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# **A MENTAL HEALTH STRATEGY FOR CONSTRUCTION**

## **“HOW TO DEAL WITH THE SILENT EPIDEMIC”**

**October 13<sup>th</sup>, 2020**

## ➤ INTRODUCTION

When you think about Construction jobsite hazards, physical risks probably top the list — an unprotected fall, an unmarked restricted zone, etc. But what about the dangers you cannot see? Anxiety, depression, suicidal thoughts, and more are as dangerous to worker safety as any more tangible jobsite threat, but these cannot be mitigated with caution tape. Unfortunately, the frequency of mental health problems is increasing within the construction industry.

Mental health problems could also be described as an **invisible** health hazard, unlike the tangible risks of construction such as working at heights or around heavy equipment, or tool operation. The sufferer can be invisible too. “Of the people you work with every day — from happy-go-lucky Bill to Alexis who always brings in donuts — chances are good that at least one of them struggles with their mental health problems.

Recognizing the importance of mental health problems in the workplace the Ontario Building Trades formed a committee with representatives from various trades to develop a mental health Strategy that can respond to issues affecting our members and their families.

We encourage you to read this report and work hard to make the recommendations a reality.

## ➤ WHAT IS MENTAL HEALTH?

Mental health refers to the psychological well-being of a person. It incorporates both emotional and behavioral health. The Public Health Agency of Canada defines mental health:

“the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.” <http://www.phac-aspc.gc.ca/mh-sm/mhp-psm/index-eng.php>.

## ➤ CURRENT CHALLENGES CONFRONTING THE PROVINCIAL AND NATIONAL CONSTRUCTION INDUSTRY

A July 2016 report by the Centers for Disease Control and Prevention reported that construction is one of the most at-risk industries for suicide. The study, which examined suicide risk by profession, found that of about 12,300 suicides in the 17 states studied, 1,324 people worked in construction and extraction (10.8%) and 1,049 (8.5%) worked in management, a category that includes top executives as well as others in management positions.

Construction industry risk factors include a competitive, high-pressure environment, a relatively higher prevalence of alcohol and substance abuse, furloughs, end-of-season layoffs, and separation from family. These are just some of the factors which have been proven to trigger or cause mental health problems. Their effects on an individual’s well-being are only compounded within a work culture which valorizes “toughness.”

In 2019 the Canadian Association of Chartered Accountants released an urgent paper (the Report) addressing their concerns about the tsunamic increase in suicide rates among the men and women working within Canada's construction industry.

The Report highlighted that although men in the general population up to age 45, who share a suicide rate of 17.3 per 100,000, those working in the construction field face a rate of suicide that is 3 times that of the general population 53.2 per 100,000 workers.

In addition to the monumental emotional fallout sweeping the families and worksites alike, they delivered the hard facts **that the cost per death due to suicide in the industry is \$849,877 due, for the most part, to lost productivity.**

If we would consider the direct and indirect costs associated with mental health in the construction industry the numbers would be staggering. The estimated direct and indirect costs associated with mental health problems to Canada's economy is estimated to be greater than \$50 Billion a year, so the share of this burden on the construction industries must be likewise staggering.

In addition, the construction industry, much like the law enforcement field some 10 years ago, is being strangled **by a stigma rendering anyone suffering from or seeking help for a mental health concern, as being weak.** As long as that definition is being propagated, people will be reluctant, if not refuse to accept assistance.

In addition to the powerful influence that this stigma has on the members, the industry also faces challenges that must be overcoming if we want to be sincere about reversing this trend and propelling the field in the direction of stronger mental health.

1. To begin with there does not appear to be a single, consistent, provincial, or national approach to education and service as it applies to a singular mental health initiative. There are many who are investing much in an effort to help, and they are making significant inroads, i.e. the Boiler Makers "Walk the Walk Program". However, if a member happens to fall outside of a particular geography, union, or specialty, they may not receive the same education or level of support. They fall between the proverbial cracks.
2. There does not appear to be any one body providing Peer Support for all members and their families in a consistent, predictable, and timely manner straight across the geography 24/7. Again, in order to ensure that all have equal opportunity to share healthy emotion, all must have access to the same peer network, with the same peer training, following the same peer protocols. The programs MUST be duplicatable across the province or country.
3. There is no individual tool that members and families have at their disposal, wherein on a daily/hourly basis they can measure their own personal emotional wellbeing; a way of taking their mental health pulse immediately. As a cohort, they are not accessing technology to assist themselves.
4. Aside from the ad hoc relationships they create, there is no buddy system that has been proposed or developed for the members. The buddying concept is a strong tool that can allow them to check in on one another long before a traumatic event occurs, or a suicide is imminent. The absence of the buddy system is most evident and yet most needed in **those conditions whereby a member is working in remote locations in our geography, without the traditional supports of friends and family being readily available.**
5. There is no universal and yet effective method of referring a member to professional psychological support, that all members across the province/country, north, south east and west all have working for them. Once again, the inequities are putting lives in danger.

