GRAE MATTA FOUNDATION

Scoping the evidence for the need for a sustainable mental health service and standard for the UK Construction Sector

Authors

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Executive summary

Due to the disproportionately high incidence of poor mental health and suicide within the construction sector, GMF researchers have prioritised the construction sector to understand the scope and impact of poor mental health to the industry and those employed within it. Academic and privately commissioned research were reviewed as well as regulatory and other public body websites for evidence of the size and scope of the mental health problem and any support currently being offered. A small survey of construction companies and a review of the websites of the top 10 construction companies in the UK were also performed to identify mental health support currently being employed in the sector.

The construction sector is comprised predominantly of SME's, contributes a significant amount to the UK's GDP, makes up almost a fifth of the businesses operating in the UK, its businesses cluster in London and the South East and it predominantly employs males. There are many challenges facing the construction sector from skill shortages, lack of workforce diversification, COVID-19 impacts, and Brexit. Mental health has been an area of concern within the industry for some time and is incorporated into employer's legal duties of care related to the health and safety of their employees.

The most recent comparisons of rates of suicide by occupation suggests that as of 2015, suicide rates were three times higher in the sector than the national average. Although data is limited, rates of poor mental health are increasing in the sector, although it's worth noting that current data does not include the duration of the pandemic which has been linked to increasing prevalence of poor mental health. With that, and the use of self-report measures of data collection, it's likely that the problem of poor mental health in the construction sector is worse than is currently reported.

Costs of poor mental health and suicide are far reaching within the construction sector. They include costs related to lost productivity due to absenteeism and presenteeism, costs related to health care, risk assessments, sick pay and replacing staff, costs related to company reputation and therefore poor staff retention or recruitment, and costs in terms of higher risks of injuries, accidents and poor safety compliance. Costs to the individual in terms of job satisfaction and impact on relationships both personal and professional are likely to be incurred. There is emerging evidence that workplace initiatives to improve or prevent poor mental health are not only effective for staff but are financially beneficial for employers.

The construction industry is characterised by being high pressure, fast-paced, requiring high physical demands and having a macho culture. These cultural characteristics, influence worker wellbeing both directly and indirectly through several features including demand, control, welfare, financial stability, physical hazards, support, coping mechanisms and family problems.

Limited numbers responded to our survey but combined with the top 10 websites, evidence suggests a breadth of approaches to addressing poor mental health in the sector including the use of Employee Assistance

Programmes and a range of national programmes. A new British Standard was published in summer 2021, which advises on how to manage psychological health at work. Although it is not industry specific, anecdotally we understand it may cover many of the issues identified as risk factors for poor mental health and suicide within the construction industry. In addition, eleven national mental health support providers were identified and described. They included both sector specific and generic providers, trainers and accreditors. Most offered a range of online or in-person support, some were low-cost or free and none of them addressed all the identified risk factors for poor mental health within the sector. Many addressed COVID-19 as a risk factor for poor mental health however. Unfortunately, few provided evidence for the effectiveness of the initiative. All providers appeared to have substantial client bases, including larger companies and were established in the mental health support sector.

Key implications of the report suggest the need to target SME's both for developmental work and mental health support in general due to the likelihood that they may be more at risk or poor staff wellbeing. In addition, provision of free or low-cost support is advocated due to the challenges SME's will face in funding such support. However, early development work conducted by GMF may need to begin with collaboration with larger companies to ensure funding of such essential research, but partner SMEs should be incorporated where possible. Initiatives should be evaluated for both effectiveness and cost-effectiveness. This is to ensure best use of limited resources during the prevailing and likely worsening mental health crisis which will be exacerbated by the impact of predicted skill shortages and Brexit on the sector. Mental health surveillance is advocated to gain more reliable data and reduce stigma as a barrier to help seeking. Future initiatives should aim to tackle more risk factors for poor mental health and suicide within the sector. Construction companies should invest in mental health initiatives to gain financial and reputational cost-savings in the longer term. Mental health support providers should consider sharing materials and collaborating with (GMF) researchers to allow for high quality evaluation and development of support to fill any identified gaps in offerings. GMF should seek to collaborate with authors of the recent British Standard to develop further sector-specific offerings. GMF should seek to develop strong marketing strategies should they wish to demonstrate value to and compete with established providers.

