MATES in Construction
MATES in Mining
MATES in Energy
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Introduction

Mates in Construction MIC) is a registered charity whose aim is to reduce the incidence of suicide among construction workers. Established in 2008, it operates under the principle that suicide is everyone's business and that all sector of the construction industry should be encouraged to play a part in ensuring that the mental health of its workforce is of central importance. In other words, it cannot be left solely in the hands of health professionals.

MIC was established in response to the Australian Institute for Suicide Research and Prevention Report (AISRAP006) on suicide in the Queensland commercial building and construction industry. It found that suicide rates were higher than the average rate for men and that youth suicide in the industry was over twice the rate of other young men.

The MATES evidence based program integrates training and support. Training raises awareness about the problem in the industry but is then supplemented by providing pathways to help case management to ensure workers are connected to appropriate agencies; and onsite visits by field officers to support the site and its workers while the construction project is in progress. Workers are given an initial one hour training which highlights the incidence of suicide in the industry and encourages workers to look out for themselves and their peers. Workers may opt to do the next step in training which enables them to have the tools to keep someone safe if they are in crisis and to connect then to professional help. The final training is a two day course akin to a first aid on site officer.

MIC is an evidence based organisation which has established an Academic Reference Group to fulfil its commitment to excellence in research activities and knowledge sharing.

Information Request 5.2 - Mental health treatment plans

In order to increase consumer choice, agencies such as MATES and similar front facing agencies could refer people to access Mental Health Plans under the MBS through their GPs. MATES already employs qualified staff who could have authority to directly refer people to GPs, with the person's consent and input.

Information Request 6.1 – Supported online treatment for CLDB people

The question of the appropriateness of on line participation by diverse groups need to be carefully considered. It is likely that there would be a significant number of persons who,

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through lack of literacy skills in either language or computer technology, for example, who could be unintentionally excluded from the program. In other words, careful consideration needs to be made about who would or could use the program. MATES is of the view that mixed modes of delivery would be more effective, for example face to face mental health awareness raising programs and connecting to on-line services will have better chance of success than on-line services relying on help seeking – particularly amongst men. MATES program delivery model could be considered as a cost effective model in a mixed modal delivery program.

Draft Finding 5.2 – The effectiveness of MBS-rebated psychological therapy

MATES experience, through extensive evidence based practice, confirms the need for services that meet clients' individual needs when experiencing adverse mental health. The availability of services that are flexible and tailored to the individual are essential to better health outcomes. A case management approach that incorporated MBS Psychological therapy in conjunction with MATES' philosophy of 'walking with', or supporting the person through the period of ill health, could be promoted and evaluated. The availability of MBS psychological therapy is undoubtedly both effective and very necessary part of maintaining the mental health of the target groups.

Information Request 5.1 – Low-intensity therapy coaches as an alternative to psychological therapists.

Beyond Blue New Access Program is an example of an effective coach-based intervention for mental health concerns that are yet to take a significant hold on consumers quality of life. This model works well for workplace orientated stress or issues in isolation of broader complex mental health concerns. Where there may be limitations to such a model is where ongoing challenges, mental health concerns or trauma exists that requires more therapeutic and or phycological intervention and assistance. As a preventative and or lower intensity model of support coaching is an effective way of problem solving and alternative thinking approaches to challenging scenarios. As previously discussed, however, this would require a specified professional framework that incorporates assessment, practitioner qualifications and evidence-based modality to coaching.

MATES' approach to case management uses social workers or other suitable qualified staff to deliver our very effective 'Mates helping mates' strategy. MATES in Construction *Case Management Handbook* (December 2019) sets out the following :

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Case Management guiding principles, interventions, and strategies are targeting the achievement of client stability, wellness and autonomy through advocacy, assessment, planning, communication, education, resource management, care coordination, collaboration, and service facilitation.

They are based on the needs and values of the client with chosen service providers. This accomplishes care that is appropriate, effective, client centred, timely, efficient, and equitable. These guiding principles are relevant and meaningful concepts that clarify or guide practice.[1]

MATES brokerage model is a succinct approach to case management wherein case managers attempt to help clients identify their needs and broker supportive services in a brief contact period. This model assumes that a client will voluntarily use needed services once they know they are available and learn how to access them. This model works best when a client's biggest challenge is access to services, rather than availability of services. In a brokerage case management model, the case manager/social worker provides very little direct service to the client. Instead, they serve as a link between a client and community resources. The focus is on assessing needs, planning a service strategy, and connecting and follow up with clients.

