



**CONSTRUCTION
WORKING MINDS**

Mental Health Promotion, Suicide Prevention
and Addiction Recovery at Work
www.ConstructionWorkingMinds.org



CONSTRUCTION WORKING MINDS WHITE PAPER 2024

Mental Health, Suicide Prevention, Addiction Recovery &
Overdose Prevention in the Construction Industry



ACKNOWLEDGMENTS



The content of this white paper is based largely on conversations among and input from the attendees of the 2023 Construction Working Minds Summit in Kansas City, MO, co-chaired by Dr. Sally Spencer-Thomas & Cal Beyer and co-hosted by the Construction Industry Alliance for Suicide Prevention and United Suicide Survivors International.



The Planning Committee



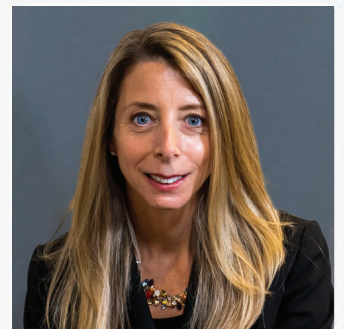
Cal Beyer (Summit Co-Chair)
Workforce Risk and Worker Wellbeing of Holmes Murphy



Dr. Sally Spencer-Thomas (Summit Co-Chair)
United Suicide Survivors International



Brandon Anderson
AGC of Missouri



Jamie Becker
Laborers' Health & Safety Fund of North America



Rochelle Reynolds
The Place Setting
Company, LLC



Angela Crawford
The Builders, a chapter of
the AGC



Erica Froelich
JE Dunn Construction



Nicole Jeup
UA Education and Training
Department



Gilbane Building Company



The Place Setting
Company, LLC



Dr. Sally Spencer-Thomas LLC

Disclaimer

The opinions and positions expressed in this white paper are those of the collaboration and are not intended to provide legal, psychological, therapeutic, counseling, and/or other expert advice regarding any of the subjects mentioned. This white paper is solely for informational purposes. You should consult knowledgeable legal counsel or other experts for any legal or technical questions.

Suggested Citation

Plank, C., Spencer-Thomas, S. & Beyer, C. (2024). Construction Working Minds White Paper 2024. Mental Health, Suicide Prevention, Addiction Recovery & Overdose Prevention in the Construction Industry. Conifer, CO: United Suicide Survivors International.



About United Suicide Survivors International

US for short

“We are an independent global organization that serves as a home for people who have experienced suicide loss, suicide attempts, and suicidal thoughts and feelings, and their friends and families – collectively known as people with lived experience with suicide – to leverage their expertise for large-scale change.”



We help people with lived experience with suicide turn pain into purpose

Mission

Our mission is to cultivate the lived expertise of suicide into action through leadership, collaboration, and advocacy.

Vision

We envision a world where lived expertise becomes the fulcrum that leverages all suicide prevention efforts. Our complete vision is to see a day when we are no longer needed.

Values

- Inclusion – True change requires diversity of thought and action.
- Collaboration – Our work is about shared goals, not status or affiliation.
- Courage – Willingness to proceed in spite of the fear and rejection by others.
- Action – Recognition that awareness is meaningless without action.



Nothing about US without US.

unitesurvivors.org





Executive Summary

This white paper delves into the critical issue of mental health and well-being in the construction industry. It traces the development of efforts aimed at improving construction worker well-being and presents recommendations for industry stakeholders, including workplace well-being advocates, service providers, researchers, and policymakers. Since 2015, initiatives such as "A Construction Industry Blueprint for Suicide Prevention in the Workplace" have laid the groundwork for addressing mental health challenges in construction. Events like the "Construction Working Minds Summit" have provided platforms for industry leaders to discuss strategies for fostering a healthier work environment.

The construction industry grapples with alarming statistics on mental health, substance misuse, and suicide. Despite advancements in physical safety, mental health issues persist, affecting productivity and worker retention. Opioid addiction, often linked to job-related pain, poses a significant risk, with construction workers facing higher rates of overdose deaths compared to other occupations. Strengths in the construction worker well-being movement include increased awareness and collaborative

efforts to address mental health issues. However, substantial barriers hinder progress, including cultural norms, inadequate resources, and limited access to support services.

Roundtable discussions held at the 2023 Construction Working Minds Summit in Kansas City enrolled upwards of 400 attendees in solution-oriented thinking. Key priorities were identified and included fostering a culture of care, empowering workers as advocates, improving training and educational efforts, enhancing resource accessibility, and addressing psychosocial hazards such as long working hours and job insecurity. To address these priorities, stakeholders must collaborate to implement comprehensive strategies that prioritize worker well-being, promote safer working conditions, and destigmatize mental health discussions within the industry. By acknowledging the multifaceted challenges and implementing targeted interventions, the construction industry can make significant strides in improving the mental health and well-being of its workforce, ultimately fostering a safer, more supportive, and sustainable industry for all stakeholders.



TABLE OF CONTENTS

INTRODUCTION

- Partial History of Construction Well-Being Efforts
- Development of this White Paper
- Who is this White Paper For?
- How Will it Help the Construction Industry, Workplace Well-Being Advocates, Service Providers, Researchers, and Policy-Makers?

