



Mental Health Issues In Construction

Why Mental Health Matters

Discussion

- Why do we need address mental health and suicide prevention in the construction workplace?
- How can mental health and suicide prevention be woven into existing safety, wellness and performance management practices?
- What is a “caring culture” and how can it positively impact a company and its employees?
- How can a construction company set itself apart as a best-in-class employer by adopting a mental health and suicide prevention program?
- What role does the opioid epidemic play in all of this?

Ignoring Is Not An Answer

*“We don’t have a
mental health or
suicide problem...”*





Let's clear up some language

- Die by vs. Commit
- Has vs. Is
- Weak, selfish



Why?

Construction is most at-risk industry for suicide deaths

- All levels: laborers, skilled trades, operators, management
- Overall rate: 49.4/100,000 – 3.5x the national average
- Equipment operators: 52.8/100,000

The logo features the word "STANDUP" in large, bold, white capital letters on a dark teal, tilted rectangular background. Below it, the words "FOR SUICIDE PREVENTION" are written in smaller, white, sans-serif capital letters on a white banner that also follows the tilt of the background.

STANDUP
FOR SUICIDE PREVENTION

It's not just construction

- Suicide is a societal issue:
 - 47,000 deaths by suicide
 - 130 Per Day
 - 30 attempts for each suicide
 - 2.5X of homicides



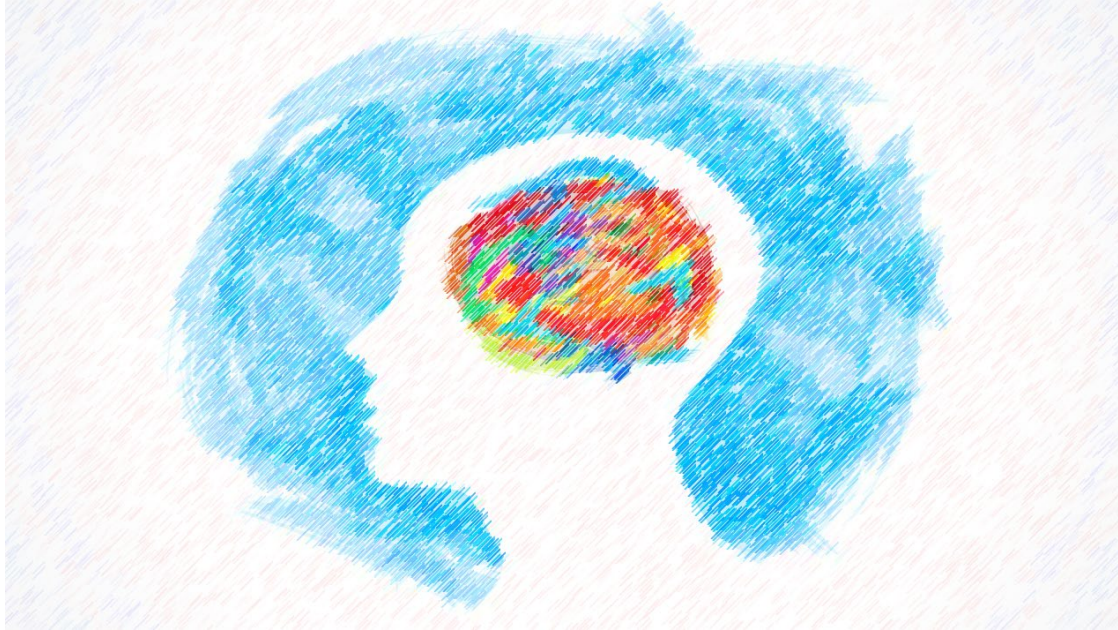
Rethink Safety Focus



2018:

- 1008 Construction Worker Fatalities (9.5/100,000)
- 5,242 Construction Worker Suicide (49.4/100,000)

