INQUIRY INTO 2022 REVIEW OF THE WORKERS COMPENSATION SCHEME

Organisation: MATES in Construction NSW Ltd.

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MATES in Construction Submission to the Standing Committee on Law and Justice 2022 Review of the Workers Compensation scheme

About MATES in Construction

MATES in Construction (MATES) was established to increase the capacity of individuals and workplace communities to recognise suicidal behaviour, and prevent and respond to suicide, which is known to be essential to reducing the rate of suicide.

We know suicide rates amongst construction workers in Australia are 71% higher than amongst other employed men (Milner, 2016). Further, workers in the mining industry are at risk due to shift work arrangement, remote work locations and higher than average mental stress and alcohol consumption (Kelly, Hazell, & Considine, 2012).

For this reason, MATES developed the workplace suicide prevention and evidence-based program to deliver specific services to the male dominated construction, energy, and mining industries. At the core of the MATES Program is the delivery of tailored training and support, onsite, where it is needed most, backed up by a 24/7 helpline and Case management services.

To date the program has reached over 200,000 workers face to face and is supported by over 20,000 trained volunteers on the ground in workplaces across the country.

MATES is one of only a handful of programs to have peer reviewed published evidence of delivering a reduction in suicides through a workplace intervention. Where an example of the effectiveness of the Program is demonstrated by MATES achieving an eight percent reduction in the Qld construction industry suicide rate, five years after the introduction of the MATES Program (Martin, Swannell, Milner, & Gullestrup, 2016). These outcomes lead to a reduction in psychological claims.

MATES is owned and supported by the industries we operate in. The program started in Construction and has expanded to programs in the Energy and Mining industries, with a for the Manufacturing Industry.

The Australian Construction and Building Industry Blueprint
For Better Mental Health And Suicide Prevention

The Blueprint was developed by MATES in Construction and the construction industry with the support of Beyond Blue. It has been informed through stakeholder engagement and incorporates references to a broad range of evidence-based workplace mental health resources to help people and organisations take effective action to create mentally healthy environments in the construction industry.

Current best practice regarding workplace mental health takes an integrated approach and includes promoting the positives of good mental health, addressing workplace risk and protective factors for mental health, and supporting people with a mental health condition. This Blueprint reflects that model and recommends that workplaces adopt the following interventions:

1. Promote the positive impact of work on mental health
2. Reduce the harmful impacts of work
3. Provide training and resources to improve mental health and suicide prevention literacy
4. Promote early intervention and access to support and treatment
5. Provide support for employees to stay at or return to work when experiencing a mental health condition.

A copy of the blueprint can be found on the [website here](#).

Submission Summary

Mates in Construction (MATES) welcomes the opportunity to make a submission to the Standing Committee on Law and Justice. In this submission we seek to provide the Committee with information on key issues and recommendations for the Committee to consider.

In this submission MATES has drawn on the recent reviews of the mental health system which have often recognised common problems and opportunities for improvement to support better outcomes in mental health and suicide prevention.

MATES recommends the Committee consider the key issues, that we believe can deliver meaningful and sustainable change, discussed in this submission during its review and consider the identified action priorities which will help reduce the increase in Psychological claims:

- Recognise Suicide as a Workplace Health and Safety injury and psychosocial hazards as risks in the workplace
- Support Industry Wide Approaches
- Use Government Procurement to Drive Best Practice in Mental Health outcomes and Suicide Prevention in the community
- Focus on Communities of Connection

Key Issues to deliver meaningful and sustainable change

Recognise Suicide as a Workplace Health and Safety injury and psychosocial hazards as risk in the workplace

We wish to address Productivity Commission (PC) Inquiry Report into Mental Health, 30 June 2020, Recommendation 7: "Equip workplaces to be mentally healthy" and the associated action item 7.1, "WHS legislation should clearly specify the protection of psych health and safety as a key objective." In particular, we'd like to draw attention to the logical relationship between Recommendation 7 "Equip workplaces to be mentally healthy" and Recommendation 9, "Take action to prevent suicide".

