

# **A MENTAL HEALTH STRATEGY FOR CONSTRUCTION: HOW TO DEAL WITH THE SILENT EPIDEMIC**

***By Carmine Tiano***

***October 15<sup>th</sup>, 2020***

***63<sup>rd</sup> Annual Convention Provincial Building Trades***

# THE SILENT EPIDEMIC

- When you think about Construction jobsite hazards, physical risks probably top the list (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.
- The frequency of mental health problems are increasing within the construction industry.
- Mental health 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.

# **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 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 risks include a **competitive, high-pressure environment**, a **relatively higher prevalence of alcohol and substance abuse**, **furloughs**, **end-of-season layoffs**, and **separation from family** are just some of the **factors that can lead to mental health problems**.

# CURRENT CHALLENGES CONFRONTING THE PROVINCIAL AND NATIONAL CONSTRUCTION INDUSTRY

- 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.

# THE MENTAL HEALTH STIGMA

- 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.

# STRUCTURAL CHALLENGES

1. There is no single, consistent, provincial or national approach to education and service as it applies to a singular mental health initiative.
  - 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.

# STRUCTURAL CHALLENGES

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 hock 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.

# STRUCTURAL CHALLENGES

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.
  - 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- dos”. 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 is the program that the Australian Building & Construction Industry has implemented.  
<https://www.constructionblueprint.com.au/wp-content/uploads/Blueprint-for-Better-Mental-Health-Report.pdf>
- 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

# HOW COULD A BUILDING TRADES MENTAL HEALTH STRATEGY LOOK?

## 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

# HOW COULD A BUILDING TRADES MENTAL HEALTH STRATEGY LOOK?

## 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** utilizing “The Working Mind [TWM](#) program” developed by the Mental Health Commission of Canada. TWM 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.

# HOW COULD A BUILDING TRADES MENTAL HEALTH STRATEGY LOOK?

## RECOMMENDATION # 3 (contd)

- There are three versions of TWM: one for trainers (five days), one for managers/supervisors (eight hours), one for employees /“frontline” staff (four hours).

## 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.

# HOW COULD A BUILDING TRADES MENTAL HEALTH STRATEGY LOOK?

## 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

# HOW COULD A BUILDING TRADES MENTAL HEALTH STRATEGY LOOK?

## LONG-TERM continued

### RECOMMENDATION # 7

- Explore online tools accessible 24/7, to help break down “stigma” and make mental health problems a “Talkable Subject” both in the member’s homes as well as their work locations.

### RECOMMENDATION # 8

- Develop and implement a benchmarking analysis to track and measure success for these mental initiatives.