

Mental Health and Suicide Prevention in Construction

It's time to rethink traditional safety and culture



[PREVENTCONSTRUCTIONSUICIDE.COM](https://www.preventconstructionsuicide.com)

What is the Construction Industry Alliance for Suicide Prevention (CIASP)?

- Born out of necessity in response to a statistic released in a **CDC study ranking construction and extraction as the #1 occupation for deaths by suicide**
- CIASP was formed in 2018 as a **501(c)(3) nonprofit organization**
- **Vision:** A zero-suicide construction industry
- **Mission:** CIASP exists to save lives by eliminating suicide in the construction industry.
- **10-Year Goal:** The construction industry suicide rate will be no higher than the average of all other industries: approximately 18 deaths per 100K employees.

Let's clear up some language

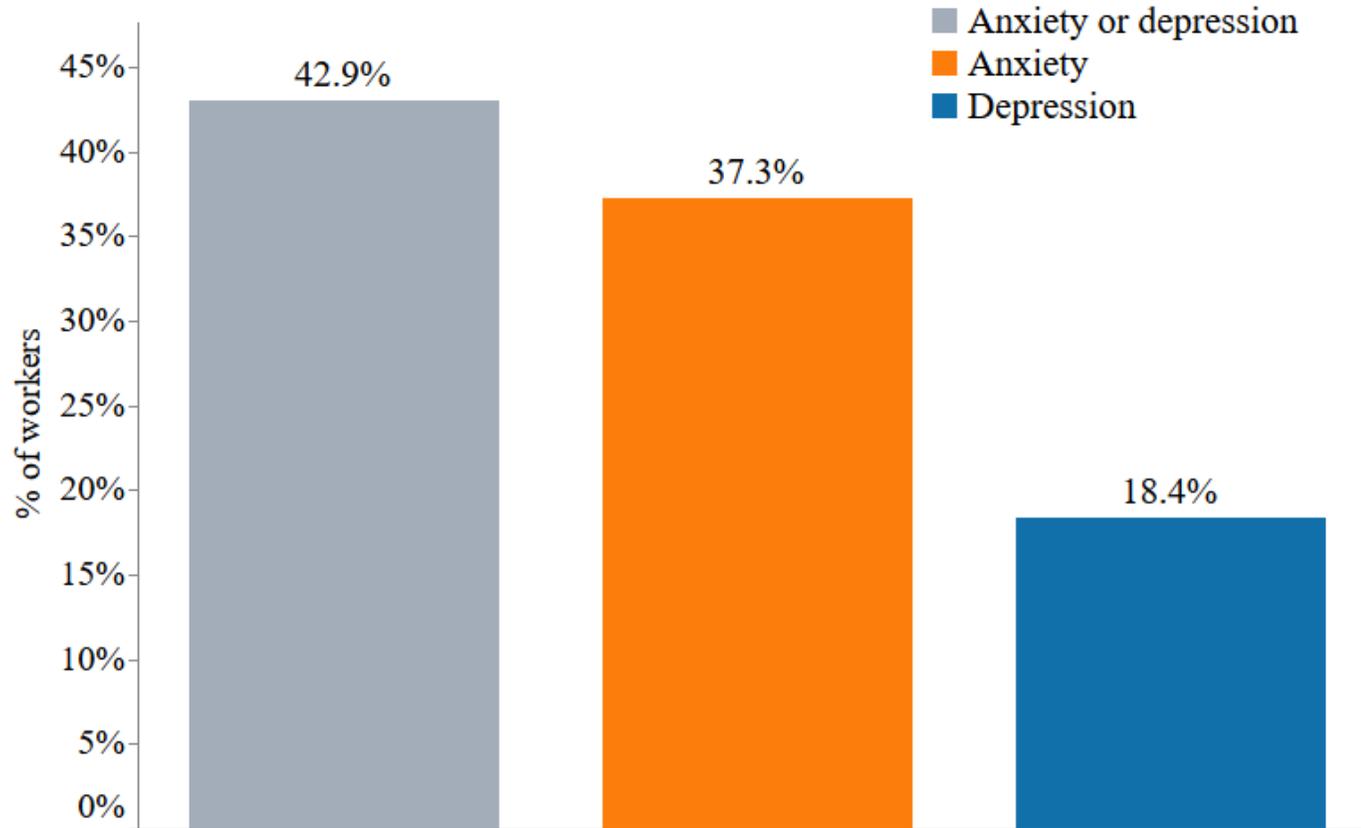
- Die by vs. Commit
- Has vs. Is
- Weak, selfish

CIASP believes that...

