# Mines Safety Bulletin No. 139

**Subject:** Suicide awareness for the Western Australian resources sector

**Date:** 16 March 2017

## Background

*Note: This bulletin is issued to raise awareness of potential suicide risk factors for personnel engaged in the resources sector. It is not intended as an instructional document on suicide prevention.*

Based on the 2007 National Survey of Mental Health and Wellbeing (Slade *et al*., 2009), it is estimated that at some point in their lifetime, about 2.1 million adults in Australia have had serious thoughts about ending their own life, and 500,000 have attempted suicide. Based on the survey, each year about 370,000 Australians think about ending their life and there are 65,000 suicide attempts.

Australian Bureau of Statistics figures for 2015 put the lives lost from suicide at 3,027, making it the 13th leading cause of death in Australia for that year. Suicide was the leading cause of death among those aged 15 to 44 years, and the second leading cause of death in the 45 to 54 age group.

Males died from intentional self-injury at three times the rate of females. Western Australia's resources industry workforce is predominantly male, with workers mainly aged between 25 and 45 (Education and Health Standing Committee, 2015).
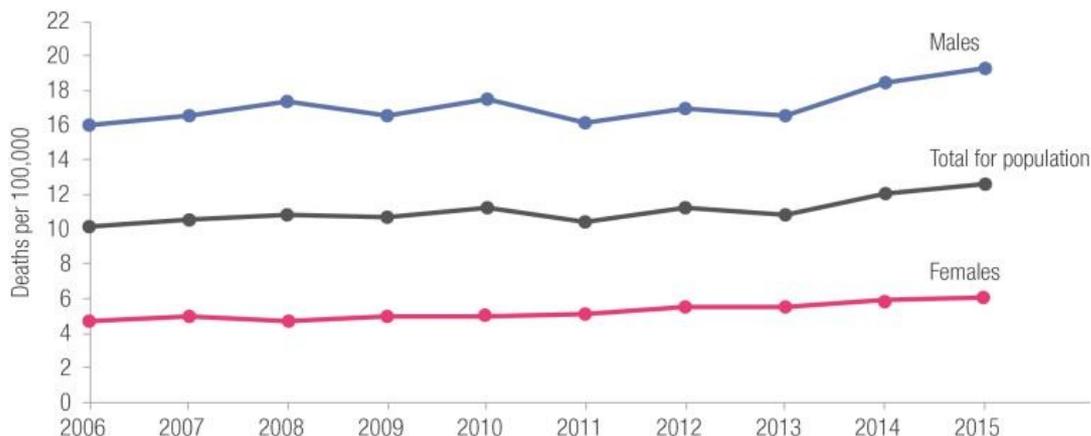


Standardised death rates (deaths per 100,000 of estimated mid-year population) for intentional self-harm, 2006 to 2015. Source: Australian Bureau of Statistics, 28 September 2016.

The factors surrounding suicide are complex and varied. They may arise from events happening in an individual's home life, work life, or a combination of the two. Employers should be aware of workplace hazards that may impact on mental health and take measures as far as is practicable to manage the potential for psychosocial harm. The aim is to support good mental health and reduce the likelihood of suicide and attempted suicide. Within the resources sector, strategies should cover the workplace and, if provided, associated accommodation facilities.

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## Summary of hazard

### Risk factors

The presence of particular risk factors increases the likelihood of suicidal behaviour. Awareness of these risk factors, including those listed below, is useful when considering the needs of a group or workforce in general:

- a history or family history of mental health problems

- being male

- family discord, violence or abuse

- a family history of suicide

- a chronic medical condition, or being a carer for a person with such a condition

- parenthood

- using alcohol and other drugs

- being indigenous

- identifying as gay, lesbian, bisexual, transgender or intersex

- poverty or low income

- social or geographical isolation

- bereavement.

*Note: An absence of risk factors or the presence of only a few risk factors does not equate to no or low risk, nor does it mean that the person has never or will never have suicidal thoughts.*

### Warning signs

While identifying those at risk of suicide can be difficult, warning signs may include:

- being withdrawn and unable to relate to co-workers

- talking about feeling isolated and lonely

- expressing fears of failure, uselessness, helplessness, hopelessness or loss of self-esteem

- impulsivity or aggression

- dramatic changes in mood

- fragmented sleep or obvious tiredness

- dwelling on problems with seemingly no solutions

- speaking about tidying up affairs

- threatening to hurt or kill themselves

- talking or writing about death, dying or suicide

- expressing no reason for living or sense of purpose.

*Note: People may show one or many of these signs, and some may show signs not on this list. One in five people show no signs.*

There is a greater risk of suicide if any of these signs is coupled with any of the following situations:

- recent loss of a close relationship

- sudden change in work circumstances

- serious or embarrassing work-related event

- increased use of alcohol or other drugs, including medications

- history of suicidal behaviour

- current depression, burnout or unexplained fatigue.

## Contributory factors

Employees may respond differently to the various stressors experienced in a work environment. While people are generally able to adjust to short-term stressors and continue performing their normal work duties, any stress that develops into a long-term issue may affect a person's psychological and physical health.

Work stressors can include:

- bullying, harassment or discrimination

- being performance managed

- work-related interpersonal conflict or relationship breakdown

- stressful working conditions (e.g. excessive hours, fatigue)

- business-related financial difficulties

- business restructures

- impending redundancies

- work-related compensation claims

- pain, depression or mobility limitations after workplace injury

- involvement in work-related court proceedings.

Measures taken to eliminate or reduce work stressors can help prevent work-related suicide and promote good mental health.