6. Having information in the form of written materials, videos, and pocket programs can serve as a stop gap measure, or even a suicide deterrent for some seeking longer term care or immediate answers. These tools provide hope in the form of insights and “to does”. There are some provided by select groups in the province currently; but once again, *not for all*.

## ➤ **THE NECESSARY ELEMENTS OF A COMPREHENSIVE PROVINCIAL AND/OR NATIONAL MENTAL HEALTH STRATEGY**

Much can be learned from successful programs that have been implemented in other jurisdictions around the world. One of the most comprehensive and, the model for all Canadian Building Trades, is the program that the Australian Building & Construction Industry has implemented.

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.**

The Australian model accepts the “integrated approach” and has adopted the following foundational principles/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<sup>1</sup>

Additionally, we need to consider the following:

1. A strong suicide prevention campaign should be undertaken through our entire membership, including the education of family members. This campaign must come in the form of print and electronic postings, suicide awareness training electronically available to ALL.
2. One single Peer Support Team whose members have all been trained using the same model, the same training system, the same Standard Operating Procedures (SOP), as well as the response protocols, is necessary. As is the case with medicine, we need to know that all get equal treatment. The peer team must be large enough in capacity to effectively answer to the needs of the population of construction members and their families, and they should be represented on a regional basis throughout the province/country. Examples: OPP or Nav Canada.
3. All members and all families must have access to the exact same services, operating under the same standards of care, regardless of their geography (temporary or permanent), their trade, their union or their local.
4. With the advent of very powerful and effective electronic platforms, we may want to consider members access to tools, apps on their person, or at their immediate disposal wherein they can measure their emotional wellbeing daily, but it should also provide them with instantaneous information in written or video form and a just in time referral bridge to a qualified vetted professional whose training matches the needs they present on their mental health measurement tool. Example: etc. AVAIL.<sup>2</sup>

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<sup>1</sup> <https://www.constructionblueprint.com.au/wp-content/uploads/Blueprint-for-Better-Mental-Health-Report.pdf>

<sup>2</sup> <https://www.theburnoutclinic.com/blog/availapp>

## ➤ HOW COULD A BUILDING TRADES MENTAL HEALTH STRATEGY LOOK?

As mentioned in order to shift the current trajectory of suicide specific behavior and general mental health patterns in the construction industry, the stigma of mental health problems = weakness must be confronted head on.

Because of the stigma attached to mental health problems; unions and councils have had to take a reactionary approach to mental health problems, like through drug and alcohol treatment programs such as "Denovo", or Employee Assistance Programs (EAP) which are all very important for treating mental health problems.

However, studies are now showing early awareness and education that helps workers identify the issues and take the appropriate steps to get help are tremendously effective. If the building trades could develop a Strategy to manage and improve mental health culture its value to our members, their families, contractor's industry stakeholders and government are immeasurable. A well- defined and fortified mental health Strategy will shift the culture in a favorable direction, not rapidly but progressively.

Just as happened in other very strong male dominated professions such as policing, fire, mining, and aviation, members will begin to accept their vulnerability as a reminder of their normalcy and come forward to accept assistance.

This can be done by implementing the following Short-Term and Long-Term Recommendations:

### ➤ SHORT TERM

**RECOMMENDATION # 1**    **The Strategy needs to be based on providing an "integrated approach" which promotes and advocates the following principles:**

1. Promote the positive impact of a healthy mental health strategy to improve the quality of life for our members and their families
2. Reduce and eliminate health stigmas in the construction sector by improving mental health education, awareness and sharing coping tools that support positive mental health culture.
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<sup>3</sup>

**RECOMMENDATION # 2**                      A strong mental health & suicide prevention campaign should **IMMEDIATELY** be undertaken through our entire membership, including the education of family members. This campaign must come in the form of print and electronic postings, suicide awareness training electronically available to ALL.

