



# Mental Health in the Australian Resource Sector

The Mining Industry and  
FIFO Work Arrangements

A Report  
Presented by  
Resourcesuper  
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# table of contents

<b>executive summary</b>	<b>3</b>
<b>introduction</b>	<b>5</b>
<b>mental health</b>	<b>6</b>
In the workplace	9
<b>the Australian resource sector</b>	<b>12</b>
The Mining Industry	14
FIFO Workers	15
<b>current research</b>	<b>16</b>
Mental Health In The Mining Industry	16
Risk Factors	18
RISK PROFILE	18
Case Study: Australian Coal Miners	18
Key Issues	19
1) ISOLATION	19
2) ALCOHOL & OTHER DRUGS	21
<b>mental health support in the resource sector</b>	<b>24</b>
Access	24
Fifo Mental Health Strategies	26
Workplace Perceptions Of Mental Health: At A Glance	27
Figure 1: Strategies for coping with FIFO work arrangements	28
Planning For Mental Health In The Workplace	30
Improving Workplace Conditions	33
<b>shaping the industry response: key recommendations</b>	<b>35</b>
Critical Success Factors	35
Key Recommendations	37
<b>conclusion</b>	<b>39</b>
<b>references</b>	<b>40</b>

# executive summary

Mental health issues have become closely associated with the Australian resource sector, in particular with FIFO mining workers. To provide insight into this topic as the basis of future planning and innovation in addressing this challenge, *Mental Health in the Australian Resource Sector: The Mining Industry and FIFO Work Arrangements* gathers research from both inside and outside the industry. It highlights the essential role that adequate mental health plays in safe and productive workplaces, with significant implications for Australia's resource sector.

Increased awareness is shifting perceptions of the impact of and necessary response to mental health issues in the workplace. However, many workplaces and industries are failing to meet these expectations. Research suggests there is a possible elevated risk of mental health problems among FIFO workers due to the impacts of the work environment and logistics. The factors associated with mental illness combine the interplay of personal and social characteristics, plus workplace factors, such as isolation and high rates of alcohol abuse. In this way, mental health issues occur, interrelate and are exacerbated by the industry's work structure.

Encouragingly, research suggests the mental health risk factors in FIFO workplaces are not insurmountable. Instead, reasonable and achievable solutions in this area are easily identified. Broadly, future strategies should revolve around: improving access to mental health resources, developing an understanding of practical, industry-specific coping strategies, improving workplaces conditions to create a more mentally healthy environment. Effective implementation of such strategy relies on buy-in from senior organisational leaders and business owners, participation by employees throughout the organisation and the prioritisation of communication.

Taking into consideration the current state of mental health within these industries, plus the profile of the mining industry and FIFO workers, this report recommends:

- 1. The Resource Sector:** Encourage industry collaboration; Create a culture that is supportive of mental well-being; Fund evidence-based, industry-based research.
- 2. Mining Industry Companies:** Need to continue to foster collaborations with research institutions; Work with existing support services; Prioritise the education of both employers and employees on mental health rights and responsibilities.
- 3. Managers and Mental Health Officers:** Prepare and continually educate FIFO workers for FIFO work; Increase knowledge and develop skills for all employees regarding mental health; Design and implement tailored education programs for sites; Apply necessary changes to workplace conditions.

Overall, concrete, actionable steps need to be taken to increase understanding of mental health issues in the sector, drive future research, implement changes, and adopt effective strategies to mitigate risk and develop a strong culture surrounding mental wellness.

# introduction

This paper aims to explore the issue of mental health within the Australian resource sector. More specifically, it considers the mining industry, which faces particular challenges regarding the mental health of Fly In Fly Out (FIFO) workers.

Mental health issues are a growing concern within the Australian resource sector, most notably among mining workers. Compared with the average employed Australian worker in any other industry, workers in the mining industry are more likely to encounter psychological distress. According to one study, psychological distress occurs in mining industry workers at a rate of almost three times the national average (Bowers et al., 2018). Therefore, the need to focus on the mental health of employees within the mining sector is paramount. To meet the rising challenge, the mining industry must address several social and workplace issues particular to this industry. A better understanding of the personal and social factors that drive this problem in the mining industry—most importantly, the workplace conditions involved in FIFO work—is required to make lasting change.

Industry leaders and policymakers must be committed to understanding the needs of their workers in this area. Furthermore, the industry as a whole must strive to produce blueprints for the promotion of good mental health and well-being, plus adopt all workable frameworks recommended by the leading researchers in this field. A robust implementation of strategies to minimise the impact of mental health challenges in the Australian Resource Sector, especially for mining workers undertaking FIFO roles, will be of significant potential benefit to the workers themselves, the mining industry as a whole and the broader Australian community.

# mental health

Mental health can be defined as a state of well-being within which an individual realises his or her capacity to survive and outlive the normal stresses of life, without harming work productively and profitably, while also making a meaningful and impactful contribution to the community in which they belong. According to WHO's definition of health, as contained in its constitution:

**Health is a state of complete physical, mental and social well-being and not just the absence of illness or debility.**

This definition highlights the fact that those concerned with the health of individuals and groups of people must be committed to considering not just physical aspects of health, but also those of the mind.

WHO's Mental Health Action Plan (2013-2020) states that 1 in 4 people are affected by a mental disorder at some point in their life and that, by 2030, depression will be the leading cause of disease burden globally. An individual's emotional health may impact physical health and poor mental state can cause issues related

to substance abuse. Mental illnesses affect people of all ages, cultures and socioeconomic status. People suffering from mental illnesses are often seen as unpredictable, different, weak, "crazy" or even dangerous. Mental health is therefore stigmatised compared to the level of tolerance given to physical health. This stigma prevents some people from dealing with a known or diagnosed mental health condition. Some people who experience mental health conditions begin to believe the deep-rooted, false stereotypes associated with their condition. This lowers their self-esteem and prevents them from seeking treatment, thereby worsening their health.

While some are prevented from seeking help due to the stigmas surrounding mental health, others live in a form of self-denial or are ignorant of the fact that they are experiencing a treatable health condition. People dismiss their anxiety as merely "being over-worried" and depression as "feeling down and lazy". However, their experiences and feelings may indicate a diagnosable clinical condition. Individuals often lack understanding of the symptoms caused by mental health conditions and the benefits that could be provided through treatment.

## mental health *(continued)*

According to the most recent figures from the Australian Institute of Health and Welfare (2018), government spending on mental-health related services increased (adjusted for inflation) by an average of 3.5% per year between 2011 and 2016. This increase can mostly be accounted for by a boost in spending on national programs and initiatives managed by the Australian Government Department of Health, and on Medicare-subsidised mental health-specific services. About 2.4 million people (9.8% of the population) received Medicare-subsidised mental health-specific services in 2016-2017.

The majority of people receiving these services resided in the main capital cities. The more remotely an individual lives, the less likely they were to access services, though these figures have improved somewhat in the last decade. Despite this, it is still widely acknowledged in the mental health field that for many individuals seeking mental health services, access to mental health providers remains a problem.

Modern responses to mental health emphasise the importance of mental well-being rather than merely focusing on existing challenges. Being in a good mental state usually means having good emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Some view this as being in a state of contentment or happiness. Emotional well-being is outlined as having high levels of positive emotions, whereas social and psychological well-being is defined as the presence of psychological and social skills and abilities that contribute to optimal functioning in daily life. Promoting mental well-being in a positive sense is viewed as a way to mitigate potential mental health problems. There are many other strategies, methods and techniques espoused as useful for improving psychological well-being. For example, positive psychology is increasingly prominent in mental health.