Glossary

Word or phrase (source if applicable)	Explanation
Annual Recruitment Requirement (ARR) (CITB –https://www.tidallagoonpower.com/wp-content/uploads/2016/08/Final-SBTL-Construction-report.pdf)	*"The ARR is a gross requirement that takes into account workforce flows into and out of construction, due to such factors as movements between industries, migration, sickness and retirement. However, these flows do not include movements into the industry from training… Thus, the annual recruitment requirement provides an indication of the number of new employees that would need to be recruited into construction each year in order to realise forecast output."*
British Standard (https://www.bsigroup.com/en-GB/)	*"In essence, a standard is an agreed way of doing something. It could be about making a product, managing a process, delivering a service or supplying materials – standards can cover a huge range of activities undertaken by organizations and used by their customers….The point of a standard is to provide a reliable basis for people to share the same expectations about a product or service. This helps to:* • *facilitate trade* • *provide a framework for achieving economies, efficiencies and interoperability* • *enhance consumer protection and confidence."*
Chartered Institute of Building (CIOB) (https://www.ciob.org/)	*"the largest and most influential professional body for construction management and leadership." Their mission is "drive up professional standards, push forward innovation, influence political decisions and strengthen talent across the CIOB global community"*
Construction Industry Training Board (CITB) (https://www.citb.co.uk/)	Provides training for the construction sector to ensure a safe, professional and fully qualified construction industry. It was established to address concerns about UK skills shortages. Their mission is *"to attract and support the development of people to construct a better Britain".*
Gross Domestic Product (GDP) (**Bank of England -** https://www.bankofengland.co.uk/knowledgebank/what-is-gdp; **BBC –** https://www.bbc.co.uk/news/business-13200758; **ONS -** https://www.ons.gov.uk/economy/nationalaccounts/uksectoraccounts/methodologies/nationalaccounts)	*"is a measure of the size and health of a country's economy over a period of time (usually one quarter or one year)."* Office for National Statistics (ONS) collects data from UK companies quarterly to capture GDP. There are three ways to measure it but the ONS uses all three to publish the UKs quarterly GDP: • **Output:** The total value of the goods and services produced by all sectors of the economy - agriculture, manufacturing, energy, construction, the service sector and government • **Expenditure:** The value of goods and services bought by households and by government, investment in machinery and buildings - this also includes the value of exports, minus imports • **Income:** The value of the income generated, mostly in terms of profits and wages. In essence, a rising GDP is a good thing, that people are working more and getting paid more.

Word or phrase (source if applicable)	Explanation
Gross Value Added (GVA) (https://www.investopedia.com/terms/g/gross-value-added.asp)	An economic productivity metric which measures how much something (e.g. a company) contributes to the economy. It's often used to adjust GDP.
(**HSE -** https://www.hse.gov.uk/legislation/hswa.htm)	The Health and Safety at Work etc Act 1974 is the primary piece of legislation covering occupational health and safety in Great Britain. It sets out the general duties which: employers have towards employees and members of the public, employees have to themselves and to each other,certain self-employed have towards themselves and others
Health and Safety Commission (**Safeopedia -** https://www.safeopedia.com/definition/4858/health-and-safety-commission-hsc)	A statutory body established under UK law. It was established under the Health and Safety at Work Act, 1974. The HSC is focused on preventing injury and death in the workplace. They also police the workplace to ensure that individuals are not putting other workers at risk. Enforcement by the HSC ensures that duty holders deal with serious risks immediately, comply with the law and are held accountable if they fail in their responsibilities.
Health and Safety Executive (HSE) (**GOV -** https://www.gov.uk/government/organisations/health-and-safety-executive)	The Health and Safety Executive (HSE) is Britain's national regulator for workplace health and safety. It prevents work-related death, injury and ill health
International Classification of Disease (ICD) (https://www.who.int/standards/classifications/classification-of-diseases)	A method for classifying - or defining or describing - diseases, injuries and causes of death.
Labour Force Survey (**ONS** - https://www.ons.gov.uk/surveys/)	The Labour Force Survey (LFS) is a study of the employment circumstances of the UK population. It is the largest household study in the UK and provides the official measures of employment and unemployment.
Management Standards (**HSENI GOV -** https://www.hseni.gov.uk/articles/what-are-management-standards-work-related-stress)	The management standards define the characteristics, or culture, of an organisation where the risks from work-related stress are being effectively managed and controlled. The six management standards cover the primary sources of stress at work which are; demands, control, support, relationships, role, change.
Mental health (**WHO -** https://www.who.int/)	*"A state of mental and psychological wellbeing in which every individual realises his or her own potential, and can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"*