STATEMENT OF THE PROBLEM

- Statistics on Mental Health in Construction
- Opioid Addiction, Overdose, and the Relationship to Job-Related Pain
- Root Causes & Psychosocial Hazards
- Case Example and Testimonials

WHAT IS WORKING WELL? STRENGTHS AND SUCCESSES IN THE CONSTRUCTION WORKER WELL-BEING MOVEMENT

WHAT IS GETTING IN THE WAY? BARRIERS AND OBSTACLES TO OVERCOME

TOP PRIORITIES IDENTIFIED

- Goal #1: Cultivate a Culture of Care
- Goal #2: Empower Workers to Help Lead -- Organizational Champions, Peer Allies and Crisis Response Teams
- Goal #3: Continually Evaluate, Improve, and Disseminate Training and Educational Efforts
- Goal #4: Streamline and Distribute Accessible and Responsive Resources
- Goal #5: Monitor and Mitigate Psychosocial Hazards – Most Notably Hours Worked and Travel

RECOMMENDED NEXT ACTION STEPS

CONCLUSION

ADDITIONAL RESOURCES



INTRODUCTION

Partial History of Construction Well-Being Efforts



¹<https://theactionalliance.org/task-force/workplace>

²<https://theactionalliance.org/communities/workplace/construction>

³https://youtu.be/NOAZ8gf_po?si=HNPwm5E9P6fMBx3o

⁴<https://youtu.be/z-A04-BI7I?si=6RYGODxP3xz5HdwS>

⁵<https://www.constructionworkingminds.org/about>

⁶<https://www.nahb.org/-/media/NAHB/advocacy/docs/legal-issues/construction-liability/trending-now/10-action-steps-suicide-prevention.pdf>

⁷<https://www.nahb.org/-/media/NAHB/advocacy/docs/legal-issues/construction-liability/trending-now/10-questions-leaders-must-ask-suicide-prevention.pdf>

⁸<https://preventconstructionsuicide.com/>

⁹<https://www.cdc.gov/mmwr/volumes/67/wr/mm6745a1.htm>

¹⁰<https://workplacesuicideprevention.com/>

¹¹<https://www.constructionworkingminds.org/>

¹²<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7367035/>

¹³<https://www.csra.colorado.edu/news/-mental-health-crisis%3A-an-approach-based-on-evidence>

¹⁴<https://www.hhs.gov/surgeongeneral/priorities/workplace-well-being/index.html>

¹⁵https://www.cpwr.com/wp-content/uploads/RR-CPWR_Workshop_2022_Suicide_Overdose.pdf

¹⁶<https://www.hopecertification.com/successes>

¹⁷<https://www.answ.org/>

¹⁸<https://www.cdc.gov/mmwr/volumes/72/wr/mm7250a2.htm>



Development of this White Paper

In 2015, the first “A Construction Industry Blueprint for Suicide Prevention in the Workplace” was published by the National Action Alliance for Suicide Prevention. Subsequently, several other action-oriented guides have helped the industry take steps toward building comprehensive and sustainable upstream, midstream, and downstream strategies to improve worker well-being and mitigate mental health emergencies.

In 2022 the first “Construction Working Minds Summit” was held in Denver, Colorado, with 200 people in attendance, and in 2023, the second “Construction Working Minds Summit” was held in Kansas City, Missouri, with 400 people in attendance. At both events, participants engaged in roundtable discussions moderated by industry leaders. The second Summit’s discussions were facilitated by the following industry leaders:

Roundtable Moderators:

- Brandon Anderson
- Jamie Becker
- Lisa Bierer
- Angela Crawford
- Mandi Kime
- Molly Meek
- Ashley Seitz
- Joe Tiernan

Scribes:

- Erica Froelich
- Kristi Giles
- Nicole Jeup
- Chase Plank
- Carmen Shragal
- Kathy Utter



These discussions occurred over two days (March 28-29, 2023) and centered on the following big ideas – how do we take inventory of what is happening related to construction worker well-being and what are the bold goals we need to set to build momentum for a mentally healthy and vibrant future for the industry?

¹⁹<https://theactionalliance.org/resource/construction-industry-blueprint-suicide-prevention-workplace>



Day 1

- Step #1 - Brainstorm what is working well (strengths or successes).
- Step #2 - What are the barriers/obstacles that need to be overcome to advance mental health culture in construction?
- Step #3 - Identify 5-7 strategies to overcome these obstacles.

Day 2

- Step #4 - Brainstorm Bold Goals for the next 12 months.
- Step #5 - Rank order the group's top 3 goals.
- Step #6 - For each of the top 3 goals, assign 2-5 specific action steps.

The notes from these roundtable discussions were subsequently analyzed and synthesized by Chase Plank, Cal Beyer, and Dr. Sally Spencer-Thomas. In addition, findings from recent meta-analyses and systematic reviews were added.

Who is this White Paper For?

Many stakeholders will benefit from reviewing the goals and recommendations listed in this white paper including:

- C-suite leaders of construction organizations
- Safety and risk management professionals
- Human resources professionals
- Government agencies
- Mental health providers interested in partnering with the construction industry
- Researchers
- Construction mental health and well-being advocates
- Vendors and service providers interested in the health and safety of construction workers

How Will it Help the Construction Industry, Workplace Well-Being Advocates, Service Providers, Researchers, and Policy-Makers?