More broadly, the treatment of mental health generally incorporates factors based upon sociological and anthropological, educational, psychological and religious perspectives. It also includes theoretical perspectives ranging from personality, social, clinical to health and developmental psychology. Although more health care organisations are expanding their services for mental health, there is a continuous need to foster a culture of education and awareness to de-stigmatise conditions that affect millions in our society. For many mental illnesses, a number of effective treatment regimens have been developed that can help reduce the symptoms and allow an individual to live a happier, fuller life. Treatment and recovery is possible and making it accessible to those who need it should be our utmost priority.

# Mental Health In Australia: At A Glance

## About 8.6 million

people will experience a common mental disorder in their lifetime, based on the estimated 2016 population.

## Each year, 1 in 5

## Australians

aged 18-65 are estimated to experience a mental disorder.



*(Source: Australian Institute of Health and Welfare, 2018)*

# In the workplace

A mentally healthy workplace has in place concrete measures that show that the mental health of the staff is valued and support is provided for those with mental health problems. Organisations and workplaces that achieve this are identified as having a robust psycho-social climate. A mentally healthy workplace protects and promotes mental health and encourages people to seek help for depression and anxiety, for the good of the individual, organisation and community.

Mental illness is a common reason for long-term work absence in most developed countries. It can also be related to high levels of “presenteeism”, whereby an employee decides to remain at work despite symptoms that contribute to lower productivity (Headsup, 2015). Due to these two facets of the impact of mental illness on productivity, the issue can become a significant issue for businesses economically, beyond its impact as a private health matter.

The workplace has been identified as a relevant and appropriate setting to promote and support the health and mental health of workers. This is because the workplace can have

a positive or negative impact on employees' mental health through the influence of several factors. Chief amongst these factors is the need for an excellent work-life balance, which can have a positive impact on mental health outcomes, while a poor balance can lead to issues. Working long hours, for example, can cause work-related stress, which can lead to deterioration in an individual's health. Extended hours also deprive employees of time to spend on other activities like personal care or leisure. Although research has shown that working a few hours or not working at all can affect your well-being negatively, working too many hours is strongly linked with mental health challenges. Working is generally good for mental and physical health and well-being, but certain aspects of work can harm mental health.

## **KEY RISK FACTORS FOR A MENTALLY UNHEALTHY WORKPLACE**

- 1. Job stress**
- 2. Isolated working conditions**
- 3. Psychological demands of the work**
- 4. A lack of rewards for effort**
- 5. Job insecurity**
- 6. A lack of control in the job**

*(Source: Workplace Health and Safety Queensland, 2019)*

## in the workplace *(continued)*

Aside from the 1 in 5 people who have a mental health diagnosis, Headsup's report, *The State of Workplace Mental Health in Australia (2014)*, indicates that a further one-sixth of the population suffers from issues associated with mental ill-health such as worry, sleep symptoms problems and fatigue. While these do not meet the criteria for a diagnosed mental illness, such issues still affect an individual's ability to function at work. This creates costs to individuals, businesses, the economy and society in general.

It is likely that workers will be affected by mental illness in some way in their lifetime, either directly or indirectly. According to Headsup (2014), more than six million working days are lost per year as a result of depression. Australians are known to work some of the longest hours of anyone in developed countries and spend less time looking after the individual self. Increased awareness is changing perceptions of the impact of and required response to mental health challenges in the workplace. However, many workplaces and many industries are falling short of these expectations.



# Workplace Perceptions Of Mental Health: At A Glance

**75%** of Australian employees believe there should be a support program provided to an employee who is experiencing depression or anxiety in the workplace.

**91%** of employees agree that mental health is important in the workplace.

However, of that 91%, **only 52%** of employees believe their workplace is mentally healthy.

**81%** of organisational leaders said their workplace uses one or more policies, procedures or practices to support mental health.

However, **only 56%** of employees believe their most senior leader values mental health.

Meanwhile, **35%** of employees reported that they didn't know that the resources mentioned by leaders exist or that they don't have access to them.

*(Source: Headsup, 2014)*

Even with the best of intentions, if managers and employees are not adequately trained and equipped to respond to an emerging mental health issue, the result can be costly and catastrophic both to individual lives and the business. It is thus paramount that companies, industry leaders, employers and employees align their understanding and response to mental health issues in a way that is evidence-based, inclusive and effective.

# the australian resource sector

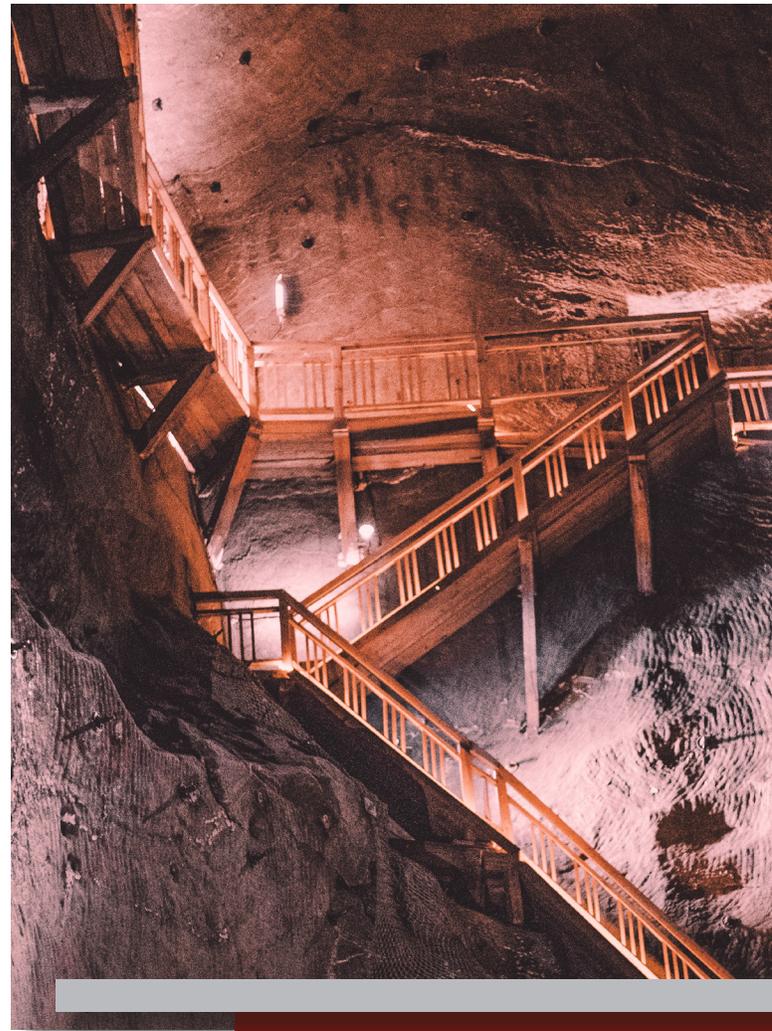
The Australian resource sector remains a significant contributor to the Australian nation and economy. For individuals, the industry provides numerous jobs, many with high wages; for the government, it is an excellent source of economic wealth; and, for corporate entities, the Australian Resource Sector is a good source of investment. In 2017, it was reported that over 126,000 people were employed in the Australian mining industry, which is a crucial player in the resource sector (Statistica, 2018).

According to the Australian Department of Industry, Innovation and Science (2019), the resource sector accounts for over 8% of Australia's economy, more than 70% of Australia's goods exports, and investment worth about \$720 billion since 2005. It is generally accepted that the resource sector played a crucial role in keeping the Australian economy afloat during the Global Financial Crisis of 2007–10. Direct employment in the resource sector has more than doubled from 104,000 to 255,800 since 2005. When mining services are included, the broader sector accounts for more than 1 million employees. All Australians increasingly experience the benefits of the resource sector, as it invests in the capabilities of the Australian workforce. At more than double the average, wages in the resource sector are the highest of all Australian industries; in fact, its wages are 40% higher than the next best industry in this regard.