The known risk that psychologically injurious workplaces can cause worker suicides needs to be explicitly addressed.

The Productivity Report rightly articulates a rationale for clearly addressing the protection of psychological health and safety.

Among the manifold factors that shape mental health, are multiple potential work-related stressors – such as physically and psychologically demanding duties, long working hours and shift work, limited autonomy, and a culture of minimising psychological safety, all of which are acknowledged on page 298 of the report— stressors that may be so overwhelming that they trump even a robust individual's capacity to cope.

It is logical to expect that workers may well experience suicidal thoughts if they are exposed to multiple, compounding, and persistent challenges, like high job demands yet limited control, high expectations yet little reward for effort, exposure to threats like bullying and dangerous working circumstances, and precarious employment circumstances.

Research by Stallman et al (2021) illustrates that while individuals tend to draw on healthy coping mechanisms in the face of somewhat mild adversity, as adverse circumstances intensify, individuals will deploy both healthy (self-soothing; accessing social supports) and unhealthy coping mechanisms—including suicidal ideation-- to try and manage the overwhelm they are experiencing. As such, the authors conclude that o*verwhelming distress does not necessarily occur in the absence of healthy coping mechanisms* (Stallman et al 2021). When it comes to psychological safety at work, what this suggests is that multiple adverse circumstances can cause extreme distress and result in suicidal thoughts. This is not an indication that an individual's structure (personality, genetics) and capacities (resilience) are lacking. It means that it is possible to overwhelm an individual, despite their best, most robust efforts to cope.

Analyses of National Coronial Data have consistently demonstrated that individuals employed in blue collar occupations in Australia are more likely to die by suicide than their peers in non-manual occupational settings (Milner et al 2018; Heller, Hawgood et al. 2007, Gullestrup, Lequertier et al. 2011, Roberts, Jaremin et al. 2013, Milner, Niven et al. 2014). Suicide rates are also highest among the so-called 'unskilled' occupational groups, encompassing labourers, trades workers, machinists. For workers in these occupational groups, research has consistently pointed to the role of structural working conditions in causing injury to psychological health, and engendering suicidal distress. Typifying factors such as long working hours, tight timeframes, physically and psychologically demanding roles and duties, constrained autonomy, and limited mentorship and workplace support are all implicated in an elevated risk of suicide (Martin, Swannell et al 2016; Ross 2020). These are factors that are consistently detailed in psychological autopsies undertaken with bereaved families who have lost members to suicide (AISRAP 2006) and they are factors that are also spoken to by blue collar workers themselves in qualitative research contexts (Ross 2020).

The authors of the Productivity Commission report argue that identifying physical risks to health and safety in the workplace is widely carried out yet and acknowledge that more work is needed to identify psychological risks (page 303). And they identify a list of 'Risk factors to workplace mental health' detailed in Box 7.1, page 298.

In looking at these risk factors in their totality, and what we know about healthy and unhealthy coping mechanisms (Stallman et al 2021)., we need to take seriously the possibility that a lack of psychological safety in the workplace can be fatal.

It is generally accepted that a failure to safeguard physical safety at work can have fatal consequences; that some unsafe conditions can be so severe that they will likely result in a loss of life. We need to start conceptualising psychosocial workplace injuries with the same seriousness/gravitas.

Research from Victoria has suggested that 17% of all suicides had a work-related element to them, research from the US across 25 states identified that 6% of all workplace deaths were suicides (making suicide one of the most common work fatalities). In France several executives from French Telecom have been prosecuted in relation to workplace suicides and suicides within French Post and Renault have been found to be work related.

There is clear evidence that suicide is a workplace issue.

What is needed is a paradigm shift in how we position workplace hazards that damage psychological health.