Word or phrase (source if applicable)	Explanation
Mental health service (**BCM -** https://www.bcm.edu/pdf/e_mentalhealth_release9.12.05.pdf)	*"Assessment, diagnosis, treatment or counselling in a professional relationship to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions or disorders."*
National Accounts (NA) (https://www.ons.gov.uk/economy/nationalaccounts)	The national accounts framework brings units and transactions together to provide a simple and understandable description of production, income, consumption, accumulation and wealth.
Office for National Statistics (ONS) (https://www.ons.gov.uk/aboutus/whatwedo)	Responsible for collecting, analysing and disseminating statistics about the UK's economy, society and population.
Small Medium Enterprise (SME) **(Simply Business -** https://www.simplybusiness.co.uk/knowledge/articles/2021/05/what-is-an-sme/)	Generally a small or medium-sized enterprise with fewer than 250 employees. Within this umbrella there are three different categories: medium-sized, small, and micro-businesses. These categories are defined by turnover and number of employees.
Suicide (**CDC -** https://www.cdc.gov/suicide/facts/index.html)	Suicide is death caused by injuring oneself with the intent to die.
Turnover	The total amount of sales made in a specific period.

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Introduction

Rates of poor mental health and suicide

As many as 792 million people are affected by mental health issues worldwide, with an estimated 1 in 6 working-age adults experiencing some form of mental ill health (McManus et al., 2016; Ritchie & Roser, 2018). In England, mental illness is the second-largest source of disease burden and is becoming more common, long-lasting, and impactful (Public Health England, 2019). Poor mental health has a profound social and economic impact. Mental illness is one of the largest single causes of sickness absence in the UK (Centre for Mental Health, 2010), accounting for 72 million sick days in 2007 (Centre for Mental Health, 2007).

According to the World Health Organisation (WHO) almost 800,000 people globally lost their lives to suicide in 2019 (WHO, 2019). In the same year, England and Wales experienced 5,691 suicides, up 321 on 2018. In England and Wales, the suicide rate has remained constant since 2018 at 11 deaths per 100,000. However, men aged 45-49 (25.5 per 100,000) and women aged 50-54 (7.4 per 100,000) are found to have the highest suicide rates (Samaritans, 2019).

The impact of COVID-19

The COVID-19 pandemic has led to a dramatic loss of human life worldwide and presents an unprecedented challenge to social, economic, and physical health. However, widespread disease outbreaks have also been strongly linked with an increase in adverse mental illness (Cullen et al., 2020; Pfefferbaum & North, 2020; Rajkumar, 2020).

In the UK, evidence suggests that adults aged 18 and over have seen a clinically significant increase in the level of psychological distress from 20.8% in 2019 to 29.5% in April 2020 (Public Health England, 2021). Increased rates of poor mental health among those with existing psychological conditions have been documented. Additionally, there has also been a rise in mental illness in those without any pre-existing mental health issues (MIND, 2020).

The Grae Matta Foundation

Grae Matta Foundation's (GMF's) vision is for every individual to have access to appropriate mental health support the moment they need it. GMF was established in response to a perceived lack of appropriate mental health support for those in employment and higher education.

The foundation aims to create enforceable mental health standards utilising new and existing Government frameworks to ensure employers and Higher Education Institutions provide adequate support to individuals under their representation. GMF build, test and challenge viable mental health initiatives to establish best practice models across a variety of industries. Our long-term goal is to create a society where every individual can access quality mental health provisions in a timely manner without barriers.