**RECOMMENDATION # 3**                      **Training**

**IMMEDIATE** training similar to the boilermaker model utilizing "The Working Mind (TWM)." [TWM](#) Workplace Mental Health and Wellness, is an education-based program designed to address and promote mental health and reduce the stigma of mental illness in a workplace setting. See [www.theworkingmind.ca](http://www.theworkingmind.ca) for full program detail.

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<sup>3</sup> <https://www.constructionblueprint.com.au/wp-content/uploads/Blueprint-for-Better-Mental-Health-Report.pdf>

### **TWM offers three tailored course options:**

- There are three versions of TWM: one for **trainers** (five days), one for **managers/supervisors** (eight hours), one for **employees / “frontline” staff** (four hours).
- These courses include scenario-based practical applications and custom videos of people with lived experience of mental illness, reference guides and related handouts.

#### **1. *The manager and employee versions include:***

- A focus on dispelling the myths of mental health problems and mental illnesses, aiming to reduce associated stigma
- An overview of the Mental Health Continuum Model
- Self-assessment of one’s own mental health along the continuum
- Strategies one can apply at each point along the continuum

#### **2. *The managers’ version includes additional course content, such as:***

- Workplace accommodations and return to work
- How to observe changes in employees along the continuum
- Appropriate actions to take
- How to communicate with employees about mental health illness in a workplace context

#### **3. *The train-the-trainer course equips people with the tools and skills to present both the frontline and manager versions of The Working Mind. The train-the-trainer course is/includes:***

- Taught by master trainers
- Background information on mental health
- Extensive information on the key concepts of the employee and manager
- Structured presentation practice time
- Evaluation of presentation skills by master trainers and TWM trainers

### **Goals**

- To support the mental health and wellbeing of employees
- To enable the full productivity of employees
- To ensure the workplace is respectful and inclusive of all employees, including those with mental health problems and mental illness
- To encourage employees to seek help for mental health problems and mental illness

### **Objectives**

- To examine the effects of mental health problems and mental illness in the workplace
- To help staff identify indicators of declining and poor mental health in themselves and others
- To introduce the concept of Mental Health Continuum Model
- To review employees', managers', and employers' mental health rights and responsibilities
- To provide strategies staff can use to maintain good mental health

In looking at worker training we may also want to consider the Australian “MATES in Construction program.”<sup>4</sup> MATES is a large-scale multi-component suicide prevention program for construction workers, initiated in Queensland in February 2008, and now

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<sup>4</sup> <https://mates.org.au/>

disseminated to three additional Australian states. MATES uses on-site universal psychoeducation to encourage help-seeking and early intervention through 'Connectors' trained in suicide first aid and supported by outreach, case management, a 24-hour telephone response line, and online counseling.

As part of a suite of early intervention training and support services, MATES provides two general awareness programs to promote mental health and suicide awareness and encourage help-offering and help-seeking in construction workers.

- ✓ General awareness training (GAT) is a one-hour session delivered to all construction workers on large to medium worksites,
  - ✓ MATES awareness training (MAT) maintains similar content but is of shorter duration and delivered informally to small workplaces.
1. As mentioned above individual construction locals may also want to have specific people certified by the Mental Health Commission of Canada to become accredited trainers who then can deliver "TWM" to their individual locals and members. The train the trainer course is 1 week in duration and individuals need to apply to be accepted and then upon completion they will be accredited as certified trainers to deliver the "TWM" program. **There are no liability issues as the trainers are simply providing information and not counselling services.**
  2. A course similar to "TWM" or the Australian MATES (GAT) and (MAT) programs needs to become part of all pre-apprentices and apprenticeship programs.

**RECOMMENDATION # 4** Promote positive social connections rooted in physical activity that fosters a strong health and wellness component within our organizations and personal lives. This in turn has a proactive effect rather than reactive when it comes to mental health.

## ➤ LONG TERM

**RECOMMENDATION # 5** More effective Member Family Assistance Programs (MFAP)

**RECOMMENDATION # 6** Create Peer Support Teams. The Peer Support Training must be made available in both French and English as should be all online Self-Monitoring Mental Health Platform

**RECOMMENDATION # 7** Explore online tool accessible 24/7, to help break down "stigma" and make the subject of mental welling being will become a "Talk able Subject" both in the member's homes as well as their work locations.

**RECOMMENDTION # 8** Develop and implement a benchmarking analysis to track and measure success for these mental initiatives.