- **Construction work is noble**, and all people in the industry matter and are worthy of our resources and investment.
- **Every suicide is preventable** – even one suicide is too many – and we have the ability to reduce suicide in our industry.
- Working in the construction industry can pose risks and stresses that contribute to mental health issues; **the work and life experience of construction workers can be improved by addressing mental health and suicide.**
- **Physical safety includes mental health**; therefore, industry health and safety programming must include mental health.
- **Every person should have access to mental health resources.**
- **Caring and connection make a difference**; caring people and caring organizational cultures can give hope and make a meaningful impact.
- **Every construction organization – regardless of its scale – can make a meaningful impact on suicide prevention.**

Impact of COVID-19

8. Percentage of construction workers feeling more anxious/depressed in 2020 than in 2019*

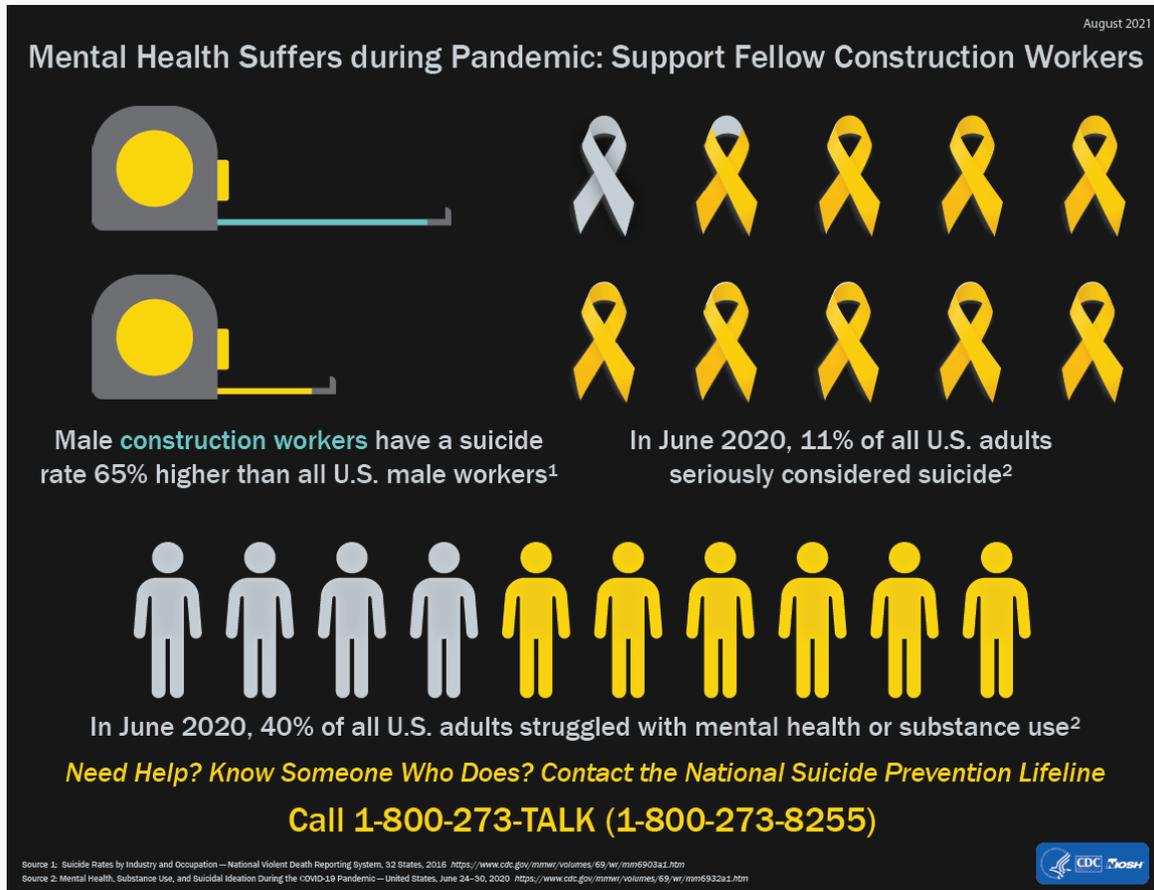


Source: National Health Interview Survey, 2019-2020. Calculations by the CPWR Data Center.

*Chart includes sub-sample of construction workers who were interviewed in both 2019 and 2020.

- During June 24-30, 2020, **U.S. adults reported considerably poorer mental health conditions due to the pandemic**. 40% of all adults reported struggling with mental health or substance abuse.
- **42% of construction workers reported feeling MORE anxious or depressed in 2020** than in 2019.
- In 2020, the prevalence of anxiety/depression (based on feelings or medication) in workers was 15%, and was particularly high in those who were:
 - age 18-34 (18%),
 - female (24%),
 - living below the poverty line (18%),
 - or working part-time (19%).

Why do we need to address mental health in the construction workplace?



- In 2017, nearly 38,000 people of working age (16 – 64) died by suicide, a **40% rate increase in less than 20 years**
- The suicide rate in the U.S. is rising, but **construction workers are at a greater risk of suicide than the average worker**
- All levels: laborers, skilled trades, operators, management