The contents of this white paper can achieve four broad objectives:

1. To raise awareness about the unique mental health challenges faced by construction workers.
2. To offer evidence-based and evidence-informed approaches to address workers' mental health challenges.
3. To facilitate the development of effective programs and initiatives to support workers' well-being and reduce tragedies like addiction, overdose, and suicide.
4. To serve as a tool to advocate for change and a way to prioritize action steps.



STATEMENT OF THE PROBLEM

Statistics on Mental Health in Construction

Even though developed countries have made great strides in improving physical health and safety standards, the construction industry continues to face a serious issue: poor mental health among its workers. Research on construction workers shows that they challenges such as problems with substance abuse, gambling, bullying, overdose, and suicide.^{20 21}

Mental health challenges have had a major impact on the industry's productivity, as absenteeism and presenteeism²² are common consequences of depression, anxiety, and substance use disorders²³. Early retirements or premature death from suicide, overdose, or comorbid consequences of addiction and other chronic health conditions also significantly impact the construction workforce. Compared to workers in other industries, those in construction face particularly high levels of mental health challenges.

By the numbers...²⁴

- 83% of construction industry workers have experienced some form of moderate to severe mental health issue
- Compared to other industries, the construction industry is:
 - Ranked #1 in pain reliever abuse
 - Ranked #1 in marijuana use
 - Ranked #1 in heroin use
 - Ranked #2 for substance use disorders
 - Ranked #2 for heavy drinking
- 14.2K overdoses and 5.5K suicide deaths among construction workers in 2020²⁵
- Only 17% of industry workers would comfortably and openly discuss mental health issues with a supervisor

Furthermore, health equity concerns are raised, particularly among Hispanic construction workers who face high rates of occupational injuries. Language barriers and discriminatory practices contribute to hazardous work environments for Hispanic workers, exacerbating their vulnerability to workplace-related harm.

²⁰Elizabeth A. Hutton, Jason L. Skues, Josef A. Sullivan, Lisa Z. Wise, *Mental health research in the global construction industry: A scoping review using a dual-continuum model of mental health*, *Mental Health & Prevention*, Volume 28, 2022, 200249, ISSN 2212-6570, <https://doi.org/10.1016/j.mhp.2022.200249>.

²¹Simon Tyler, Hugh Hunkin, Kelly Pusey, Kate Gunn, Bob Clifford & Nicholas Procter (2023) *Suicide in the Construction Industry: A Targeted Meta-analysis*, *Archives of Suicide Research*, 27:4, 1134-1146, DOI: 10.1080/13811118.2022.2131488

²²de Oliveira, C., Saka, M., Bone, L. et al. *The Role of Mental Health on Workplace Productivity: A Critical Review of the Literature*. *Appl Health Econ Health Policy* 21, 167-193 (2023). <https://doi.org/10.1007/s40258-022-00761-w>

²³S Hashemi N, Skogen JC, Sevic A, Thørrisen MM, Rimstad SL, Sagvaag H, Riper H, Aas RW. *A systematic review and meta-analysis uncovering the relationship between alcohol consumption and sickness absence. When type of design, data, and sickness absence make a difference*. *PLoS One*. 2022 Jan 11;17(1):e0262458. doi: 10.1371/journal.pone.0262458. PMID: 35015789; PMCID: PMC8752011.

²⁴A Deeper Look at the Construction Industry Mental Health Crisis (2023, November) <https://esub.com/blog/construction-industry-mental-health-crisis/>

²⁵<https://www.cpwr.com/wp-content/uploads/DataBulletin-January2023.pdf>



Opioid Addiction, Overdose, and the Relationship to Job-Related Pain

Construction workers are at particularly higher risk when it comes to opioid addiction and overdose deaths. Studies consistently show that compared to workers in other fields, construction workers have the highest rates of death from drug overdoses, especially opioids including heroin and fentanyl. Despite representing only about 7% of the workforce, construction workers accounted for 15% of all workplace overdose deaths between 2011 and 2016²⁶. Workers in construction are more likely to receive opioids when prescribed pain medication and those in smaller companies are prescribed opioids more frequently compared to those in larger ones.

Researchers have linked the high prevalence of opioid use disorder among construction workers to the industry's high injury rates. About one-third of construction workers suffer from musculoskeletal disorders, and opioid prescription use is significantly higher among those with such disorders.²⁷



²⁶<https://blogs.cdc.gov/niosh-science-blog/2021/09/14/opioids-in-construction/>

²⁷<https://blogs.cdc.gov/niosh-science-blog/2021/09/14/opioids-in-construction/>



In August of 2023, the CDC reported overdose deaths in 2020, the first year of the pandemic which saw a 35% increase in overdose deaths compared to the prior year. The data examined overdose deaths among 20 occupational and industry groupings. Construction and Extraction was identified as the occupational group with the highest rate of overdose deaths at 162.6 fatal overdoses per 100,000 workers. Moreover, construction was the industry with the highest rate of fatal overdoses at 130.1 per 100,000 workers.²⁸

These findings underscore the urgent need for improvements to reduce musculoskeletal injuries, educating employees about non-opioid pain management alternatives, and providing naloxone (Narcan) in workplaces and on job sites now that it has been approved as an over-the-counter medication. Teaching employees about the risks of leftover opioid prescriptions from on- and off-the-job injuries and surgeries is advisable. More progressive employers are distributing drug deactivation products for employees combined with toolbox talks to encourage at-home disposal of leftover medications. Addressing health equity concerns is also crucial to ensuring the safety and well-being of all workers in the construction industry.

