mid-year. Partners with 245 businesses that implement OneLife strategies.</p>
<p>Online Mental Health http://www.mentalhealth.wa.gov.au/getting_help/mentalhealthonline.aspx</p>
<p>Part of the WA government Mental Health Commission website providing a list of general and youth online and telephone resources because some people feel embarrassed to ask for help. When Online you can be anonymous and find support anywhere, anytime. The information on this website is not intended as a substitute for professional advice.</p>
<p>On the Line (associated with MensLine Australia and Suicide Call Back Service) https://www.ontheline.org.au</p>
<p>Provides remote support services ranging from telephone helplines to call back services, video counselling, moderated forums and real-time online counselling that are proven to increase uptake and engagement, offering anonymity, immediacy and 24-hour availability (whether it's a man in a remote town going through a divorce, or a woman struggling with thoughts of suicide). Committed to a vision for Australia that everybody deserves access to quality care whenever they need it regardless of geography or circumstance; investing in a team of qualified professionals, sound infrastructure and robust systems to ensure the people who contact us receive the best support to break down barriers like geography, disability, social isolation, and financial hardship.</p>



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<p>OzHelp Foundation (Pilbara) https://ozhelp.org.au https://ozhelp.org.au/site/ozhelp_in_pilbara_wa.php</p>
<p>The OzHelp Foundation is based in ACT, with national phone service on 1300 694 357. Their main purpose is to prevent the suicide of working men in Australia by providing mental health support and training with a vision to build resilient and resourceful communities to confidently face life's challenges. In late 2000, the building and construction industry was shocked, when the lives of three young apprentices' were ended by suicide within a three month period. The mother of David O'Bryan, who took his own life after facing personal issues, approached the Master Builders and CFMEU seeking action to address the wellbeing and care of industry apprentices. Neither organisation felt equipped or competent to answer Loraine's questions. As a result, she took action to obtain seed funding from ACT Government to establish a pilot program to support industry apprentices. What followed was the establishment in October 2001 of OzHelp Foundation Ltd. In 2008/09 the Department of Health and Ageing (DoHA) approached the Foundation to establish capacity building services in Darwin, NT and WA Pilbara.</p>
<p>Pregnancy, Birth and baby http://www.pregnancybirthbaby.org.au http://www.mindhealthconnect.org.au/partners/pregnancy-birth-and-baby</p>
<p>A non-commercial, government funded health information service, operated by Healthdirect Australia. It is a phone and online service for all Australians, providing information, advice and counselling about pregnancy, childbirth and your baby's first year including counselling for emotionally distressed women who may experience symptoms of depression and/or anxiety in the antenatal or postnatal period. Bipolar disorder and puerperal psychosis may also emerge during or after pregnancy.</p>
<p>Pregnancy, stress, depression and the impact of FIFO http://www.sph.uwa.edu.au/research/fifo</p>
<p>The University of Western Australia responded to the 2013 <i>Cancer of the Bush or Salvation of the Cities</i> report on Rural Australia by supporting world first research to measure stress, depression and social support for pregnant women who work FIFO, or, who have a partner working FIFO. It is possible the health of at-home partners is associated with the mental health of FIFO workers.</p>
<p>Queensland Minerals Council https://www.qrc.org.au</p>
<p>Formed in November 2003, succeeding the Queensland Mining Council, this is the peak non-government and not-for-profit industry association representing the commercial developers of Queensland's minerals and energy resources with goals to: build strong community and stakeholder support for the resources sector/s social licence to operate and promoting a world class regulatory environment. QRC represents explorers, miners, mineral processors, contractors, oil and gas producers and electricity generators. Publications include: <i>Guidance for Long Distance Commuting (FIFO/DIDO) Workers</i> in conjunction with University of Queensland, Centre for Social Responsibility in Mining, Sustainable Minerals Institute: https://www.qrc.org.au/dbase_upl/Guidance%20for%20Long-Distance%20Commuting%20Workers.pdf</p>



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ReachOut.com by Inspire Foundation
<http://au.reachout.com> and <http://inspire.org.au>

Delivering Australia's leading youth mental health service since 1998, making it easy for young people to get the help they need, where and when they need it. Via the website with 1.4 million unique users annually, they inform young people under 25 how to stay connected and get through tough times; the service provides practical tools, forums and information in a safe and anonymous online environment such as Apps to track health and mental fitness, and see how your mind and mood-set change over time; SMS daily tips and challenges.