- Male construction workers have a suicide rate **65% higher** than all U.S. male workers

What are the Construction Risk Factors?

Chronic pain

Extreme pressure /
low margin for
error

Promotion of
supervisors without
leadership training

Skills gap / feeling
stuck

Stoic / tough guy
mentality

Separation and/or
isolation

Layoffs / financial
instability

Access to lethal
means

Veterans in the
workforce

Alcohol &
Substance Abuse

Demographics:
Men in the middle

Sleep disruption /
deprivation

Poor access to /
utilization of
behavioral health
care

Ignoring is NOT an Answer



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

How can mental health and suicide prevention be woven into existing management practices?

Getting 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

Recognize that mental health IS a workplace concern

- 1 in 5 Adults Will Experience Mental Illness →
- 52.9 Million People
- 60% are left untreated
- 6.9% Depression
- 18.1% Anxiety
- Can lead to up to 27 lost workdays per year

6.7% (17 million people) experienced a co-occurring substance use disorder and mental illness in 2020

Depression and anxiety disorders cost the global economy **\$1 trillion each year in lost productivity**

Depression is the **first leading cause of disability** & increases risk of other chronic medical conditions.

When employees are depressed, they **miss an average of 31.4 days per year** and lose another 27.9 to unproductivity

Mental and nervous conditions are ranked #3 of all disability claims



A \$1 investment in mental health results in a \$4 Return on Investment

Recognize the Signs to Speak Up

WHAT ARE THEY SAYING?

- ◆ Talking about feeling trapped
- ◆ Saying they want to die
- ◆ Feeling like they are a burden to others
- ◆ Expressing hopelessness or helplessness
- ◆ Conflict or confrontations with co-workers

WHAT ARE THEY DOING?

- ◆ Increased tardiness or absenteeism
- ◆ Decreased productivity and problem solving
- ◆ Near misses, hits or other safety incidents
- ◆ Misusing drugs or alcohol
- ◆ Acting anxious, agitated or reckless
- ◆ Withdrawing from social groups and interactions
- ◆ Extreme mood swings

WHAT'S HAPPENING IN THEIR LIVES?