Root Causes, Psychosocial Hazards & Job Site Safety

The construction industry faces numerous challenges that contribute to mental health issues among workers. Construction work often involves strenuous and repetitive tasks, as well as exposure to various weather conditions, which can lead to physical strain and exhaustion. Many construction projects are temporary and cyclical, leading to high unemployment rates during downtimes. This instability can cause financial stress and anxiety for workers. The construction industry is known for its demanding workload and tight deadlines. Workers may face pressure to meet project timelines, leading to increased stress levels. Long working hours, high job demands, and job insecurity contribute to stress among construction workers.

The tough-person culture in construction values self-reliance and stoicism and can prevent workers from seeking help or discussing their struggles openly.

The construction industry is known for its significant safety and health risks, often resulting in high rates of injury, illness, and even fatalities. Common hazards include noise, falls, electrical issues, and exposure to chemicals as well as heat and cold environments.. A majority of construction fatalities each year stem from what is known as the 'focus four' hazards: falls, being struck by objects, getting caught in or between objects, and electrocutions. Traditional approaches to occupational safety and health in construction have focused

²⁸www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-07.pdf#:~:text=Drug%20overdose%20mortality%20varied%20by%20usual%20occupation%20and,126.0-135.8%29%20had%20the%20highest%20drug%20overdose%20death%20rates.

²⁹Chan APC, Nwaogu JM, Naslund JA. Mental Ill-Health Risk Factors in the Construction Industry: Systematic Review. *J Constr Eng Manag.* 2020 Mar;146(3):04020004. doi: 10.1061/(asce)co.1943-7862.0001771. Epub 2020 Jan 6. PMID: 33408438; PMCID: PMC7785059.



on addressing these common hazards.

However, there's another important aspect that often gets overlooked: psychosocial hazards of work³⁰. These factors include various social, organizational, and managerial aspects of a job that can affect workers' emotions, attitudes, behaviors, and even physical health. Despite being less visible than physical hazards, psychosocial factors are crucial and can significantly impact workers' well-being.

Negative psychosocial factors such as high job demands, low control over tasks, lack of support from supervisors or coworkers, and job dissatisfaction can lead to increased stress, poorer safety outcomes, and higher risks for various health issues among construction workers. Addressing these psychosocial factors alongside physical hazards is essential for ensuring the health, safety, and overall well-being of construction workers.

Furthermore, research indicates that psychosocial factors may also contribute to mental health disorders, suicidal thoughts, and substance misuse among construction workers. For instance, job stress, workplace bullying, and lack of social support have been linked to increased psychological stress and illicit drug use among young construction workers. Recognizing and addressing these issues is crucial for promoting a safer and healthier work environment in the construction industry.

In 2022 a meta-analysis of 48 existing studies demonstrated a strong correlation between psychosocial hazards and mental health problems in construction. Among the 14 psychosocial hazards they examined, role conflict had the strongest significant correlation with mental health problems, followed by role ambiguity, job insecurity, and interpersonal conflict.³¹

Worker mental ill-health can pose significant safety risks on job sites due to its correlation with increased workplace injuries and accidents. Studies have shown that workers experiencing depressive symptoms are at three times the risk of suffering from workplace injuries and fatalities³². Furthermore, anxiety, depression, and psychological distress have been linked to sleep problems, which can impair cognitive function, reaction times, and decision-making abilities, ultimately compromising safety on the job site. In the construction industry specifically, sleep problems resulting from mental health issues contribute to fatigue,

³⁰<https://blogs.cdc.gov/niosh-science-blog/2023/02/15/construction-psychosocial-hazards/>

³¹Chenjunyan Sun, Carol K.H. Hon, Kirsten A. Way, Nerina L. Jimmieson, Bo Xia,

The relationship between psychosocial hazards and mental health in the construction industry: A meta-analysis, *Safety Science*, Volume 145, 2022, 105485, ISSN 0925-7535, <https://doi.org/10.1016/j.ssci.2021.105485>.

³²Park, H., N. L. Sprince, M. Q. Lewis, L. F. Burmeister, P. S. Whitten, and C. Zwerling. 2001. "Risk factors for work-related injury among male farmers in Iowa: A prospective cohort study." *J. Occup. Environ. Med.* 43 (6): 542-547. <https://doi.org/10.1097/00043764-200106000-00007>



a known precursor to workplace accidents and injuries. Others have highlighted the association between sleep problems and fatigue in construction workers . Additionally, depression itself has been identified as a significant factor contributing to fatigue . Therefore, addressing worker mental ill-health is not only crucial for employee well-being but also imperative for maintaining a safe working environment and preventing accidents on job sites.

Addressing these root causes requires proactive measures to improve working conditions, provide support services for mental health, and promote awareness and destigmatization of mental health issues within the construction industry.



³³Powell, R., and A. Copping. 2010. "Sleep deprivation and its consequences in construction workers." *J. Constr. Eng. Manage.* 136 (10): 1086–1092. [https://doi.org/10.1061/\(ASCE\)CO.1943-7862.0000211](https://doi.org/10.1061/(ASCE)CO.1943-7862.0000211).

³⁴Sadeghniaat-Haghighi, K., and Z. Yazdi. 2015. "Fatigue management in the workplace." *Ind. Psychiatry J.* 24 (1): 12–17. <https://doi.org/10.4103/0972-6748.160915>.