Aims of this report

Evidence has suggested that rates of suicide in the UK are three-times higher in the construction sector than the national average (Windsor-Shellard, 2017). Considering this evidence, GMF researchers have prioritised the construction sector to understand the scope and impact of these mental health challenges to the industry and those employed within it.

To understand the needs of the sector, this report answers the following questions:

1. What is the size and structure of the construction sector in the UK?
2. What is the size and scope of the mental health problem within the construction sector in the UK?
3. What is the cost of poor mental health and suicide to the sector, its staff and the wider UK economy?
4. What risk factors are associated with poor mental health and suicide within the construction sector?
5. What existing mental health services are currently available within or for the construction sector and what are their strengths and weaknesses?

To answer these questions a needs analysis of the sector was conducted (chapter 3), followed by an exploration and assessment of existing services (chapter 4). Based on these activities, suggestions are made for further research and implications for a British Standard for mental health support within the construction sector are explored (chapter 5).

2. Methods

Key literature was identified from both academic and public bodies, and commissioned work delivered by the private sector. A range of resources were searched, including government websites/bodies and resources, public bodies, mental health or construction sector specific charitable organisations or social enterprises, construction-related organisations, regulators and publications (see appendix 1 for full list of sources searched).

A systematic search of eight electronic databases including Google Scholar, PubMed, CINAHL, PsycINFO, AMED, BNI, EMBASE and EMCARE was also performed, restricted to publications from 2010 onwards, with the last search run between 8-14th December 2020 (see appendix 2 for search strategy). Duplicates were removed and article titles and abstracts were screened for relevance to the areas of interest by a single author (within the sector; the size and structure, rates of suicide and poor mental health, their cost, risk factors and interventions) and then reviewed more fully by individual section authors.

Both of the aforementioned data collection methods fed into the needs analysis (chapter 3) and the review of existing initiatives (chapter 4), however the latter required additional data collection. In order to identify as many initiatives as feasible, two further approaches were used.

The top 10 UK construction companies by turnover were identified (see section 4b) and their websites searched for evidence of mental health initiatives. It became clear that companies varied in terms of the information they provided publicly therefore

A survey was administered to the Construction Sector Taskforce of the Confederation of British Industry (CBI) to gather further information on mental health or wellbeing initiatives (see appendix 3) including breadth of use of national initiatives and use of initiatives designed in-house by individual companies.

Initiatives were eligible for data extraction if they were designed specifically for the construction sector or were widely used by the construction sector (for example, Mental Health First Aiders is a sector-non-specific initiative which has subsequently been taken up by several large construction companies according to our survey and review of the top 10 construction company websites).

Following the identification of existing initiatives, due to the extensive information available, details of national construction-specific initiatives were extracted independently by two team members and synthesized to ensure comprehensive and reliable data capture (see appendix 4 for data extraction form). Initiatives that were non-construction specific were extracted by a single team member due to the reduced data available. In-house initiatives revealed by the CBI survey were searched to see if their details were publicly available and extracted as appropriate.

Extracted data included details of the initiatives' aim, provider, target audience, marketing strategies and strategic focus, initiative resources and costs, evidence of effectiveness or acceptability, reference to a mental health standard, social media presence, clients/partners and whether any mental health risk factors appeared to be targeted. They were also checked to see if they offered online and/or in-person support. Based on the extracted information, team members identified strengths and weaknesses of the initiatives to provide insights into how to design any future GMF offerings or British Standard.

Extracted data has been tabulated or described narratively. Other activities or generic policies reported in the survey were collated, counted, and described narratively.

3. Needs analysis
3a. Size and structure of the sector

This section outlines the current size and scope of the UK construction industry. It includes an overview of the construction sector and what defines it as an industry, its contribution to the UK economy, key characteristics of its labour force, and future developments. It also explores the legal duties and management standards that are expected of all businesses, highlighting some of the unique challenges posed by mental health.