The contribution of the sector goes beyond just its measured economic value. Through the jobs it creates and the social contributions it provides, the industry supports vibrant local communities and the provision of services outside Australia's capital cities. It is a significant contributor to helping finance Australia's world-class health, education and other public services. For example, in 2016–17, it is estimated that the minerals sector paid \$12.1 billion in company tax and \$11.2 billion in royalties (Minerals Council of Australia, 2018a). During the same period, the resource sector was the second-largest contributor to company tax revenue behind financial and insurance services. These taxes contribute to the construction of critical public infrastructure such as schools, hospitals and roads, benefits that are felt by the community every day.

## the australian resource sector *(continued)*

The resource sector workforce has a particular make-up that differentiates it from other sectors. More than half of the resource sector's employees live in regional Australia. According to the 2018 'Closing the Gap' report, the resource sector has the highest proportion of Aboriginal and Torres Strait Islander people working for it than any other industry, with 6,599 Indigenous Australians employed in 2016 (or 3.9% Indigenous employees). This rate is on an upward trajectory, with the 2016 figure being two and a half times the number employed in 2006. By comparison, non-indigenous mining employment grew by one and a half times over the same period. Another important demographic feature of the resource and mining workforce is that males predominate, making up 88% of the total. These aspects of the sector must be taken into consideration when devising policy and outlining strategies for the future, including those regarding mental health.



# The Mining Industry

Within the resource sector, the mining industry, in particular, is a substantial employer in Australia. It is evident that Australia's economic health remains strongly connected to the mining industry. According to the Minerals Council of Australia (2018b), resources exports accounted for 55 per cent of Australia's total exports in 2017-2018, totalling \$220 billion. Iron ore, for example, remained Australia's largest source of export revenue with \$61.4 billion shipped in 2017-18.

While the workforce can be highly remunerated, the roles are demanding. Typical workplace characteristics often include long shift length and work set in rural or remote, geographically isolated locations. This means employees are often required to work away from home, resulting in displacement from family.

Due to the important place that the mining industry holds within the Australian economy and its society as a whole, it is essential to have a clear understanding of the mental health needs of the mining workforce. Of particular importance is research into the impact of commuting arrangements that involve workers experiencing prolonged absence from their family and home community.



# FIFO Workers



FIFO (fly-in/fly-out) and DIDO (drive-in/drive out) employment arrangements (referred to hereafter as “FIFO”) have become more common within the mining industry in recent decades. In part, due to the greater prevalence of such arrangements, mining workers are perceived to be susceptible to a wide range of stressors, with recognised risks for mental health and well-being. Several lifestyle stressors accompany FIFO and similar work structures. These include hoteling (hot bedding), compressed rosters and social isolation. Such arrangements can increase relationship and family strain, sleep disturbances and risky behaviour, such as excessive drinking. The impact of these problems in the workplace and increased awareness of such issues has motivated research into the risks of mental ill-health in the FIFO population.

# current research

## Mental Health In The Mining Industry

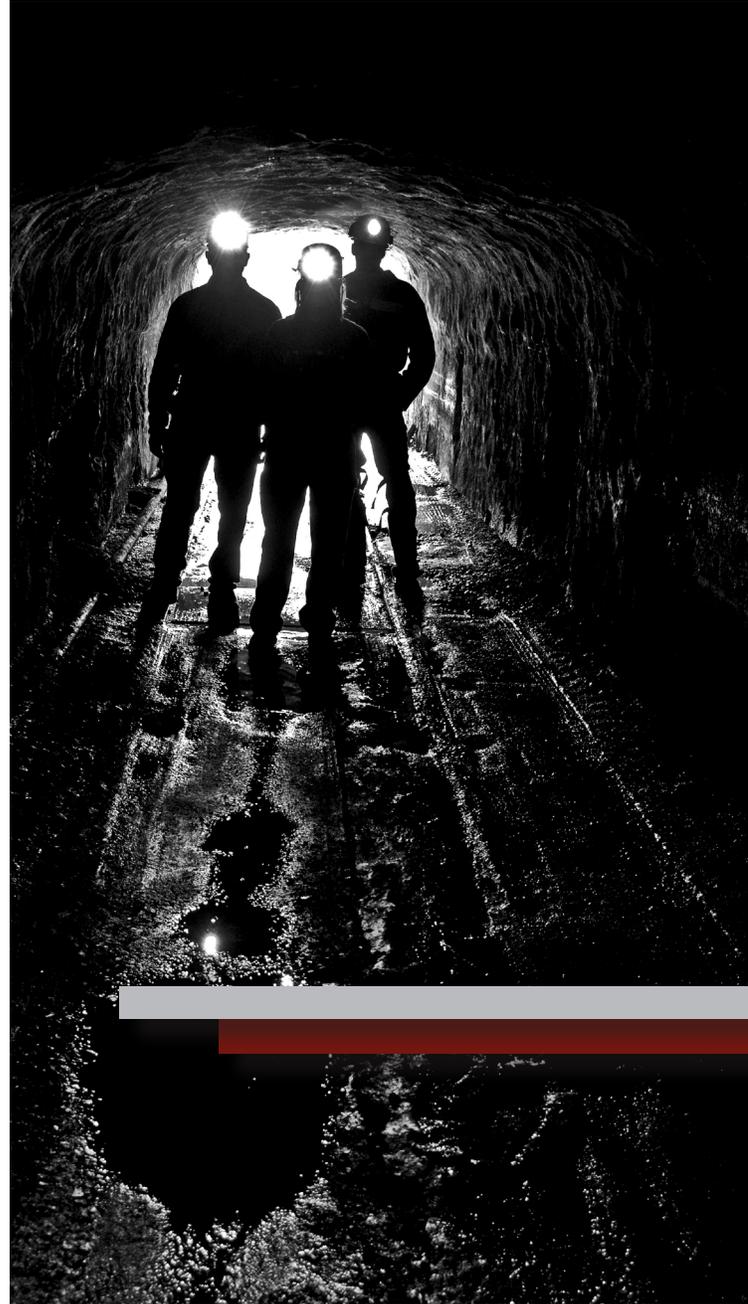
Australia is one of the world's leaders among the mining nations, and the nation's mining industry offers well documented economic and employment benefits. Research findings on mental health in mining have been inconsistent. These mixed results have been attributed to the logistic difficulties of research at mining sites, and to methodological problems, such as sampling bias and small sample sizes, variations in measurements and study design, and low rates of help-seeking that reflect fears of stigmatisation, bullying, termination and loss of income (Bowers et al., 2018).

Some studies found the prevalence of mental health problems among Australian FIFO workers to be comparable with that of the general population (e.g. Carrington & McIntosh, 2015). One recent study highlighted the positive impacts of the FIFO lifestyle, including improved coping skills and stronger relationships (Bowers et al., 2018). The same study, however, found strong evidence of elevated rates of mental health problems among FIFO workers. It suggested that psychological distress in FIFO workers is higher than average, particularly in those working high compression rosters (1-4 weeks on/1 week off). Such employees report dissatisfaction with shift lengths, challenges in maintaining conflict-free relationships because of prolonged periods away from home, and lower levels of work-life balance than any other Australian industry group.

Bowers et al. also found that the risk of anxiety and stress is two times higher for workers who are young (18-33 years) compared with older workers. Another study by McPhedran and De Leo (2014) describes the working conditions particular to the mining industry that continues to make it an ideal environment for mental health issues to develop. It points to the combination of often-arduous conditions, geographic remoteness and long working rosters associated with many types of mining. These factors potentially place miners at high risk of experiencing a range of social, psychological and emotional challenges and stressors.