The Voices of Lived and Living Experience

Omar's Story

Omar Galindo is an Organizer for the UA Pipefitters Local 78 and a Marine Corps Veteran who turned his pain into purpose and now is a tireless champion for the mental health movement in construction. In his words...



On a picturesque day characterized by 72-degree weather, clear skies, gentle sunshine, and a pleasant cool breeze, life seemed to embody perfection for me. Having surpassed my own expectations, as a Marine Corps combat veteran, I basked in the pride of my family. My wife and kids radiated happiness, with our relationship often described as "too cute" by those around us.

This idyllic life was a façade that was shattered by a series of events that hit me like a ton of bricks. Suddenly, the veil of perfection lifted, revealing a myriad of overlooked issues and struggles that tainted the once flawless picture I had painted.



Amidst the chaos and realization that life wasn't all "gumdrops and rainbows," a pivotal moment arose when I reached out to the suicide hotline for help. That conversation acted as a lifeline, offering me a sense of being heard and understood, ultimately leading me to seek therapy for my PTSD at the VetCenter. Despite initially brushing off the advice to get help, I eventually embraced the support, feeling a sense of guilt for not seeking it sooner. The journey towards healing was neither swift nor easy, as my mentor predicted a five-year timeline for noticeable improvement—a prophecy that I am now beginning to witness come to fruition.

Reflecting on a dark episode when the allure of walking into traffic crossed my mind, I realized the deep-seated roots of my struggles extended beyond my military service to childhood trauma and abandonment issues. Through therapy and mental health training, I uncovered layers of emotional turmoil that had long been buried within me. Despite enduring a series of setbacks and challenges over the past months, the tools acquired through training and the act of sharing my ongoing mental health battles with others have served as pillars of strength, guiding me through the darkest of times. By embracing vulnerability and openness, I not only find solace for myself but also create a space where others can share their struggles, fostering a sense of understanding and empathy in the process.

I've realized that a more hands-on approach such as sharing my story with others lets them know they are not alone. This movement is not just important for our membership, it's important for everyone.

Today Omar is a mental health leader in the industry and the Co-Chair of the Pipe PALS peer ally network.



Testimonials from the Roundtables

“A culture of caring usually doesn’t coincide with the construction industry. The high rates of suicide need to stop, and we need to change the culture or it will continue to impact retention and recruitment into the trades.”

“Construction safety class that is required—never once has mental health been mentioned. Incorporate mental health with PPE.”

There is still fear that there will be consequences to utilizing mental health services through an employer.

Fatigue, work-life balance, alcohol use at workplace settings—all of these things take a toll on workers. Tight deadlines, etc. are becoming more prevalent and people are overworked and exhausted.”





WHAT IS WORKING WELL? STRENGTHS AND SUCCESSES IN THE CONSTRUCTION WORKER WELL-BEING MOVEMENT

In just a short period the industry has moved from awareness to action to now strategy and culture change.

Positive Trends in Construction Worker Well-Being

Several positive trends in construction mental health were identified in the roundtable discussions. Most notably, these themes were most common:



Leadership Buy-In: Increasingly leadership is prioritizing the support for mental health initiatives, ensuring resources are available and accessible to all workers, and making time for needed training and other well-being demands. Leaders are beginning to appreciate how total worker well-being is connected to their safety and worker engagement priorities.



Cultivating a Company Culture of Caring: Several groups now see the importance of cultivating a company culture that prioritizes the well-being of employees. These “cultures of care” connect the dots between psychological safety/mental health and job site safety by stressing the importance of looking out for one another.



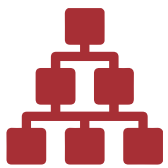
Human Connection Leading to Compassionate Awareness and Understanding: The urgent and dire statistics shared widely have opened the conversations for honest and open sharing. These stories have increased empathy and reduced the bias and stigma often connected to mental ill-health and suicide. Subsequently, many organizations now deliver supportive messages and normalize mental health conversations in many communications from new worker orientation to leadership development to company websites and newsletters. By maintaining a continuous conversation about the importance of mental health workers are more empowered to seek help and use available resources before reaching crisis points.



Education, Training, and Development: Organizations are investing in training programs to educate workers on recognizing and addressing mental health issues on job sites, and they acknowledge that solutions are not one-size-fits-all. Many now provide basic education on mental health, including topics such as brain chemistry, impulsive reactions, and the context of addiction and suicide. Others offer construction-specific skill-building for peer support and supervisors.



The Proliferation of Resources: In a very short period, the construction industry has developed and distributed many different types of resources related to mental health, including tools like Toolbox Talks, coins/poker chips sharing the 988 Suicide and Crisis Lifeline, hardhat/helmet stickers with QR codes directing people to webpages with tools and resources, and much more. Many organizations are digging into available mental health services like their Employee Assistance Programs and 988 to get a deeper understanding of how these resources work.



Structured Peer Support: Many attendees stated they had found success in establishing peer support networks where workers could connect, share experiences, and provide mutual assistance. Some of these were peer group meetings (e.g., 12-step or story-sharing groups) and others were training cohorts of peer allies to provide support when needed.



Industry-Specific Research Initiatives: New research initiatives are emerging nationally to help us all better understand mental health in the construction industry and develop effective interventions.

Mental health needs to be like changing the oil in your car—I plan to roll out several programs when I go back, especially within our veteran committees.