We recommend that this form of case management is a very useful adjunct to psychological therapy. We do not see low intensity coaching as an alternative, and there is a danger that it could be used as a cost cutting exercise. There is also the question of the professional standing of such coaches. Their qualifications would need to be agreed upon and established at a national level, as well as the necessity for coaches to adhere to appropriate ethics and codes of conduct.

Information Request 18.1 Greater use of online services.

The Australian Institute for Suicide Research and Prevention (AISRAP) recently carried out a survey of 1637 apprentices across the Queensland building and construction industry. The main findings showed that apprentices have a very high exposure to suicide; over thirty five percent reported having suicidal thoughts over the last twelve months; over thirty percent of apprentices reported being bullied; those bullied had a very poor wellbeing/quality of life; being bullied is associated with suicidal thoughts, and being not currently employed is associated with both being bullied and suicidal thoughts. These alarming statistics point to the need for good and effective access to mental health services and online training, in conjunction with face to face delivery of information.

[1] Powell, S.K & Tahan, H.A (2008). Case Management Society of America (CMSA) Core Curriculum for Case Management, (Ed.2.) Philadelphia: Lippincott Williams & Wilkins

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We understand that the term 'tertiary institutions' includes vocational training organisations, such as TAFE. In this broader context, the use of online services could enhance face to face information giving. Furthermore, educational institutions are turning to online teaching in a much greater way. The quality and content of the services would obviously need to be of a high quality and tailored to particular audiences. Therefore, promotion of the use of online services could only be seen as beneficial if delivered with face to face backup by dedicated and trained teachers or councillors.

Recommendation 18.1 - Training for educators in tertiary education institutions

MATES in Construction support recommendation 18.1, reiterating that the term 'tertiary institutions' must refer to all post-secondary education. However, such an initiative must not be merely Mental Health First Aid and could assist initiatives outlined in Information Request 18.1.

Information request 18.2 - What type and level of training should be provided to educators.

MIC have developed a very effective and evaluated series of training programs for workers. These are :

1. General awareness training. This aims to introduce workers to the nature of the problem of poor mental health and suicide in the industry and provides practical guidance as to how they can assist in offering a helping hand to a 'mate'.

2. Connector Training. This is provided to those people on site who volunteer to become a Connector. A Connector is trained to help keep someone in crisis safe, while at the same time connecting them to professional help.

3. ASIST Training. This equips individuals to become an ASIST worker. These workers can be compared to the first aid officer on site. ASIST workers will talk to a person contemplating suicide with the object of making this person “safe”. Using simple skills an ASIST worker will listen to the persons’ concerns and respond to them appropriately with the object of reaching a “contract” or a “safe plan” for the worker.

We suggest that where industry programs such as MATES exist these approaches should be reflected in the teacher / staff training so that teachers are at least Connectors and / or ASIST trained. As noted above, this approach should apply to the broad tertiary sector, as

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the issue of suicide and addiction is arguably more prevalent in the vocational training sector as our response to 18.1 points out.

Recommendations 19.1 - psychological health and safety in workplace health and safety laws.

MIC supports Recommendation 19.1. In Sweden new rules came into effect on 31 March 2016 which clarify an employer's responsibilities for the psychosocial work environment. The new regulations are part of laws imposing on employers an obligation to continuously review and manage the working environment. This model of a positive obligation to prevent and mitigate overwork, long working hours and other known psychosocial risk factors is one that Australia should emulate

The Australian Building and Construction Industry Blueprint for Better Mental Health and Suicide Prevention (the blueprint) is a document developed jointly with the Construction industry, Beyondblue and University of Melbourne. It is based on the best current evidence on effective workplace-based programs to improve mental health and reduce suicide. The blueprint advocates an integrated approach to mental health and suicide risk in the workplace, including a deliberate and focused approach to reducing mental health hazards in the workplace.

Suicide is the most significant and serious outcome from psychological hazards in the workplace. Suicide within the Australian workforce is estimated to cost the economy $6.78B pa (2013 health dollars) with the potential for a significant return on investment through simple initiatives such as MATES in Construction. The US Bureau of Labour Statistics have identified work related suicide as a significantly increasing cause for work related fatalities estimating 5.6% of investigated workplace fatalities in 2011-13 were suicide making suicide one of the leading causes of workplace fatalities. The link between workplace mental health hazards and suicides has also been well documented within the former French Telecom (now Orange) where 23 suicides were linked to the psychosocial work environment.

There has been an increased focus on mental health in the workplace over the past ten years. Workplace based initiatives such as MATES in Construction, OzHelp, Superfriend and The Mentally Healthy Workplace Alliance were created in response to a growing need to provide a better psychosocial work environment. Most of these initiatives, if not all of them, have been focused on improving the positive aspects of work on mental health and has had a strong focus on individual resilience. Arguments for such initiatives have largely been around the “social license” of business and the need to do something positive for the community and a return on investment to the business through increased productivity and becoming the employer of choice.