Chief among these impacts are work-family stress and poor relationship quality outcomes. Shift work and the repercussion of extended working hours, leading to 'work-family spillover' and associated stress have long been very well documented internationally (Simon, 1990). The consequences of workload, work pressure, heavy stress and family obligations can include a lack of quality time for self and family, physical and emotional strains, and low levels of productivity.

The impacts that the work environment and logistics of the mining industry have on the families of FIFO workers are of great concern to many experts. Studies have shown that FIFO families indicated less parental presence and family connectedness compared to non-FIFO families (Lester et al., 2016). Further, an explorative interview study found that FIFO workers missing out on family events and children's milestones has a negative impact on families (Misan & Rudnik, 2015). This study also discusses disruptions to family life due to the return of the FIFO worker from the site. All of these are likely to be issues that FIFO families experience; however, it is worth noting that the extent of the impact is unclear. Although the drawbacks of this type of work to family life are well-documented, there can also be positive effects, such as the FIFO parent spending high-quality time with children when at home or financial gains that improve other elements of family life.



# Risk Factors

Perhaps most telling in terms of the risk factors associated with FIFO work is a recent study from the Centre for Transformative Work Design (Parker, 2018). It brings together findings from 59 FIFO studies, a survey of more than 3,000 FIFO workers, in-depth interviews, plus surveys of FIFO partners and former FIFO workers. The study found that even when accounting for associated risk factors such as education levels and age:

**there is a greater risk of mental ill health amongst those workers operating under FIFO work arrangements.**

Some of the critical risk factors for suicide—poorer mental health and riskier alcohol and other drug use—are strongly evident in the profiles of FIFO workers. In addition, many FIFO workers have a demographic profile (young males) in which suicide likelihood is already greater amongst the general population. Further, FIFO workers report feelings of loneliness, stigma, bullying and perceived lack of autonomy, all of which can contribute to or exacerbate mental health issues.

Therefore, the factors associated with psychological distress combine the interplay of personal and social characteristics, plus workplace factors. These come together to create a

picture of the type of worker likely to be at risk of mental health issues:

## RISK PROFILE

- Demographic profile (gender, age, education, job role)
- History of depression and/or anxiety
- History of drug or alcohol problems
- Currently drink at risky or high risk levels or use illicit drugs
- Few social connections
- Work/family stressors
- Isolation

## Case Study: Australian Coal Miners

A study of coal miners (Considine et al., 2017) provides a useful insight into how these factors correspond to mental health issues in one area of the industry. It found that workers with fewer social connections, those with a previous diagnosis of depression or anxiety, and those who reported hazardous or risky drinking behaviour were at increased risk of high psychological distress. Concern over working for financial reasons and fear of losing one's job were identified as common responses to the characteristics of this workplace that impacted upon the mental health of the coal miners surveyed. With this in mind, it is no surprise that an economic analysis revealed an estimated sum of \$153.8 million as the annual cost of lost productivity due to psychological distress for the Australian coal mining industry (James et al., 2018).

# Key Issues

Several vital issues surround mental health and the experiences of FIFO workers. This section will focus on two crucial aspects of the mental health challenge in the mining sector, particularly FIFO: 1) isolation and 2) the use of alcohol and other drugs. As explained previously, these two factors are strongly connected to the issue of mental health in this industry. While these are by no means the only elements involved in the complex causes and outcomes of this issue, they are instructive in highlighting the scope and depth of the industry's mental health landscape. Leaders and HR professionals who have an understanding of these issues will be well equipped to develop, support and maximise their mental health policies and procedures within their business and industry.

## 1) ISOLATION

Isolation is synonymous with FIFO work: geographically, emotionally and physically. Since a sense of connectedness and belonging is an important aspect of mental well-being, it's no surprise that isolation can be of critical detriment to FIFO workers. A study by the Centre for Transformative Work Design (Parker, 2018) indicates that isolation has a far-reaching effect on the mental health of FIFO workers.

One FIFO worker in the study describes how their work arrangement affects their feelings of connectedness and belonging:

**...fly-in, fly-out means you don't create partnerships or you don't create friends in that sort of environment. It's actually very isolationist. So, it's not only isolation from the partner that stays at home...it's more isolated for the people that go up. They move you around the camp. You don't get the same room twice... crammed quarters, long work hours, which means that by the end of that day, you don't really make any friends. So you're there to work and that's all there is. So there's no social life. There's no interactions. It's just so isolating for the person individually as well as being in an isolated part of the world.**

*(Source: Quoted in Parker, 2018)*

## key issues *(continued)*

Isolation has an important influence on FIFO workers' mental health. In particular, research shows that loneliness among FIFO workers is strongly tied to the majority of mental health and well-being measures. In interviews, many FIFO workers described feelings of isolation due to distance from family and being unable to attend important family events. This separation both causes and exacerbates a sense of isolation among FIFO workers. According to workers, during their time on-site, the disconnect from a partner or family can be quite intense:

**You've forgotten about the previous R&R and you still feel like you're a long way before you come home again and start missing everyone.**

*(Source: Quoted in Parker, 2018)*

Notably, many workers reported that these feelings of isolation could be compounded due to problems with communication (Parker, 2018). When workers on-site faced difficulties, inability to contact loved

ones immediately during times of stress or feelings of intense isolation undoubtedly accentuates such issues. Workers rostered on for the night shift, for example, reported problems related to the inability to communicate with family members due to their schedules not coinciding. Even when contact may not be immediately necessary, the knowledge that communication is impossible regardless presented a significant contribution to feelings of isolation for some workers, often leading to heightened anxiety and stress.

Not only do some FIFO workers feel isolated from those they leave at home, but some also find the work environment itself isolating. Some workers described feelings of isolation on-site, mostly due to a lack of social connection with other workers. They reported that there were minimal opportunities to socialise with others. The primary source of connectedness for many workers came through socialisation at the wet-mess (on non-dry/alcohol-free sites), which was not always a preferred avenue for all workers. A lack of physical space or facilities in which to gather for social activities aside from alcohol consumption limited the ability of some workers to forge connections and engage with others outside work.

## key issues *(continued)*

Another aspect of isolation for FIFO arrangements involves not the worker themselves, but the well-being of those they leave behind, especially partners. Most research highlights the negative impact of FIFO work on the partner's mental health and well-being. While results show that FIFO workers and their partners do not differ from other couples in terms of relationship quality, in some cases, partners report experiences of social isolation.

The above discussion highlights some efficient barriers to feelings of connectedness that are essential for mental well-being. However, few of these problems related to the realities of isolation are insurmountable; in fact, many industry leaders and HR professionals would be able to quickly identify reasonable and achievable solutions to many of these problems. Above all, the insights presented above reveal the importance of quality research and listening to the experiences of FIFO workers themselves, to eliminate or mitigate the aspects of FIFO work that are most detrimental to their mental well-being.

## **2) ALCOHOL & OTHER DRUGS**

Alcohol use is a considerable focus of much research into the realities of FIFO work. Numerous studies concentrate entirely on the alcohol use habits of FIFO workers (Paech et al., 2014; Tynan et al., 2017) or compare the amount of drinking that occurs on- and off-site (Tuck et al., 2013). Some of the descriptive studies identify high numbers of FIFO workers drinking at an at-risk level: 45.7% of male and 17.0% of female FIFO workers (Tynan et al., 2017). Dittmann et al. (2016) compared the alcohol habits of FIFO workers and other employment types, finding that FIFO workers consume more alcohol than others. Perring et al. (2014) are one of several interview studies in which FIFO workers identify drinking culture as an issue in their work and workplaces.