Everyone here is a connector—go back and spread the message—start the conversation and be a better listener



WHAT IS GETTING IN THE WAY? BARRIERS AND OBSTACLES TO OVERCOME

Despite the great advancements, several barriers and obstacles hinder the success of mental health efforts in the construction industry.

Barriers and Obstacles to Construction Worker Mental Health



Leadership Bias: Many leaders harbor misconceptions about the cost and time of creating an impactful worker well-being culture change initiative. Others delegate the work of overseeing the effort to their HR personnel and keep a hands-off approach. The lack of executive support then hinders the implementation of mental health initiatives. Furthermore, management styles that make light of mental health and punish performance decline that may be connected to mental health concerns affect the workers' trust in the authenticity of the efforts.



Stigma and Fear: Fear of repercussions and stigma surrounding mental health care usage, especially among certain demographics, creates barriers to seeking help and fostering open conversations.



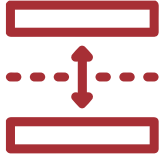
Access to and Engagement with Resources: Disseminating information and resources to field workers and subcontractors who may not actively seek them poses a challenge. Of course, just having resources doesn't mean that they are trusted or that they are being used. Many organizations were shocked to learn about the woeful underutilization of existing resources like Employee Assistance Programs (EAPs).



Reactive Cultural and Industry Norms: The construction industry's fast-paced, production-driven culture often prioritizes reactive care over proactive measures, perpetuating stigma and hindering progress.



Gaps in Training and Clarification of Roles: Lack of training for newly promoted leaders and a need for a better understanding of roles between HR and safety departments contribute to barriers in addressing mental health.



Need to Bridge the Gap on Generational Differences and Culturally Responsive Approaches: Challenges arise from diverse age ranges and differing perspectives on mental health, gender roles, and toughness, necessitating careful navigation of these issues. In addition, few mental health resources address the significant language and cultural barriers that exist among diverse ethnicities, most notably, the Spanish-speaking workforce.



Streamlining and Scaling: Numerous comments noted duplication of efforts and inefficiencies in the development and implementation of initiatives.





TOP PRIORITIES IDENTIFIED

During the roundtable discussions, participants were challenged to identify the top bold goals for the organizations within the construction industry. Here are the top five goals.

Goal #1: Cultivate a Culture of Care

Cultivating a culture of care in the construction industry is paramount for ensuring worker wellbeing and fostering a supportive work environment. By actively engaging every day in conversations with workers on-site and in the field, relationships are built, trust is established, and a sense of community is fostered. Initiatives like buying trade partners lunch once a month to discuss mental health not only demonstrate a commitment to worker wellbeing but also provide valuable insights into the needs and concerns of workers.

Encouraging open dialogue and creating opportunities for workers to come forward and talk about their mental health challenges helps break down stigma and encourages seeking support when needed. Moreover, integrating psychological safety training and awareness activities into existing health and safety priorities reinforces the importance of mental health in achieving overall job site safety. Ultimately, by prioritizing worker wellbeing and nurturing a culture of care, the construction industry can create a more supportive and resilient workforce.

For true culture change to be achieved, leaders at all levels must prioritize mental health initiatives within the organization, demonstrating a genuine commitment to the welfare of their employees. They should lead by example, embodying the values of empathy, compassion, open communication, and their own commitment to their personal mental health. Furthermore, leaders should actively listen to the concerns and feedback of their team members, creating a culture where individuals feel valued, heard, and supported. By fostering a culture of care, construction leaders not only enhance the overall health and happiness of their workforce but also contribute to increased productivity, morale, and long-term success within the organization.

Goal #2: Empower Workers to Help Lead -- Organizational Champions, Peer Allies and Crisis Response Teams

Empowering workers to help lead in construction mental health efforts is crucial for creating a supportive and proactive workplace environment. By identifying mental health champions throughout the organization



– not just HR -- more opportunities emerge to share experiences and resources, ultimately fostering a culture of support and understanding. Additionally, these mental health advocates can help conduct needs assessments and mental health resource audits from a “boots on the ground” perspective.

Peers often share similar experiences and challenges at work, making them uniquely positioned to understand and empathize with one another's struggles. This shared understanding fosters a sense of camaraderie and trust, creating a safe space for individuals to open up about their mental health concerns without fear of judgment.

Peer support provides a valuable source of encouragement, validation, and practical advice, empowering individuals to seek help and take proactive steps toward improving their mental well-being. Peer support networks can help combat the stigma surrounding mental health in the construction industry by normalizing discussions and promoting awareness. With the prevalence of virtual meetings, connecting and organizing peer support groups has become more accessible than ever before, allowing for the creation of different peer groups tailored to various needs within the workforce. Collaborating with professional associations, union-based health and safety groups, and joint labor-management teams can facilitate the organization and spearheading of these peer support networks, enhancing their effectiveness and reach within the construction industry.

Additionally, establishing Crisis Response Teams equipped with “grab-and-go” resources and clear directives, along with identifying and training leaders to effectively manage crises, ensures a swift and organized response to mental health emergencies. Integrating these initiatives into the organization's emergency action plans further emphasizes the importance of mental health and well-being in maintaining a safe and resilient workforce.

Goal #3: Continually Evaluate, Improve, and Disseminate Training and Educational Efforts

Continually evaluating, improving, and disseminating training and educational efforts will help the industry scale skill-building and awareness efficiently and effectively. By integrating mental health discussions and resources into existing training programs and construction safety classes, construction industry professionals can cultivate a deeper understanding of mental health issues and their impact on job performance and safety.