- ◆ Relationship issues
- ◆ Major life changes
- ◆ Loss of a loved one
- ◆ Financial difficulties
- ◆ Illness or injury



RESOURCES
HELP IS WITHIN REACH

CONSTRUCTION INDUSTRY ALLIANCE
FOR **SUICIDE PREVENTION**

INFORMATION & RESOURCES AT
preventconstruction suicide.com

NATIONAL
SUICIDE PREVENTION LIFELINE

THE NATIONAL SUICIDE PREVENTION LIFELINE AT
1.800.273.TALK (8255) or
suicidepreventionlifeline.org

STANDUP
FOR SUICIDE PREVENTION

CRISIS TEXT LINE |

TEXT HELLO TO 741741
Free, 24/7, Confidential
crisistextline.org

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

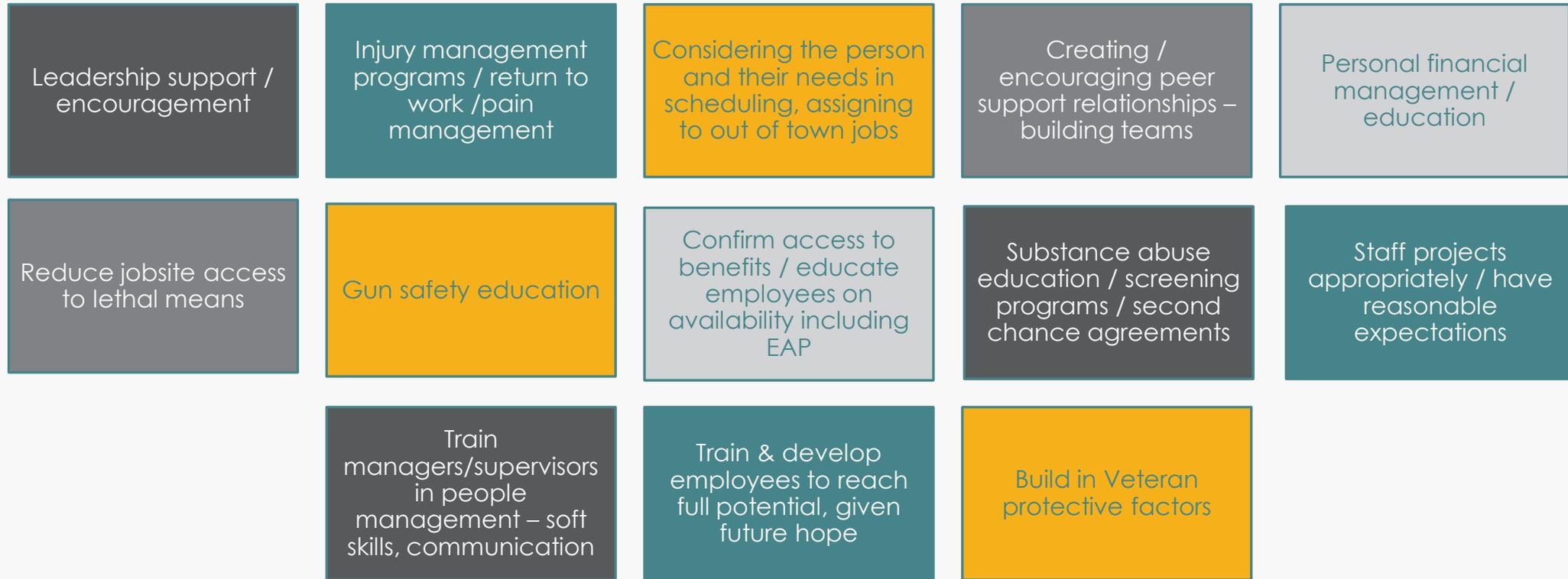
State

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

What is a “caring culture” and how can it positively impact a company?