The Education and Health Standing Committee (2015) claims that many FIFO workers may use drinking as self-medication. Mental health professionals observed that a mentality exists whereby workers feel they deserve a drink at the end of the day because of the harsh work conditions. The committee also found a perception among FIFO workers that drinking needs to be done on-site, as there is little else to do. It is worth noting that there are exceptions to this perception, as some sites prohibit drinking, and thus, some FIFO workers engage more with alcohol consumption while at home.

## key issues *(continued)*

A study by the Centre of Transformative Work Design (Parker, 2018) on the impact of FIFO work arrangements on the mental health of FIFO workers found some revealing correlations between mental health and alcohol use in the sector. While in the benchmark (or control) group there was no correlation between anxiety and depression, burnout, well-being and suicide risk, and alcohol, other drug use and smoking, for the FIFO sample, relationships between these elements were found to exist. This finding suggests that FIFO workers might use alcohol (or other drugs and smoking) as a coping mechanism for mental health difficulties more often than other groups.

The interactions between the particular work conditions and demographics of FIFO work also have the potential to compound the prevalence of alcohol use disorders. Parker (2018) showed that, if perceived masculinity norms in a FIFO workplace were high, workers tended to score significantly higher on the AUDIT (Alcohol Use Disorders Identification Test). Since FIFO workers are typically male-dominated spaces, the demographics can create a workplace environment that exacerbates tendencies towards mental health challenges. The study highlighted several other factors or

elements of the work environment that are correlated with higher AUDIT scores and mental health challenges, indicating an interplay between the two:

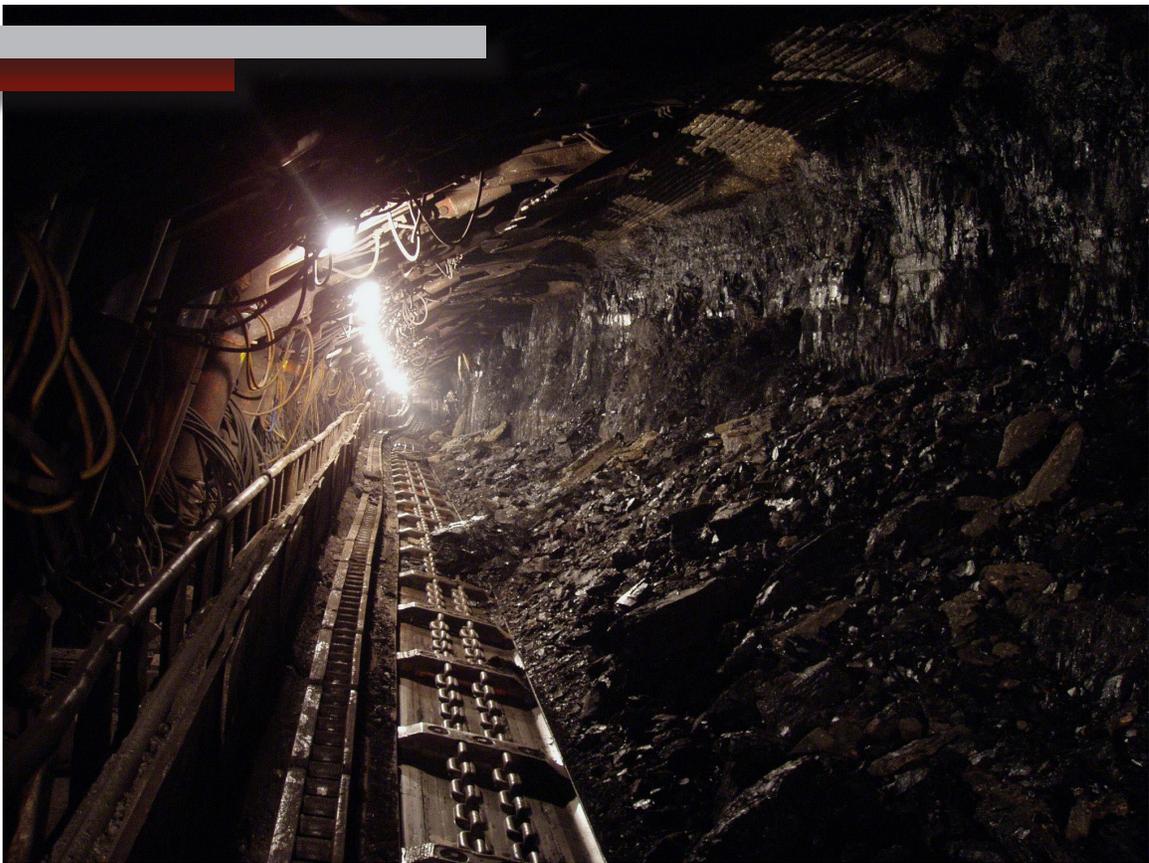
- **Low autonomy during time off on-site**
- **Issues with psychological transitioning between time on- and off-site**
- **Perceived work-family conflict**
- **Loneliness on-site and at home**

On the other hand, the research also reveals some factors that play a positive role in the mental well-being of FIFO workers in terms of alcohol use. These include:

- **Number of friends**
- **Happiness with their relationships**
- **Willingness to seek support**

**key issues** *(continued)*

Therefore, just as with isolation, there are concrete steps that workplaces can take to eliminate or mitigate the interplay between alcohol use and mental health issues in FIFO workers. These measures and policies go beyond simply banning or limiting alcohol consumption, and instead must incorporate a broad understanding of the type of positive social and interpersonal workplace environments that can be encouraged and fostered.



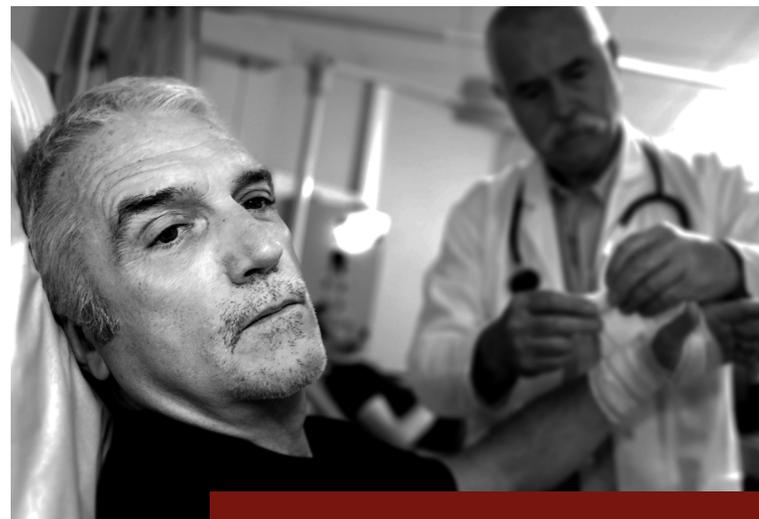
# mental health support in the resource sector

## Access

Access to support for a mental health condition for employees in the workplace is a strong indicator of that workplace's mental health culture. If employees do not have an awareness of—or do not have access to—appropriate resources, then this makes it very difficult to address mental health challenges in the workplace adequately. Research shows that there is a significant knowledge gap between leaders and employees in terms of their awareness of the existence of workplace policies, procedures and practices to support workplace mental health.

Headsup's (2014) report on workplace perceptions of mental health support indicates that over a third of employees are unsure or believe their workplace has no policies, procedures or practices to support mental health. In contrast, the majority of leaders (81%) reported their workplace has one or more policies, procedures and practices in place to support mental health. This plays into the disparity between employees' beliefs as to whether mental health support provided by an employer is an ethical or legal obligation. More employees (71%)

believe that employers have a moral obligation rather than a legal one (61%) to support employees experiencing a mental health condition. This indicates that many workers are unaware of their rights and responsibilities regarding mental health support in the workplace; which means it is likely that business, HR and industry leaders are similarly ill-informed.