Relationships Australia
<http://www.wa.relationships.com.au>

A non-profit community service organisation which provides a diverse range of innovative counselling, mediation, community education and professional development services, and which influences social policy formation. Founded more than 60 years ago, with the aim of providing support and advice to people experiencing difficulties in their marriages, during the social upheaval of the post war period, RA was originally known as The Marriage Guidance Council. Counselling services have expanded to encompass individuals and families, education programs cover pre-marriage, couple relationships, post-separation, step-families, communication skills and fly-in, fly-out relationships. RA is contracted to provide Employee Assistance Programs to various employers and provide many other services including the 24 week FAIR group program for those who experience domestic violence.

R U OK? Day Foundation
<https://www.ruok.org.au>

A not-for-profit organisation founded by Gavin Larkin in 2009, whose vision is a world where we're all connected and are protected from suicide. Mission is to encourage and equip everyone to regularly and meaningfully ask "are you ok?" Based on Dr Thomas Joiner's theory of three forces at play in someone at risk: 1) the person thinks they're a burden on others; 2) they can withstand a high degree of pain; 3) they don't feel connected to others. R U OK? monitors how regular, face-to-face, meaningful conversations about life can impact on Australia's suicide rate.

Rural Link
http://www.mentalhealth.wa.gov.au/getting_help/Emergency_help/emergency_rural.aspx

A specialist after-hours mental health telephone service for the rural communities of Western Australia provides access to experienced community mental health staff, with a focus on supporting people with mental health issues. It is a confidential service meeting the needs of the community and delivering continuous care and support where needed. Free call 1800 552 002 – TTY 1800 720 101 to help people deal with depression, suicide, anxiety, psychosis, mental health issues or mental health crisis.

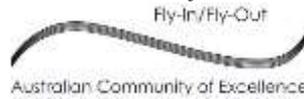
SANE Australia
<http://www.sane.org>

Headed by Jack Heath, SANE is an independent NGO that relies on donations and grants to achieve its goals with no ongoing government funding. SANE conducts innovative programs and campaigns to improve the lives of people living with mental illness, their family and friends and operates a busy Helpline and website campaigning for the one in five Australians affected by mental illness every year. Sarah Coker produced a Scoping Study in 2012 of Australian mental health services to determine what suicide prevention activities services are engaged in to inform the SANE Suicide Prevention and Recovery Guide.



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<p>Soften the Fck Up www.softenthefckup.com.au</p>
<p>An initiative of Spur Projects. At Spur, we want to make it easier for young men to take positive action than to take their own lives. We believe that to tackle the rate of suicide among men in Australia, bold new approaches to suicide prevention are required. We are a group of passionate volunteers made up of project managers, entrepreneurs, marketers and a range of other professionals working in tandem with mental health experts from across the country. Soften the Fck Up is auspiced by beyondblue. This means that we're a completely independent initiative with the backing and support of Australia's largest mental health service.</p>
<p>Suicide Call Back Service (associated with On The Line) https://www.suicidecallbackservice.org.au</p>
<p>A 24-hour, nationwide service that provides telephone and online counselling to people 15 years and over who are: suicidal; caring for someone who is suicidal; bereaved by suicide; health professionals supporting people affected by suicide especially people who are geographically or emotionally isolated.</p>
<p>Suicide Prevention Australia http://suicidepreventionaust.org</p>
<p>Suicide Prevention Australia is the only national umbrella body in suicide prevention throughout Australia. Suicide Prevention Australia is a broad-based organisation bringing together diverse interests across disciplines, practitioners, researchers, and the community affected by suicide and self harm. They support Nine Principles for Suicide Prevention and play a role in providing policy advice to governments, community awareness and public education, increased involvement in research and a future role in leading Australia's engagement internationally. The LIFE Communications project aims to improve access to suicide and self-harm prevention activities in Australia through the promotion of LIFE resources and website; and to improve communication between suicide prevention stakeholders in Australia. Currently partnering with Uni NSW and Black Dog Institute to conduct research nationally (including Bunbury) asking men who have attempted suicide: what helps prevent suicide in men?</p>
<p>SuperFriend http://www.superfriend.com.au</p>
<p>The Industry Funds Forum Mental Health Foundation is an association whose members are the CEOs of twenty-eight of Australia's largest industry super funds. SuperFriend collaborates with industry funds, group life insurers and the mental health sector to facilitate targeted workplace mental health initiatives for members of these funds and works with Industry Superannuation funds to provide individuals, employers and workplaces with information about improving and maintaining your mental health.</p>



List of Australian organisations supporting the wellbeing of people impacted by mental health problems and general FIFO organisations; descriptions use language from each organisation's promotional materials.