Defining the sector

The standard industrial classification (SIC) codes produced by the UK Government offers an insight into the characteristics and factors that define an industry operating in Great Britain. Table 1 provides an overview of Section F of the classification; 'nature of business and SIC' listings. The listing encompasses 26 operating classifications which are deemed to fall under the term 'construction'.

Under Section F, the construction sector is considered to be work conducted by building (SIC 41), civil engineering (SIC 42) and specialist construction firms (SIC 43) on sites (Office for National Statistics, 2009). This includes general construction and specialised construction activities for buildings and civil engineering works. It includes new work, repair, additions and alterations, the erection of prefabricated buildings or structures on the site and construction of a temporary nature.

The renting of construction apparatus with an operator is categorised with the specific construction activity, which is then carried out with this equipment. This classification of construction also includes the development of building projects for buildings or civil engineering works (Office for National Statistics, 2009).

[1] Green, 2020 The Real Face of Construction. The figures provided are estimates based on pro-rata adjustments to intermediate consumption reflecting the growth in construction output between 2016 and 2018. The 2016 data is taken from ONS, Input-output supply and use tables - summary tables, tab 2016

Using the above classifications, the Office for National Statistics (ONS) surveys firms to estimate the size of the sector (Green, 2020). Defined this way and measured by the economic value it adds 'Gross Value Added' (GVA), for the purposes of the National Accounts (NA), construction's contribution to the UK economy in 2018 amounted to circa £116.3 billion. This equates to around 6.1% of total Gross Domestic Product (GDP) (Office for National Statistics, 2019a).

The Chartered Institute of Building (CIOB) notes that a broader definition of economic value added could, and perhaps should, encompass construction output as well as the work conducted by construction firms (Green, 2020). The sector is known for its high level of subcontracting, particularly in the purchase of key resources (Hartmann & Caerteling, 2010). Subcontractors are hired by the project general contractor, who continues to have overall responsibility for project completion and execution within its stipulated parameters. The key difference between the main contractors and subcontractors is that subcontractors form agreements with the contractor, not with the customer. Construction subcontractors usually provide three main services: labour-intensive (hired for their specialised job role knowledge), equipment-intensive (hired for their specialised plants and equipment) (Yoke-Lian et al., 2012) and manufacturing-intensive (hired for their production of materials) (Manley, 2008). Importantly, for assessing how to define and value the construction sector, the value added by those deemed to be in professional services (i.e., architects, engineers, quantity surveyors and other professionals) are not incorporated into the SIC's 'construction' categorisations. This is also true of many plant hire firms and building materials suppliers (Green, 2020). As CIOB argues, if the sector was to include the GVA of all of these subcontractors, the construction sectors output would be calculated to nearer double the size of its estimated GDP. For example, the construction process from manufacturing, mining and energy, amounts to a contribution of about £60 billion, professional services more than £25 billion, finance and real estate contributing around £8 billion and distribution another £5 billion to the overall GDP (Green, 2020). This equates to £98 billion, which is around 5% of the UK's GDP.

Combining subcontracted services with construction output would therefore place the estimated value at around £214 billion or 11.1% of the UK's GDP.

SIC code	Section F: construction sector definition
41100	Development of building projects
41201	Construction of commercial buildings
41202	Construction of domestic buildings
42110	Construction of roads and motorways
42120	Construction of railways and underground railways
42130	Construction of bridges and tunnels
42210	Construction of utility projects for fluids
42220	Construction of utility projects for electricity and telecommunications
42910	Construction of water projects
42990	Construction of other civil engineering projects n.e.c.
43110	Demolition
43120	Site preparation
43130	Test drilling and boring
43210	Electrical installation
43220	Plumbing, heat and air-conditioning installation
43290	Other construction installation
43310	Plastering
43320	Joinery installation
43330	Floor and wall covering
43341	Painting
43342	Glazing
43390	Other building completion and finishing
43910	Roofing activities
43991	Scaffold erection
43999	Other specialised construction activities n.e.c.
41100	Development of building projects

Table 1: ONS. 2009. UK Standard Industrial Classification of Economic Activities 2007

Construction firms in numbers

Figure 1 shows a breakdown of the number of construction firms operating in Great Britain by turnover size band (Office for National Statistics, 2021a). The largest proportion of businesses are those with a turnover of £500,000 or less, while those operating with a turnover of £1 billion+ account for the smallest number of firms.