## Actions required

All employers and managers have an obligation to take appropriate steps to eliminate or minimise health and safety risks in the workplace. For mental health and wellbeing matters, employers and managers should:

- identify possible psychosocial hazards, workplace practices, actions or incidents that may cause, or contribute to, the mental illness of workers

- take actions to eliminate or minimise these risks.

*Preventative and protective measures*

There are practical actions workplaces can take to support the mental health and wellbeing of workers and help prevent suicidal behaviour. Proactive measures include:

- implementing workplace policies and programs that promote a mentally healthy workforce and minimise suicidal thoughts and behaviours

- promoting a workplace culture that is inclusive, destigmatises mental health problems and encourages help-seeking

- prioritising psychosocial workplace safety, including identifying ways to reduce work-related stressors

- promoting suicide awareness and the availability of mental health resources and wellness initiatives within the workplace

- providing suicide prevention training to equip employees with the skills to assist those at risk and encourage them to seek professional help

- establishing mechanisms for the recognition, and early detection of mental health and emotional difficulties in the workplace such as:
    - analysing workplace data
    - direct observations
    - employee surveys
    - peer support programs

- providing access to care such as:
    - professional interventions and treatment
    - employee assistance programs
    - external community health resources

- developing procedures for when persons are missing from work to ensure that an immediate welfare check is conducted to verify they are safe

- developing appropriate reporting mechanisms at the workplace (with consideration to a person's right to privacy) so employees, supervisors, chaplains and others feel empowered to report persons at risk so they can get professional help

- establishing emergency protocols or procedures to respond to persons identified at risk and for incidents of suicide and attempted suicide

- establishing and maintaining effective communications systems at the mine so support services can be contacted at all times

- restricting access to means of suicide such as firearms, lethal doses of medications, chemicals and pesticides.

### *Professional help*

People who can provide psychological and medical help include:

- general practitioners

- psychiatrists

- clinical psychologists and psychologists

- mental health nurses.

Other support services are also available.

### *Incident response*

Some actions to consider when developing a site's incident response protocol are listed below.

- When a person is identified as missing from the workplace, conduct a welfare check immediately.

- Call site emergency personnel to respond immediately upon discovery of a person suspected to have attempted or completed suicide. The site's emergency response plan should then be activated, which includes notifying the appropriate authorities.

- As soon as sufficient information is available, brief workers in an open and honest manner without discussing the method used to attempt or complete suicide.

- Organise an appropriate tribute for the person who died.

- Conduct an investigation into the incident to determine if there could be any work-related reasons for the incident. It may be more appropriate to use an external investigator to prevent bias and maintain independent findings.

- For attempted suicides, ensure an appropriate return-to-work program is provided, based on an assessment by a qualified health professional. A similar method can be applied for incidents when employees experience a traumatic or personal event that requires them to leave work.

Mining and petroleum operations are requested to report incidents of suicides and attempted suicides to the Department of Mines and Petroleum, as recommended by the 2015 parliamentary inquiry into the mental health impacts of fly-in fly-out work arrangements.

## Further information

- Department of Mines and Petroleum, www.dmp.wa.gov.au

  *Prevention and management of violence, aggression and bullying at work – code of practice*

  *Alcohol and other drugs at the workplace – guidance note*

  *Fitness for work: Guidance about mental health and wellbeing* [webpage]

- Department of Commerce, www.commerce.wa.gov.au/worksafe

  *Psychologically safe and healthy workplaces: Risk management approach toolkit*

  *Introduction to work-related stress*

- Department of Health, www.health.gov.au

  Slade T., Johnston A., Teesson M., Whiteford H., Burgess P., Pirkis J. and Saw S., 2009. *The mental health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing*. Department of Health and Ageing, Canberra, 59 pp.

- Australian Bureau of Statistics, www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0

  *3303.0 – Causes of death, Australia, 2015*

- Mental Health Commission, www.mentalhealth.wa.gov.au/mentalhealth_changes/wa_suicide_prevention_strategy.aspx

  *Suicide Prevention 2020 – together we can save lives*

- Suicide Prevention Australia, www.suicidepreventionaust.org

  *Work and suicide prevention: Position statement, February 2014*

  *The dark shadow of work: Suicide among working age adults, 20 February 2014 – media release*

- Mental Health First Aid Australia, www.mhfa.com.au

  Kitchener B., Jorm A. and Kelly C., 2013. *Mental health first aid manual (Third edition)*. Mental Health First Aid, Parkville, Victoria, 140 pp.

- Parliament of Western Australia, www.parliament.wa.gov.au

  Legislative Assembly, Education and Health Standing Committee, 2015. *The impact of FIFO work practices on mental health – final report*. Report No. 5, June 2015.

- Chamber of Minerals and Energy of Western Australia, www.cmewa.com

  *Blueprint for mental health and wellbeing*

- Australian Human Rights Commission, www.humanrights.gov.au

  *Workers with mental illness: A practical guide for managers*

**Acknowledgement**

The Mental Health Strategies Working Group, established under the auspices of the Mining Industry Advisory Committee (MIAC), provided feedback for this bulletin. Information on MIAC and this working group is available at www.dmp.wa.gov.au/Safety/What-is-the-Mining-Industry-8578.aspx

*Note: This bulletin is also issued as Petroleum Safety Bulletin 01/2017 with the approval of the Director Dangerous Goods and Petroleum Safety.*

This Mines Safety Bulletin was approved for release by the State Mining Engineer on 16 March 2017