Partnering with research teams at local universities can help ensure that the efforts are achieving the



intended outcomes while identifying any unintended negative impact. Longer-term impact studies are crucial in construction mental health efforts as they provide invaluable data-driven insights into the effectiveness of interventions, helping refine strategies, allocate resources more efficiently, and ultimately foster continuous improvement in supporting the mental well-being of construction workers.

Goal #4: Streamline and Distribute Accessible and Responsive Resources

Because so many construction industry resources emerged so quickly, many feel a sense of overwhelm. Streamlining and distributing culturally responsive resources in construction mental health efforts ensures that essential mental health resources and support are readily available and accessible to all members of the construction industry, regardless of cultural background or language proficiency. By offering mental health cards, toolkits, and other resources directly to workers during toolbox talks, orientations, and apprenticeship programs, critical information is connected directly to the individuals who need it most.

This goal involves establishing clear communication channels and consistent messaging across job sites, newsletters, social media platforms, and training sessions. By disseminating information effectively and utilizing various mediums such as company newsletters, toolbox talks, and social media including TikTok, construction companies can reinforce the importance of mental health awareness and promote a culture of care throughout the industry.

Efforts to address diversity, equity, inclusion, and belonging (DEIB) within the construction industry are continuing to expand to include initiatives to recruit and promote more minorities into leadership positions. Ensuring representation from all cultural groups in mental health storytelling and advocacy efforts will similarly increase inclusion and belonging in the workplace and on job sites.

Collaborations with governmental agencies like the Department of Labor (DOL) to translate essential documents and information into multiple languages, starting with Spanish, demonstrate a commitment to inclusivity and accessibility. Ultimately, the overarching objective is to create a supportive and inclusive environment where all construction workers feel empowered to prioritize their mental health and access the resources they need to thrive both personally and professionally.

Historically, Employee Assistance Programs (EAPs) have been an underutilized tool by construction workers. There are many reasons for this underuse, including:

- Not all employers and/or labor unions have EAPs.
- EAPs are frequently embedded as a service in employer- and/or union-sponsored benefit programs, so in non-union employers all employees (office and field workers) are under a single plan. In union organizations, salaried employees are covered in the employer health plan whereas hourly field employees are covered in the union health and welfare plan.



- Many do not understand how the EAP works, what type and amount of services it provides, and who is eligible for the services.
- Confusion arises when union-signatory employers talk about EAP services available through different union-sponsored health and welfare plans.
- Despite the legally required confidentiality of EAPs, suspicion among workers toward EAPs provided by their employers remains high.
- A small and growing number of labor unions are either contracting with established EAPs or developing inhouse Member Assistance Programs (MAPs).

Organizations can forge stronger collaborations with their mental health services and supports to make the process of connecting workers to help go more smoothly. Most leaders of construction organizations do not know what makes a good EAP or how to create a strong partnership with their EAP provider. Leaders are encouraged to better understand the EAP services and to ensure managers and supervisors are trained on these capabilities as well.

Goal #5: Monitor and Mitigate Psychosocial Hazards – Most Notably Hours Worked and Travel

Recruiting, training, and retaining a workforce is a consistent challenge in the construction industry. Generational differences in expectations for life/work balance have provided the edge to occupations and careers outside of construction. The continuing economic recovery and investment growth in renewable energy, manufacturing, and infrastructure have increased the competition for both skilled and unskilled labor against other industries. Many sources identify that the industry is already over 500,000 workers short before the forecasted wave of mass retirements over the next decade.

A growing number of industry stakeholders are recognizing the intersection between physical health risks and psychosocial hazards inherent in construction work. A recurring theme during the breakout groups was the need to identify practical strategies to counter worker fatigue to help safeguard the well-being of construction workers. Factors that were discussed included evaluating total hours worked and the impact of scheduled and unscheduled overtime. Attendees expressed concern over the industry's lack of paid time off, the amount of time many workers spend commuting to and from work, and isolation separation from family and separation from social and mental health supports during work-related travel.

Several companies described being intentional about employees not using electronic devices at night except for emergencies. Those companies described building a culture where individuals are encouraged to take



time off without feeling guilty or pressured which can help foster a culture that prioritizes self-care and mental health.

Integrating provisions for mental health appointments into contracts with subcontractors ensures that workers have the necessary time and flexibility to attend such appointments without fear of repercussions. This proactive approach acknowledges the importance of mental health care and underscores the industry's commitment to supporting workers' holistic well-being. By giving individuals the time and space for self-care by accommodating mental health appointments, construction employers can create environments that prioritize mental health and contribute to a healthier, more resilient workforce.





RECOMMENDED NEXT ACTION STEPS

Here are some recommendations made by the roundtable participants organized into “upstream” (proactive prevention), “midstream” (early intervention), and “downstream” (crisis response) categories.

Upstream

“

Bigger than training and programming, it's a societal/culture shift that needs to be made.

”

“

Get the younger generation involved in mental health—they have different stressors than we do—we need to listen to them.

”

“

Students—companies that come in to talk to students about mental health and how they handle job/home life stressors and let people know you care.

”

“

Encourage people to find an accountability buddy.