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MATES in Construction assist in provide a mentally safer workplace by creating peer support networks on sites, reducing stigma by engaging workers and business around mental health and wellbeing and creating multiple pathways to help and support for workers and their managers when they experience a mental health crisis. However, MATES in Construction's work is predominately focused on mitigation of hazards at the individual level. As with most other workplace hazards, they are most effectively dealt with according to the hierarchy of controls as far as practicable away from the individual and as close to the source as possible.

The primary duty of care in the model WHS Act already requires a PCBU to protect the psychological health of workers and other persons. The PCBU must ensure, so far as is reasonably practicable the health and safety of workers, while they are at work in the business or undertaking. The PCBU must also ensure the health and safety of other persons is not put at risk from the work carried out as part of the business or undertaking.

Culturally, in Australian workplaces, supporting workers' mental health, particularly amongst smaller and less sophisticated business, is not considered a standard feature of supporting 'health and safety' in a general sense. MATES is currently enacting the Blueprint for Better Mental Health within the Construction Industry to improve and bolster awareness and support construction business of all sizes and levels of sophistication creating a mentally healthier workplace. It takes considered, targeted effort to encourage and support employers to regard safeguards for mental health as important as safeguards for physical health and safety. In our view, the construction industry is still in a very early phase of this journey. While many larger enterprises have programs and some focus on this, the vast majority of the industry have not yet accepted mental safety as part of overall workplace safety.

By specifying a specific workplace health and safety obligation, within the model WHS Act and Regulations to deal with psychosocial risks in the workplace, the attention of PCBU's and/or workplace safety managers will be drawn to the hierarchy of hazard controls in addition to the resilience focus currently dominant in workplace mental health management. This is a shift that is also seen in management of suicide and mental health in Australia generally, moving to changing the emphasis on a medical treatment model to a better understanding of the social factors influencing mental health and suicide prevention.

Recommendation 19.2 – Codes of Practice on employer duty of care

We support Recommendation 19.2 . The Australian Building and Construction Industry *Blueprint for Better Mental Health and Suicide Prevention* 2018-2020 recognises that the industry experiences significantly higher rates of suicide and mental health issues among its workers in comparison to the general population. We believe that it is essential to emphasise in Codes of Practice that mental health is as important an issue as say a code on preventing physical harm.

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Draft Finding 19.1 – Return to work is more difficult in smaller business

This is not only an issue for smaller business but also for itinerant workers such as construction workers. Return to work is largely non-existent in the blue-collar areas of the industry. In construction there are obligations on employers to spend certain % on apprentices, indigenous workers and training generally on construction projects – perhaps a systems of credits on government jobs for employment of individuals with a recent diagnosis of a mental health condition – so that it becomes contractually advantageous to ensure sub-contractors on site engage return to work people.

Draft Recommendation 19.3 – Lower premiums and workplace initiatives.

Lowering premiums is a positive workplace initiative and would be beneficial especially for small businesses in encouraging them to recognise and be pro-active around psychosocial workplace harms. However, there would need to be guidelines set by legislation/codes around what is considered to be meaningful initiatives. There must be no; 'band aid' solutions offered up.

Draft Finding 19.2 – The role of workers compensation in addressing mental health

The Australian and Construction Industry *Blueprint for Mental Health* 2018-2020 00 sets out a framework developed by fifty two industry leaders, as a guide toward gaining better mental health and suicide prevention in the building and construction industry. The five areas of intervention proposed are to promote the positive impact of work; to reduce harms of work; to provide suicide prevention literacy; to facilitate early intervention and treatment, and to provide return-to work and ongoing support. It is this last intervention where access to the workers compensation system comes into place.

There is an obvious role for workers compensation in addressing mental health. However, it is very difficult for workers to lodge a claim for a mental health injury. The Queensland Workcover system actively discriminates against psychosocial claims. For a physical claim to be accepted, work must be “a significant contributing factor” while for a psychological injury to be accepted it must be proven that work was “the major significant contributing factor” making many psychological claims impossible to prove. For some workers, lodging a mental health claim is seen, not only as a weakness but it can be very onerous process and can even contribute to exacerbating the already fragile mental health condition of the claimant.