**access** *(continued)*

However, employees and leaders do show a similar understanding of the shared responsibility required to create mentally healthy workplaces irrespective of legal and ethical obligations. Almost the same percentage of employees (67%) and leaders (68%) agree that workplace mental health is a shared responsibility. 81% of employees indicated that a colleague experiencing depression or anxiety should access external support by talking to a GP or counsellor, and a further 71% recommended consulting family and friends. When it came to taking a more specific action, such as seeking to change aspects of their job, talking to someone in HR or talking to their manager, the rate of agreement with such activities was significantly lower (49%, 56% and 49%, respectively). This suggests a 'gap' exists between employees' stated desire to access support from workplaces and the ability to consider and take the actions required to achieve this outcome.

Also notable is the fact that 5% of Australian employees stated that they would consider quitting their job if they experienced a mental health condition. This highlights the extent to which some people still perceive mental health issues as something that they must deal with alone, that might justifiably exclude them from employment, or that they should "deal with" and "get over".

### **Strategies to improve access:**

- **Enhance understanding of mental health issues**
  - Provide information and resources about the signs and symptoms of common mental health conditions
- **Ensure all employees understand their role and responsibilities regarding mental health in the workplace**
  - Employees should know how to respond to common scenarios and be certain of their responsibilities, including legal obligations
- **Provide information about mental health services and support available to employees**
  - Ensure that it is clear how employees can access these services and the process involved from the workplace point of view
- **Create an environment where mental health and well-being are considered important**
  - Encourage open conversations about mental health generally while being sensitive to privacy around issues
- **Develop, communicate and frequently assess your workplace mental health strategy**
  - Involve employees from across your workplace to ensure the strategy reflects their needs, and update and revise it according to its effectiveness

# Fifo Mental Health Strategies

Much previous research focuses on the impact of negative coping strategies for FIFO work (e.g. alcohol and drug abuse). More research into positive strategies that FIFO employers and employees themselves can adopt to prevent, mitigate or cope with the mental health problems created and exacerbated by FIFO work is required. Up-to-date data on the effectiveness of various strategies is also needed. Despite this, there are solid foundations from which employees, HR managers, business leaders and the industry as a whole can build.

Henry et al. (2013) categorises FIFO workers' coping strategies into five distinctive types:

- 1. Accepting**
- 2. Avoiding**
- 3. Adapting**
- 4. Distracting**
- 5. Compromising**

More recent research emphasises that not all of these coping types are beneficial for long-term mental health. For example, one review of the literature on FIFO workers found that FIFO workers who actively seek out support (Adaptive coping style) have significantly better mental health and well-being (Parker, 2018). Meanwhile, disengaging or 'giving up' (Avoiding coping style) was strongly negatively linked to mental health and well-being.

The success of the Distracting coping style is greatly influenced by the access workers have to a range of options for social engagement, activity and entertainment while on-site. Those who experienced more autonomy during time off while on-site scored much higher on the majority of mental health and well-being measures. As Distracting coping mechanisms, alcohol, drug use and smoking tend to exacerbate mental health problems rather than assist with coping in the long-term. Many of those interviewed expressed concern about this as a strategy by their peers.

Mindset appears to play a vital role in the ability of FIFO workers to adopt an Accepting coping strategy. Interviewees reported that a positive mindset, problem-solving skills and resilience were useful in managing FIFO working arrangements. Coping strategies within this mode also included: "reframing negative thinking, staying focussed on the present/mindfulness, goal setting and making tasks achievable, time-management strategies, gratitude practices and regular reminders of the reasons for doing FIFO" (Parker, 2018).

FIFO workers who have a positive emotional attachment to FIFO work are much less likely to experience anxiety and depression. Interestingly, when a FIFO worker can 'detach' from work at home, this leads to significantly worse anxiety and depression. The reason for this may be that detaching from work might correlate with a disengaged coping style, whereby the FIFO worker is not properly dealing with their issues. Further, the wellbeing of FIFO workers who reported a positive emotional attachment to their work tended to be reflected in the positive mental wellbeing of their partners. Gardner et al. (2018) also found that FIFO workers cope best when they can manage (Compromising) the multiple roles they have (on-site and off-site) with the support of family members. This highlights the importance of active coping strategies and the use of emotional support to prevent and mitigate mental health issues.

Therefore, a combination of Accepting, Adapting and Compromising coping mechanisms proved most beneficial. As one FIFO worker puts it:

**Change the things you can and accept the things you can't.**

*(Source: Quoted in Parker, 2018)*

Aside from their general overall approach and attitude to coping, FIFO workers and their partners use various concrete strategies and practices to deal with FIFO work. Research findings regarding the strategies used by FIFO families include:

- **Lester et al. (2016) found that FIFO workers value open and meaningful communication with their partners and children while they are on site. Notably, the study revealed that workers tend to prepare questions and topics that they can cover with their children.**
- **Dittmann et al. (2016) examines the extent to which FIFO families considered access to parenting programs a helpful coping mechanism.**
- **Lester et al. (2016) identifies social support networks as useful for family coping with FIFO.**

## Figure 1: Strategies for coping with FIFO work arrangements

Figure 1 provides an overview of the strategies used by FIFO families to cope with FIFO work. More research is needed into the effectiveness of such strategies.

	Positive Strategies	Negative Strategies
Planning	<ul style="list-style-type: none"> <li>• Make a plan (with partner/family to include tenure for FIFO employment, financial goals, and exit strategy).</li> <li>• Consider (if possible) a roster and role that suits worker and family requirements.</li> <li>• Plan ahead for R&amp;R time to ensure worker and family needs are accommodated.</li> </ul>	<ul style="list-style-type: none"> <li>• No financial, contingency or exit plan and assumed job security.</li> <li>• Persisting with FIFO work arrangement when there is a significant impact on worker and/or family mental health and well-being.</li> <li>• No plan for R&amp;R time and negative affect on family, loss of friendships and disengaging from social activities and hobbies.</li> </ul>
Relationships	<ul style="list-style-type: none"> <li>• Whilst on site, maintain regular communication with family and friends that accommodates everyone's routines.</li> <li>• Engage in active, open, and positive communication with loved ones.</li> <li>• Recognise differing family needs and be flexible, especially with children.</li> </ul>	<ul style="list-style-type: none"> <li>• Poor understanding of each other's (FIFO worker and partner) needs stressors when together and apart.</li> <li>• Not recognising the importance of regular and good communication for nurturing relationships with loved ones (i.e. family conflict and competing demands).</li> </ul>
Support	<ul style="list-style-type: none"> <li>• Foster relationships on site and talk to supportive colleagues and supervisors.</li> <li>• For both FIFO worker and partner, foster and maintain friendships and identify support networks in home community.</li> <li>• Support each other with family and household responsibilities during R&amp;R period.</li> <li>• Build resilience and resourcefulness to manage time apart.</li> <li>• Seek help if needed and see this as a strength and not a weakness.</li> </ul>	<ul style="list-style-type: none"> <li>• Not seeking help due to organisation not being committed to mental health, stigma evident and leaders not supportive.</li> <li>• Not raising concerns due to fear of losing job and leaders with a poor management style.</li> </ul>
Health	<ul style="list-style-type: none"> <li>• When at work take regular breaks.</li> <li>• Adopt healthy habits physically (exercise and nutrition) and mentally (wind down activities).</li> <li>• Ensure sufficient rest and manage fatigue during all stages of a swing.</li> </ul>	<ul style="list-style-type: none"> <li>• Disengaging from feelings and withdrawing from social networks and activities.</li> <li>• Not talk about concerns and "putting on a brave face".</li> <li>• Using alcohol as a form of coping.</li> <li>• Accepting or "putting-up" with work encroaching on R&amp;R time.</li> </ul>

(Source: Parker, 2018)

**access** *(continued)*

Coping strategies go beyond making contact with support for help; however, understanding patterns of professional and non-professional contacts can also be useful for those devising mental health policies and programmes. First and foremost, awareness of the range of possible points of contact for these problems can assist businesses and the industry as a whole to provide support and service types that meet the needs of those most at risk. In some cases, access to a non-professional contact may be a needed first step before professional help may be considered. Professional connections may include drug and alcohol counsellors, psychologists, mental health nurses, psychiatrists, social workers, general practitioners, specialist doctors or surgeons, or chemists. Non-professional contacts may include clergy, complementary therapists, friends or family.