Talking Long-distance Commute (TLC)
<http://longdistancecommuting.com>

Founded in 2014 by an independent woman who is partner to a FIFO worker, a mother of two young children, qualified in International Health, Primary Education and the Fine Arts with an interest in public health and web development with the aim of supporting the LDC, FIFO, BIBO, DIDO community to: help each other thrive in this unique lifestyle
 build an online resource brimming with smart tips, insights and good advice
 direct people to high quality government, not for profit and mining support resources
 providing a calm virtual space to share, reflect and develop ideas
 to showcase collective wisdom, compassion and courage of the individuals in the LDC community.

The Butterfly Foundation
<http://thebutterflyfoundation.org.au>

Dedicated to bringing about change to culture, policy and practice in the prevention, treatment and support of those affected by eating disorders and negative body image; support for Australians who suffer from eating disorders and negative body image issues.

The Fathering Project
<http://thefatheringproject.org>

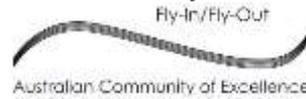
A University of Western Australia-based non-profit team of professionals whose aim is to help fathers realise how important they are in a child's life and to give them advice on how to encourage their children. This group is conducting new research called Fathering in a FIFO World (Wolfenden 2002, Potts and Potts 2003, Tucak 2003, Mangan 2006, Quartermaine 2006, Wade 2007, Gallagher 2011) and implements education and prevention strategies based on the results of previous fathering research conducted in conjunction with Edith Cowan University.

The FIFO Toolkit
<http://www.fifotoolkit.com>

A website selling low cost mental health support materials endorsed by FIFO psychologists in Australia comprising a book called "Keeping Your Head Screwed On" by Gerard Broersen that been extensively researched and is a collection of "tricks of the trade" around the mental wellbeing of FIFO workers FIFO worker that can stimulate positive, solution based conversation in the workforce. The reader may choose to share this book with their family to help them develop a better understanding of FIFO work in general. Testimonials say: Easy to read, easy to digest. Should be included with every mine induction and S11. Helpful for partner read, gives her a better understanding of issues we face as FIFO workers.

This FIFO Life
<http://thisfifolife.com>

A website launched 12 September 2014 with information and links for people who commute long distances for work and their families to learn more about mental health; funded by the WA Mental Health Commission; written and developed by mental health professionals, Julie Loveny and Sue Crock. Rhys Conner was interviewed for This FIFO Life and generously shared his experiences as a FIFO worker in the construction industry. Tragically, on 25th July 2013 Rhys took his own life. Mining and resource companies have a responsibility to provide mentally healthy workplaces and some have excellent mental health initiatives that are shared on the website.



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United Synergies (National StandBy Response Service)
<http://www.unitedsynergies.com.au>

Since 1989 when assistance to young homeless people was provided under a project known as the Noosa Accommodation Project, this not for profit organisation has been providing direct services and support to individuals, families and communities (and in particular young people) by creating capacity for self-reliance, wellbeing and the achievement of human potential through providing direct support and building local networks and partnerships. This is not a crisis service. StandBy Response is provided by Anglicare in some parts of WA.

Wesley Life Force
<http://www.wesleymission.org.au>

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

Western Australian Association for Mental Health
<http://waamh.org.au>

The peak body of the community-managed mental health sector in Western Australia with more than 100 organisational and individual members. Supports the development of the community-managed mental health sector, undertakes systemic advocacy and representation and influences public policy for the benefit of people with mental illness, and their families and carers. Note: 66% of organisations in WA providing community mental health services do so with 10 or less staff.

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

Women in Mining
<http://womeninmining.com>

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

Young and Well Cooperative Research Centre (You and We)
<http://www.youngandwellcrc.org.au>

Unites young people with researchers, practitioners and policy makers across the non-profit, academic, government and corporate sectors to create a digitally connected world where technologies are used to support young people to feel safe, healthy and resilient. Aims to reduce youth suicide, suicide attempts and self-harm in young people, youth mental health problems including depression, anxiety, problematic drug and alcohol use and eating disorders.