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Recommendation 19.4 – No-Liability Treatment for mental health related Workers Compensation claims

In principle this is a very good recommendation, because help would be available in the interim and appropriate assistance or therapy would be useful in assisting the injured party to establish a claim. However it will be difficult to be applied. For a no-liability mental health claim to be established it must still be proven that the claim was work related A physical injury claim is usually straight forward in that the injury was caused by an observable incident. There are exceptions, notably when the injury is actually an illness, manifesting at a later date. For a psychosocial claim, the claimant has to describe the actions or behaviours occurring at the workplace which they believe caused the illness. When someone is experiencing a mental health crisis this process can be very distressing and, in some cases,, may actually exacerbate the problem. This is perhaps better described as a statutory employee psychological support program that workers can access for any issues initially with possibility of continuation.

Information Request 19.1 – How should the treatment be funded.

We suggest that this could be a no- fault worker support scheme for psychological stress funded by an industry risk based levy but excluded from no-claims bonuses or rewards. These types of rewards can discriminate against workers particularly in industries with precarious employment, such as employees in construction. This is because these workers may be 'screened out' from future employment based on their past claims history .

EAP programs are generally not accessible for small business, as their cost is prohibitive for small business. In Queensland the Construction industry has an industry based EAP system funded though redundancy funds and unions. The current Ensuring Integrity Bill legislation which will be once again before the Senate in 2020 will significantly impede these funds' ability to provide Industry EAP services on current terms and will cut off EAP services for a significant part of the building and construction industry.

A new system could be based on a levy paid through workers compensation to provide a base level of EAP services compulsory for all business delivered though a panel of EAP providers against minimum standards (similar to how TPP car insurance is paid through Registration).This could cover both work related and non-work related EAP and counselling support, with business free to buy into value added premium services over and above the statutory minimum.

Section 20 – National Stigma Reduction Strategy

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The National Mental Health Commission should develop a national stigma reduction strategy. Existing evidence based suicide prevention agencies should be consulted and included in national strategy formation, particularly for high risk groups, as already identified by MIC, that is construction workers and apprentices.

Section 21 – Suicide Prevention.

In 2017, research by Kinchin and Doran[2] showed that in Australia in 2014, '…903 workers died by suicide, 2303 workers harmed themselves resulting in full incapacity, and 11,242 workers harmed themselves resulting in a short absence from work. The present value of the economic cost of suicide and NFSB is estimated at $6.73 billion. They suggested that '…the economic benefit of implementing a universal workplace strategy would considerably outweigh the cost of the strategy. For every one dollar invested, the benefits would be in excess of $1.50 ($1.11–$3.07), representing a positive economic investment.'

The study showed that the introduction of multimodal workplace prevention strategies such as Mates in Construction in Queensland in 2008 was associated with a 0.91% reduction in the risk of suicide. Furthermore, it found that the economic burden was over $6.73 billion, which is largely borne by the government, that is, 97% or $6.56 billion of the total combined cost of $6.73 billion. The authors cited a recent 'call to action' by Suicide Prevention Australia which '…argued the urgent need to addressing a range of systemic issues in the workplace, including managing unemployment, workers' compensation, and coronial processes'. They argue that if workplace programs such as MIC were nationally implemented, the estimated economic benefits would outweigh its costs (that is , $61.26 million per annum as against $40.97 million per annum.

The current approach of funding mental health and suicide prevention primarily through PHNs militates against the national strategy mentioned in Recommendation 21.3. Significant funding for awareness and education from a national perspective and for support and care at the local level through PHNs is needed. Bureaucracy around apportioning of funding and area health services prohibits effective suicide prevention agencies servicing less usual forms of employment such as FIFO or those workforces not tied to specific geographical regions.

Section 22.5 – Building a stronger evaluation culture.

[2] Kinchin I& Doran C 2017. The economic cost of suicide and non-fatal suicide behaviour in the Australian workforce and the potential impact of a workplace suicide prevention strategy .Int J EnvirRes and PubHealth 14,347.

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Evaluation of services should be directed at outcomes, rather than service delivery. There are no significant funds available for meaningful and strategy directed evaluation. It appears that clear definitions for evidence-based practice have not been developed or thought through. It also appears that there is no noticeable preference in funding of evidence-based programs.

Information Request 23.1 – Architecture of future system.

A model of funding that incorporates a wholistic approach to mental health including prevention and early intervention is seen as beneficial for Mates in Construction clients. A medical model or health approach for complex mental health concerns currently delivered via health services separate to PHN's is complimentary to preventative and community initiatives, however, shouldn't be prefaced as in competition with early intervention and community initiatives. Mates would prefer a model that incorporates an 'All of government' approach to mental health that incorporates evidence-based decision making, lived experience and limited duplication of beaurocratic red tape, silos or blame deferring for systematic failures.