While the above focuses on the strategies the employees themselves can use to create good mental health, employers also have a vital role to play. There are a wide array of resources and support services that employers can choose to supply. Some examples of services that have been researched include:

- **Ebert and Strehlow (2016) investigated chaplaincy services and found that such support provides workers with relief from psychological discomfort, with trust and confidentiality being key factors in these services' effectiveness.**
- **Misan and Rudnik (2015) report that FIFO workers were appreciative of company or management practices that acknowledged their distance to home and the difficulties involved with being far away from home.**
- **Significantly, a recent study by Gardner et al. (2018) found that most participants felt organisational support to be lacking, tokenistic or stigmatised.**

# Planning For Mental Health In The Workplace

Much of the research into mental health in resource sector workplaces and workplaces, in general, identify barriers that prevent or make people reluctant to access support and services. Internationally, those who use professional services for mental health problems are significantly more likely to be female, middle-aged, have a higher level of education, and be unmarried. A study by Tynan et al. (2016) on the Australian mining industry revealed the characteristics of workers and their environments that signalled they were more likely to seek help. These figures are informative in terms of demonstrating ways in which workplaces can maximise the likelihood that advice will be sought and identify those workers who are likely to face barriers in seeking help.

Understanding help-seeking factors:

- **There is a relationship between socio-demographic factors and self-reporting of contact with mental health support.**
- **Socio-demographic factors influenced whether the support accessed was professional or non-professional.**
- **Younger participants (under 21 years) were twice as likely to report contact with at least one non-professional source of support compared to the older age categories.**
- **Female participants were more than three times more likely to report one professional contact in the preceding 12 months.**
- **Workers who were concerned about job security and dissatisfaction were more likely to access professional services, signalling these factors as stressors.**

*(Source: Tynan et al., 2016)*

Stigma is often cited as a primary barrier to seeking mental health support, with many employees preferring not to disclose their mental health condition within their workplace. Headsup (2014) reports that 35% of employees said they would prefer not to reveal depression or anxiety to their employers. This attitude is more prevalent among those who describe their workplace as mentally unhealthy. In such workplaces, nearly half of the employees indicated that they would not disclose if they were diagnosed with depression or anxiety. Significantly, according to Headsup, employees who have taken time off work due to feeling mentally unwell in the past are much more likely to offer support to a colleague. Employees that are young (51%) and male employees (52%) are considered less likely to approach a colleague that they believe may be experiencing a mental health condition. This highlights the importance of creating workplaces in which discussion around mental health is open and treated with both compassion and sensitivity, especially where young male workers predominate. Taking action to combat stigma can be of essential benefit in empowering employees to overcome barriers to seeking support.

### **Overcoming workplace mental health stigma:**

- **Invite people with a personal experience of recovery and management of a mental health condition to share their story in the workplace (e.g. a staff meeting)**
  - Doing so should be entirely voluntary and never forced upon an employee without notice
- **Encourage senior leaders and managers to actively endorse and participate in activities and events aimed at reducing stigma**
  - Leadership is required to encourage participation across the workplace
- **State and enforce zero-tolerance for discrimination against staff that have a mental health condition**
  - Make this known to all employees, including specific information about what such discrimination might look like in your workplace
- **Support staff with mental health conditions to stay at or return to work**
  - Provide reasonable accommodations to assist such employees and educate others about the role of such adjustments in fostering a mentally healthy workplace
- **Make resources abundantly available (including websites, flyers and booklets)**
  - Encourage interaction with these resources through dedicated activities and training that directly addresses inaccurate stereotypes about suicide and mental health conditions

*(Source: Headsup, 2018, 'Developing a workplace mental health strategy')*



A significant hurdle for many professionals wishing to drive change on mental health in their industry is to demonstrate how targeted strategies can have benefits for the business bottom line. Rest assured, there is certainly information and data available to assist with this aspect of encouraging action. For example, a study from SafeWork NSW (2017) shows that implementation of a Group Cognitive Behaviour Therapy based stress management course in a small/medium-sized firm achieved a return of \$1.56 for every dollar invested. For a large employer, this rose to \$2.39 per dollar. The study found that the benefit was gained almost entirely because the course led to a reduction in presenteeism behaviour (where workers attend their work despite being in a state of mind in which they are not productive). Sharing of this type of information can be critical in assisting industry leaders, board members and other stakeholders in engaging with the development of effective mental health strategies.



# Improving Workplace Conditions

Understanding the specific conditions of your workplace that may make it susceptible to mental health challenges, or particular mental health disorders, is vital to successfully promoting mental well-being. It is, therefore, essential for workplace management to identify the specific risks to mental health in their work environment. A systematic approach must be adopted to meet the needs of individual workplaces, even those within a wider industry; what works for one workplace might not apply to another.

## Understanding workplace conditions and mental health:

- **Consider staff who may be of greater risk to mental health problems**
  - New and young staff, Aboriginal and Torres Strait Islander people, contract, shift, or FIFO workers, those with a disability etc.
- **Consider the range of factors that may impact on mental health in your workplace**

**Leadership is required to encourage participation across the workplace**

  - Organisational factors (e.g. role ambiguity and role conflict, lack of autonomy, poor support, bullying, harassment, lack of communication and consultation)
  - Operational factors (e.g. shift work, long working hours)
  - Environmental factors (e.g. unpleasant or dangerous physical conditions)
  - Individual factors (e.g. work/life conflict, acknowledgment that people respond to work stressors differently)

*(Source: Adapted from Headsup, 2018)*

Real or perceived lack of privacy or confidentiality is a workplace experience that is almost universal across all sectors. This is a significant concern for many employees and one that can prevent them from seeking help. Any changes to workplace conditions to create a mentally healthy environment and culture must place privacy as a priority.

### **Ensuring privacy as priority:**

- **Educate staff about privacy legislation**
  - Remind all employees that personal information about a worker's mental health status must not be disclosed to anyone without that person's consent
- **Create organisational policies concerning reporting duties and obligations**
  - Organisational factors (e.g. role ambiguity and role conflict, lack of autonomy, poor support, bullying, harassment, lack of communication and consultation)
- **Ensure all employees have opportunities to provide anonymous feedback**

*(Source: Adapted from Headsup, 2018)*

# shaping the industry response: key recommendations

This report has identified the complex range of factors at play when it comes to mental health. In particular, there are certain difficulties, obstacles and risk factors that arise from the often arduous, isolated and mentally challenging workplaces of Resource Sector industries. It is paramount that the industry responds to this issue in a way that is evidence-based, effective and sustainable. Therefore, a well-considered, deliberate approach must be taken to devising mental health and well-being blueprints for the industry.

## Critical Success Factors

As part of its 'Strategies for healthy workplaces', the Headsup website highlights three essential factors of success for the effective creation and implementation of a mental health and well-being plan in the workplace. While by no means comprehensive, combined with the other information raised in this report, this approach presents a reasonable basis for professionals across the Resource Sector. Industries beginning their journey in this area, as well as those who have already created plans previously, would benefit from considering these factors moving forward.