Suicide Prevention Resources

- Toolbox Talks & Resources @ www.preventconstructionsuicide.com
- LIVINGWORKS Training @ preventconstructionsuicide.com/Training
- screening.mentalhealthscreening.org/ciasp



Text HELLO to 741741
Free, 24/7, Confidential



Toolbox Talk: SAFE – Mental Health & Suicide Prevention as a Safety Priority

In construction it is typical for us to discuss physical safety on a daily basis. For many years, the focus of our work plans has been on keeping ourselves and our co-workers safe from bodily harm. What we have not typically talked about is our mental health, and now is the time to include mental wellness as part of our overall total worker safety.

You might be shocked to know that construction workers have the highest suicide rate of any other occupation. As much effort as goes into keeping your fellow crew members safe each shift – would you consider putting that same effort in to making sure they return to work tomorrow safe as well?

1 in 4 or 5 adults are currently experiencing a mental health condition like depression or anxiety, or maybe something even more severe like bi-polar disorder. In most cases and with proper treatment, these conditions can be managed and overcome with those experiencing them having full and productive lives.

However, if these are ignored and not treated, as they are more than half the time, these conditions can lead to people being distracted, less productive than normal, and possibly unsafe and unable to perform their normal jobs. Because of this, mental health and suicide prevention need to be safety considerations.

In your safety huddles, check in on how your teammates are doing. Pay attention to those who may be acting or performing differently than normal and ask if they need to talk. Keep information on your EAP, the Suicide Prevention Lifeline and the Crisis Text Line available to share with those who might need to seek help.

Remember, safety starts with what's under the hardhat.



WWW.PREVENTCONSTRUCTIONSUICIDE.COM

#STANDUPFORSUICIDEPREVENTION

What role does the opioid epidemic play in all of this?

- Injured workers in all industries often receive powerful prescription pain medication, including opioids. According to the CDC, 1 out of 4 people prescribed opioids for long-term pain become addicted.
- One study linked New Mexico workers' compensation data for workers injured in 1994 through 2000 with SSA earnings and mortality/cause of death data through 2013.
 - For men, a lost-time injury was associated with a **72% increased risk of suicide** and a **29% increase in the risk of drug-related death**.
 - Among women, lost-time injuries were associated with a **near tripling in the risk of drug-related deaths** and a **92% increase in the risk of deaths from suicide**.
- **Construction workers have one of the highest injury rates compared to other industries**, making them more likely to be prescribed opioids.
- Construction workers also rely on their bodies and often feel the need to **overcome pain** in order to work and get paid.

Opioids Have No Place in the Workplace

- 16,416 Prescription Opioid Overdose Deaths
- 68,630 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

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 sensitivity to/perception of pain
- Increased risk of depression
- Increased risk of suicide

**Acute Rx
Leads to Long
Term Use**

Be a Best-In-Class Employer

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

Be a Best-in-Class Employer

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

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

Resources to Reduce Opioid Use in Construction

- CPWR – The Center for Construction Research & Training – [collection of resources to prevent opioid deaths in construction](#)
- [Opioid Awareness Training Program](#)
- Healthier Workforce Center of the Midwest – [Opioid Management Guidelines for the Construction Trades](#)
- Washington University in St. Louis/Healthier Workforce Center of the Midwest – [Starting a Prevention Program for Opioid Abuse in Construction](#)



Starting a Prevention Program for Opioid Abuse in Construction

Washington University in St. Louis
SCHOOL OF MEDICINE

HEALTHIER WORKFORCE
CENTER of the MIDWEST



STANDUP

FOR SUICIDE PREVENTION

GET HELP

Know who to contact if you or someone you know is at risk of suicide

GET INFORMED

Learn why construction is the most at-risk industry for suicide deaths

GET STARTED

Pledge to STAND UP for suicide prevention and address it as a health and safety priority

WE ALL
STAND
STRONGER
TOGETHER



INFORMATION & RESOURCES AT
preventconstruction suicide.com



THE NATIONAL SUICIDE
PREVENTION LIFELINE AT
1.800.273.TALK (8255) or
suicidepreventionlifeline.org



preventconstructionsuicide.com



@THE_CIASP

in. CIASP

Take the pledge, download resources, order supplies, access free training and screening tools, and donate at

www.preventconstructionsuicide.com