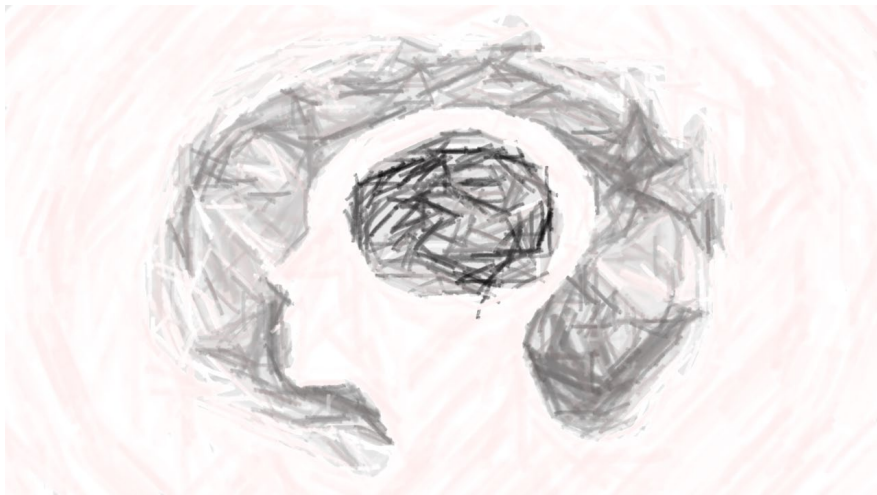
90% of Suicides



are by individuals with an underlying mental illness

Depression is the first leading cause of disability & increases risk of other chronic medical conditions – Mental health claims are 1/3 of all disability claims

Mental illness leads to-



\$193 billion of lost earning
1 in 5 Adults and Teens suffer from a mental illness

43.8 Million

60% are left untreated

6.9% Depression

18.1% Anxiety

Can lead to up to 27 lost workdays per year



The epidemic and the pandemic

“How do substances factor in?”

Opioids Have No Place in the Workplace

- 16,790 Prescription Opioid Overdoses
- 47,600 Opioid Overdose Deaths Overall

- Illegitimate Use:
 - Impairing
 - Probably a sign of an opioid misuse disorder

- Legitimate Use (Prescribed):
 - Impairing
 - Addicting
 - Increases risk of future disability
 - Delays recovery
 - Increases medical costs
 - Less effective than alternatives

Acute Rx Leads to Long Term Use

Duration of acute use:

- 1 Day = 6% chance of still using the drug a year later
- 7 Days = 13.5% chance
- 31 Days = 29.9% chance

Long term use leads to:

- Increased perception of pain
- Increases risk of depression
- Increases risk of suicide



Drug free workplace policies:

- Should be used as a safety/health tool for workers
- Update to include random drug screens on employees in safety sensitive positions
- Refer positive tests to an EAP that can evaluate and treat Opioid Use Disorder
- Educate employees about the dangers of opioids



“Why is this an issue in construction...”

Risk Factor	How to Address
Stoic / Tough Guy Mentality “Suck it Up”	Leadership: Zero tolerance for bullying, harassment Sharing of stories of overcoming struggle
Chronic Pain	Injury management programs – stretch & flex – coordination with WC carrier for pain management
Sleep Disruption &/Or Sleep Deprivation	Considering the person and their needs in scheduling
Separation &/Or Isolation	Consideration of the person – creating support structure with solid teams
Layoffs	Communication – Financial Management Education
Alcohol & Substance Abuse	Screening programs – Last Chance Agreements – Leaves available for treatment

Risk Factor

How to Address

Extreme Pressure / Low Margin for Error

Staff according to need – Reasonable expectations – Celebrate the Wins/Learn from the Losers

Access to Lethal Means

Gun Safety – Reduce Jobsite Access

Poor Access &/Or Utilization of Behavioral Health Care

Education – Confirm Benefits – Build Awareness

Promotion of Supervision without Leadership Training

Address Soft Skills/People Skills – **Project** Management is different than **People** Management

Skill Gaps – Feeling Stuck

Train & Develop employees to reach full potential

Large Veteran Workforce

Have a plan to accommodate physical and emotional needs – Partner with Veteran organizations



“We’re focused on other employee recruitment and wellness initiatives...”

*“We don’t know how
to get started...”*



Upstream:

- Caring Culture
- Preventative Factors
- Identify & Promote Resources
- Mental Health Literacy

Midstream:

- Education on warning signs
- Early Identification
- Mental Health Screenings
- Connection to care

Downstream:

- Manage Crises
- Restrict Access to Lethal Means
- Provide Resources
- Crisis Response Management
- Offer Support



Warning Signs

Acting anxious, agitated or reckless

Increased drug or alcohol use (self medicating)

Talking about feeling trapped, wanting to die, being a burden, feeling hopeless or helpless

Appearing sad or depressed most of the time

Extreme mood swings

Withdrawing

Sleeping too much or unable to sleep

Performance Issues That Can be Warning Signs



- Decreased problem-solving ability
- Decreased self confidence
- Decreased productivity
- Increased tardiness & absenteeism
- Increased conflict among co-workers
- Increased near hits, incidents, injuries

Know How to Respond: TASC

Tune in

Tune in: When you notice or sense that a person may need help, focus your attention on them for warning signs

Ask

Ask: Ask if they are thinking about suicide clearly, directly & calmly – and without judgement

State

State: State that suicide is serious and that connecting to help is important

Connect

Connect: Connect the person to a helping resource who knows suicide first-aid skills

SAFE

Creating a culture in which suicidal thoughts or if they,

TRAINING

Make suicide prevention training available to our workforce?