”

“

Is it the company or the owner that is forcing this? Both have the responsibility. A world where contracts are extended for needed time off or contract language that says you're not allowed to work more than 5 days-10 hours a day. Imagine the quality of work/productivity that we can instill if we start changing the contracts and conversations. **Deadlines and bonuses are killing our people.**

”



“

Using storytelling and personalizing it.

”

“

Identify champions throughout an organization.

”

“

Identify work-related characteristics that contribute to poor mental health and well-being and come up with ways to modify those characteristics.

”

“

Reframe this from a systems perspective, and understand gaps between Operations, HR, Safety, and EAP. Total employee health and wellness!

”

“

Stretch and Flex – add a Mental Health check (‘what’s in your headspace today?’)

”

“

Organize and curate resources – there are tons of resources out there, how can they be better organized to access quickly and efficiently and understand what they are?

”

Midstream

“

Use a mobile medic. Spread awareness about having a therapist on site and the benefits for employees outside of just the EAPs.

”



“

In-house and on-site Paster (nondenominational) available to make sure employees are taken care of.

”

“

Work on volunteer 'buy-in' programs so that conversations are naturally happening day-to-day.

”

“

Create more professional peer support opportunities...more spaces to share best practices and ideas and to learn from each other.

”

Downstream

“

Use mental health assessments to get a read on your company and what services the employees specifically need.

”

“

Recovery meetings that happen in the trades.

”

“

Put into contracts to allow sub-contractors time for mental health appointments.

”

“

Teach employees how to utilize these [EAP] benefits when they are not stressed, and continuously remind them about the benefit.

”



“

Have some aftercare for those impacted by a death.

”

“

Conduct a mental health resource audit.

”

“

Have Narcan easily and widely accessible on all job sites and make sure people know how to use it/train them

”

“

Put the 988 number on every orientation packet and make it a point to mention the 988 number in the orientation presentation.

”

Questions to Ask Your EAP

- Do you have providers who speak multiple languages?
- Do you offer virtual or in-person appointments?
- How long is the waitlist to access therapy/services?
- How much experience do the therapists have working with construction?
- Are providers in-network so insurance coverage works?
- Do services provide access for spouses and children?
- Is there an option to participate in telehealth?
- Do you provide legal or financial coaching? What other services?
- Are you able to support mental health awareness activities like lunch and learns?



CONCLUSION

In conclusion, the construction industry faces significant challenges in addressing mental health, suicide prevention, overdose prevention, and addiction recovery among its workforce. Despite these challenges, progress is being made through initiatives such as the Construction Working Minds Summit, where stakeholders convene to discuss solutions. Strengths include a growing culture of care and increasing awareness, while barriers include stigma and access to resources. Top priorities identified include fostering a culture of care, empowering workers to lead, continual improvement of training efforts, streamlining resource access, and monitoring psychosocial hazards. By collectively addressing these priorities, the industry can better support the well-being of its workers.





ADDITIONAL RESOURCES & PROMISING PRACTICES

Construction-Specific Worker Mental Health Organizations

Construction Working Minds <https://constructionworkingminds.com/>

Construction Industry Alliance for Suicide Prevention <https://preventconstructionsuicide.com/>

Toolbox Talks, Posters & Training

CPWR Center for Construction Research & Training -- Mental Health & Addiction Resources
<https://www.cpwr.com/research/research-to-practice-r2p/r2p-library/other-resources-for-stakeholders/mental-health-addiction/>

VitalCog in Construction:
<https://www.coloradodepressioncenter.org/vitalcog/>

Brentdarnell.com/resources

AGC MO
https://www.agcmo.org/WCM/WCM/Nav_Items/Member_Resources/Safety/Suicide_Prevention_in_Construction_Industry.aspx?hkey=3b314f31-d3d3-491c-8cd0-f417dbf57a70

OSHA Outreach Materials
• <https://www.osha.gov/workplace-stress/outreach-materials>

Man Therapy:
<https://mantherapy.org/>

NAHB:<https://www.nahb.org/-/media/NAHB/advocacy/docs/industry-issues/safety/toolbox-talk-mental-health.pdf>

SAFEBUILD Alliance:
<http://safebuildalliance.com/images/docs/Mental%20Health/Tool-Box-Talk-3.pdf>



Articles & Continuing Education

Procore:

<https://www.procore.com/library/mental-health-construction>

Continuing Education Course on Health and Wellness of Your Team:

https://learn.procore.com/health-and-wellness-of-your-team?_gl=1*1473c1x*_ga*MTA0NTM5NDMzMzMy4xNzA1NDU1MzE3*_ga_DDN1X7BZGJ*MTcwNTQ1NTMxNi4xLjEuMTcwNTQ1NTM0Ny4yOS4wLjA.*_ga_0W3CW2NEWP*MTcwNTQ1NTMxNi4xLjEuMTcwNTQ1NTM0Ny4yOS4wLjA

Trimble Construction:

<https://constructible.trimble.com/construction-industry/mental-health-in-construction-stats>

Construction Dive:

<https://www.constructiondive.com/spons/mental-health-in-the-construction-industry/646290/>

WTW:

<https://www.wtwco.com/en-us/insights/2023/08/why-building-mental-health-awareness-is-important-for-the-construction-industry>

Construction Safety Week

<https://www.constructionsafetyweek.com/safety-culture/mental-health-resources/>

Associated General Contractors <https://www.agc.org/mental-health-suicide-prevention>