Priority Action: Workplace Health and Safety regulations and systems need to ensure that Suicide is identified as a potential injury from a poor psychosocial work environment and clear guidance on managing the risk of psychosocial hazards in the workplace.

Support Industry Wide Approaches

The Royal Commission into Victoria's Mental Health System 2020 (The Royal Commission) was clear in acknowledging that it "recognises the potential of workplaces to reach a significant proportion and a broad cross-section of the Victorian community"

Specifically, recommendation 16 notes that the Royal Commission recommends that the Victorian Government "sponsor industry-based trials to demonstrate how to adapt and implement comprehensive mentally healthy workplace approaches in an industry context"

And recommendation 27 is that the Victorian Government supports initiatives that support people experiencing suicidal behaviour by "facilitating Victorian industries and businesses to invest in evidence-informed workplace suicide prevention and response programs, with an initial focus on forming partnerships with high-risk industries."

Similarly, the National Suicide Prevention Taskforce (NSPT) as part of the Interim Advice to the then Prime Minister, in August 2020, recognised as Priority Actions that:

- "Men should be identified as a priority population within national suicide prevention plans, ensuring a focus on meeting men where they are and providing targeted approaches and supports"

- "Immediate action to be taken to increase capacity to provide targeted outreach and support at the point of distress, especially for services engaging with men, including ... workplace settings".

And specifically, the NSPT Shifting the Focus - National Suicide Prevention Model recommends the application of "targeted approaches to certain settings, industries, and workplaces, particularly

where occupational risks may increase fearlessness about pain and death (e.g., male-dominated industries…) exposure to trauma and death, workplace injury".

The NSPT further highlighted that "Workplaces provide an important setting for suicide prevention. Targeted approaches should occur, particularly where occupational risks may increase vulnerabilities (e.g., male-dominated industries.)"

Priority Action: Support should be prioritised for industry wide approaches to better mental health and suicide prevention in the workplace to address priority populations.

Use Government Procurement to Drive Best Practice in Mental Health outcomes and Suicide Prevention in the community

The Commonwealth already use procurement to set standards for safety, quality, origin of content and industrial relations – Putting a level of weighting in for mental health and suicide prevention initiatives is realistic. This is both internal for tenderers (i.e., how do you look after your people) or externally what will your successful tender mean for the mental health of the communities in which they operate.

A strong policy position in this space could drive better practice in broad sections of the community as in 2018-19 more than 78,000 contracts with a total value of $64.5 billion were awarded to businesses through federal government procurement channels. Where broad sections of the community are reached, as over 41,000 of these contracts, valued at nearly $17 billion, were awarded to over 9,400 different small and medium enterprises (SMEs) from right across Australia.

This would be a highly cost-effective way to drive improved practices across broad sections of the community.

Priority Action: Use Commonwealth Procurement to drive best practice by mandating a measure that assesses how the tenderer will support better mental health outcomes and suicide prevention in their workplaces and in the communities in which they operate.

Focus on Communities of Connection

The NSPT recognised that "Community capacity building" was important and that this includes "support for mentally healthy workplaces in Australia"

This is important as so often the sole lens used to target programs have a geographic/regional focus, ignoring that though communities may be regional, there are also strong communities that function together across geographic boundaries - LGBTIQ+, occupational, industries, workplaces, sports, religious, ethnicity.

We need a strong focus on delivery of public health that looks at key communities of connection - recognising that what people have in common is vitally important to how we access and meaningfully engage with them.

A broader understanding and focus on communities of connection ensures more targeted services and programs for the priority communities identified by the NSPT and broader health policy (men, young people, Aboriginal and Torres Strait Islander people, LGBTIQ+, culturally and linguistically diverse, rural, and remote, and older Australians).

Industry wide approaches are inherently national in their approach, delivering solutions to employers and workplace communities that stretch across all state and PHN boundaries.

Priority Action: Funding for services that deliver to communities of connection that have a national footprint should continue to be delivered on a national basis.