AWARENESS

Raise awareness through such meetings, training, media posts

NORMALIZE

Normalize by talking about mental health

DECREASE

Decrease the risk of suicide in construction by ensuring that all team members have access to an awareness of our EAP/MAP, behavioral health benefits, screening tools, community crisis support, the Suicide Prevention Lifeline, and Crisis Text Line.

QUESTIONS TO ASK

- Does company leadership promote a caring culture for those experiencing a mental health crisis?
- Do our policies (attendance, performance, conduct testing) make it prohibitive for an employee to seek help for themselves or a co-worker in dealing with a personal or addiction crisis? Do we consider mental health management?
- Do we have support systems in place for employees experiencing overwhelming life challenges?
- Do we consider peer support systems and relationship building and scheduling crews?
- Do we consider personal or family needs, community limitations when scheduling out-of-town, night,

QUESTIONS TO ASK

- Have we made training on mental health and suicide intervention available to our workforce?
- Are managers and supervisors trained in recognition of mental illness or suicide risk?
- Is there a clearly communicated referral process for co-workers who have concerns for an employee?
- Do we inform our workforce on how to access behavioral health benefits in our group health plan?
- Do we make an EAP and/or other resources available and educate them on how to access?

QUESTIONS TO ASK

- Do we share information about the risks of suicide in construction with our workforce and others in the industry?
- Do we use channels such as toolbox talks, company news, company meetings to build mental health literacy?
- Do we provide opportunities for the families of our workforce to understand the unique risks faced by their loved ones so they can be aware of warning signs as well?
- Do we educate our workforce on the dangers of opioids and addiction and overdose?
- Do we participate in any type of community involvement related to mental health or suicide prevention?

QUESTIONS TO ASK

- Do we have a clear, bold leadership statement discouraging discrimination on the basis of mental illness?
- Is mental health and suicide discussed in the workplace?
- Is mental health included in our safety and wellness programs?
- Do employees understand the confidentiality of the health treatment providers?
- Do we support employees experiencing mental illness and we support employees experiencing other illnesses?

QUESTIONS TO ASK

	NOT AT ALL	DISCUSSED BUT NOT INTEGRATED	INTEGRATION IN PROGRESS	FULLY INTEGRATED
1 Do our post-incident/post-incident/return-to-work programs and process address mental health issues following a workplace accident or injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Do we have a critical incident debriefing plan in place and a service provider to conduct it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do we have a stress management program in place, especially for leaders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Do we put protective factors in place for leaders if there is a significant negative event/outcome on a project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Do we have a postvention plan should an employee die by suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONSIDER SOME OF OUR RECOMMENDED ACTION STEPS! KEEP IT UP! GREAT WORK!

Build the case to obtain leadership support

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Review company policies and update as needed to remove prohibitive factors from reporting, asking for help

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Enroll managers, supervisors and as much of the workforce as possible in LivingWorks START training

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

For those very engaged and interested in suicide prevention, consider extending Gatekeeper training

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Integrate suicide prevention & mental health Toolbox Talks into your rotation

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Designate an internal champion who shares positive and inclusive messages

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Include zero-suicide in company safety goals

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Include attention to underlying mental health concerns in near miss, incident and accident investigations/reports

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Add a critical incident debriefing process

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Work to re-integrate injured employees into the workplace as quickly as possible, seek light-duty opportunities whenever possible

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Incorporate second chance agreements

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Include discussion of company's attention to mental health during employee orientation/on-boarding

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Evaluate group health benefits for accessing mental health and addiction treatment. Create an easy-to-use directory of covered providers

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Educate employees on mental health benefits that are a part of their group health benefits

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Add a segment to company newsletters with mental health facts/information along with resources

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Hang posters and distribute hardhat stickers

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Coordinate with injury care providers to avoid prescription opioid pain treatment whenever possible and to shorten duration when needed

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Provide support needed to set projects up to succeed - prioritize encouragement and checking in with leaders of struggling projects

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Have the Manager's Guide for Postvention ready for use in case of a team member suicide

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:



preventconstructionsuicide.com



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Take the pledge, download resources, order supplies, access free training and screening tool – all on our website



THANK YOU FOR YOUR TIME AND ATTENTION