### 1. Buy-in from senior organisational leaders and business owners

- **It is of crucial importance that organisation leaders and business owners are seen to be making a strong, continuous commitment to mental health and the creation of a mentally healthy work environment**
- **Leaders play an influential role in shaping the direction of working environments, as well as the way work is designed and experienced by employees**
- **How can leaders show their commitment?**
  - Act as a role model for positive mental health practices
  - Make sure all other leaders are 'on the same page' about your mental health strategy
  - Provide the necessary financial and human resources to make a lasting change

## 2. Participation by employees throughout the organisation

- **Employers and employees need to recognise their shared responsibility for creating a mentally safe and healthy workplace**
- **Involving employees from throughout the workplace—from various departments, from top to bottom, casual, FIFO to permanent—in every step of the process—from planning to adoption to assessment of effectiveness—will assist to create an appropriate plan with fewer gaps that put the needs of employees first**
- **How can leaders encourage employee participation?**
  - Identify people within your organisation who will be useful allies and supporters in driving the project. Use them as conduits to spread the word throughout the workplace.
  - Give the staff a voice and listen when they use it. Provide a range of means of communication about the process to suit different needs.
  - Continuously seek input and report back on progress—positive and negative

## 3. Prioritise communication

- **The best way to get employees, clients and other stakeholders invested in the process of creating your plan is to communicate effectively**
- **This will create a sense of collective ownership over the plan, which in turn will likely bolster its success once implemented**
- **How can you put communication first?**
  - Set up systems by which progress on the plan can be communicated to all members of staff in an open and transparent manner.
  - Incorporate discussion of mental health into relevant workplace communications, e.g. staff newsletter, daily reports, quarterly productivity statements etc.
  - Where appropriate, to reduce stigma, find ways for employees and employers to engage with case studies about how the working environment and conditions in your industry impact on mental health.

# Key Recommendations

Taking into consideration the current state of mental health within these industries, as well as the particular profile of the mining industry and FIFO workers, the following is a list of crucial recommendations for each level of the industry. Concrete, actionable steps need to be taken to increase understanding of mental health issues in the sector, drive future research, implement changes, and adopt effective strategies to mitigate risk and develop strong a culture surrounding mental wellness.

## The Resource Sector

1. **Encourage industry collaboration to proactively share information regarding mental health and well-being**
2. **Lead the way in creating an atmosphere and culture that is supportive of mental well-being at all levels: industry, company and work site**
3. **Fund and be responsive to evidence-based research into the effectiveness of all aspects of mental health detection, prevention and treatment, particularly industry-specific studies**

## Mining Industry Companies

4. **Develop understanding of the particular profile of workers in the mining industry**
5. **Foster collaborations with research institutions so that the best evidence-based research can be produced**
6. **Work with existing education programs and not-for-profits to identify support services that would be appropriate or could be adapted to the specific needs of the industry**
7. **Prioritise the education of both employers and employees with regards to their rights and responsibilities related to mental health to ensure clarity about both legal and ethical issues**

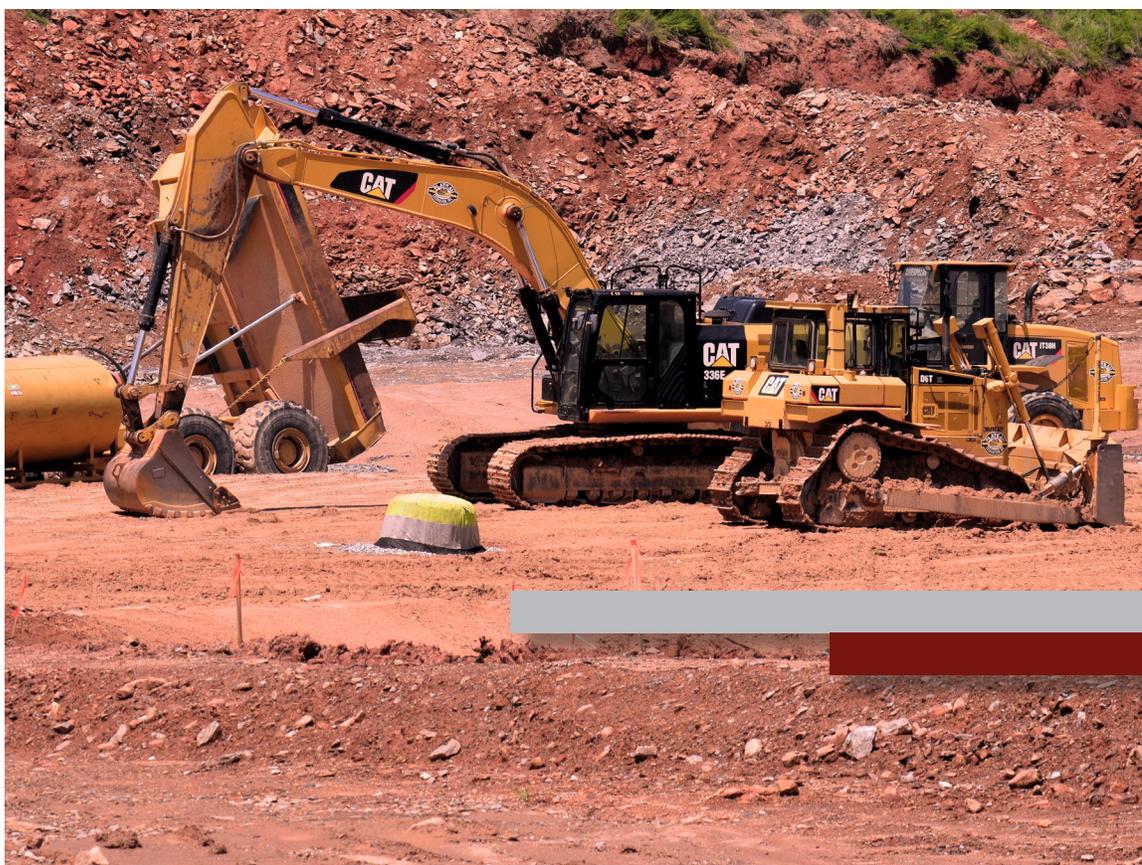
## FIFO Worker Support

- 8. Prepare and educate FIFO workers and their families for FIFO work, including with information regarding coping approaches and strategies, on both a pre-emptive and an ongoing basis**
- 9. Increase knowledge and develop skills for all employees to identify and respond mental ill-health in the workplace, through programs, workshops and training**
- 10. Design and implement education programs for individual sites that address the specific needs and risk factors associated with workers at that site (e.g. work design and management, isolation and disconnection, family relationships, alcohol or drug use, or financial management)**
- 11. Encourage the sharing of first-hand experiences and coping skills amongst workers in an informal manner, rather than focusing entirely on formal or professional support contacts. Consider the potential of online networks as an anonymous means of support amongst peers.**
- 12. Implement all possible practical, technological and logistical changes to optimise worker mental health and well-being including: reliable communication with home; shift structures, job role and contract design; camp facilities, rules and regulations; community and social connections; and permanent rooms on accommodation sites**

# conclusion

Businesses within the Resource Sector, including the mining industry, are increasingly acknowledging the importance and potential of responding to the prevalence of mental health issues among their workers. Industry leaders have realised that investment in mental health strategies, policies and services not only assist in preventing and mitigating these problems but also actually boost productivity and workplace engagement in the long term. Many companies are making huge strides in creating and implementing mental health strategies for their workplaces, including for FIFO workers.

However, much more can be done to ensure that such strategies are successful and that the policies created to suit the particular needs of the sector, as well as specific worker groups. This report has identified many of the barriers and ongoing problems with how mental health and well-being are addressed in the industry. There are significant challenges ahead, but the work of researchers and innovators in this field are continuously devising new solutions from which industry leaders can learn.



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