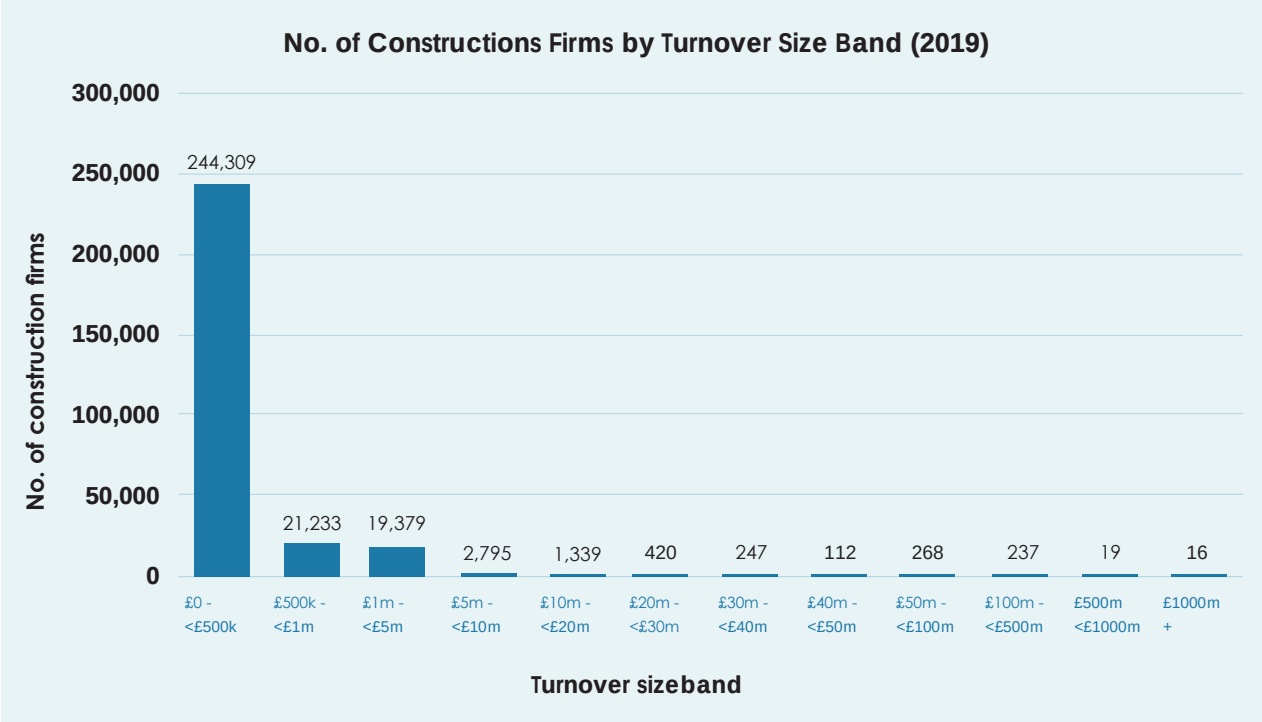

Figure 1 Number of construction firms by turnover by size band as of 2019

Small and medium enterprises (SMEs) have historically dominated the construction landscape. For example, in 2008, 83.8% of employment in construction industry was provided by SMEs, generating 67.4% of the construction sectors turnover (Wedawatta et al., 2010; Enterprise Directorate Analytical Unit, 2008). These figures represent the importance of SMEs in the UK construction sector and their extensive contribution to the national economy (Wedawatta et al., 2010).

A majority of these SMEs are sole proprietors or partnerships. They are comprised of self-employed owner-managers, or employee-directors and fall into the category of 'micro-businesses' (Department for Business, 2020; Mason et al., 2010). The proportion of businesses with employees has fallen since 2000 from around a third, to around a quarter. This decline is due to the growth in self-employment (Department for Business, 2020).

Figure 2 illustrates the high number of self-employed and sole-proprietor organisations within the construction sector from 1997 – 2019.

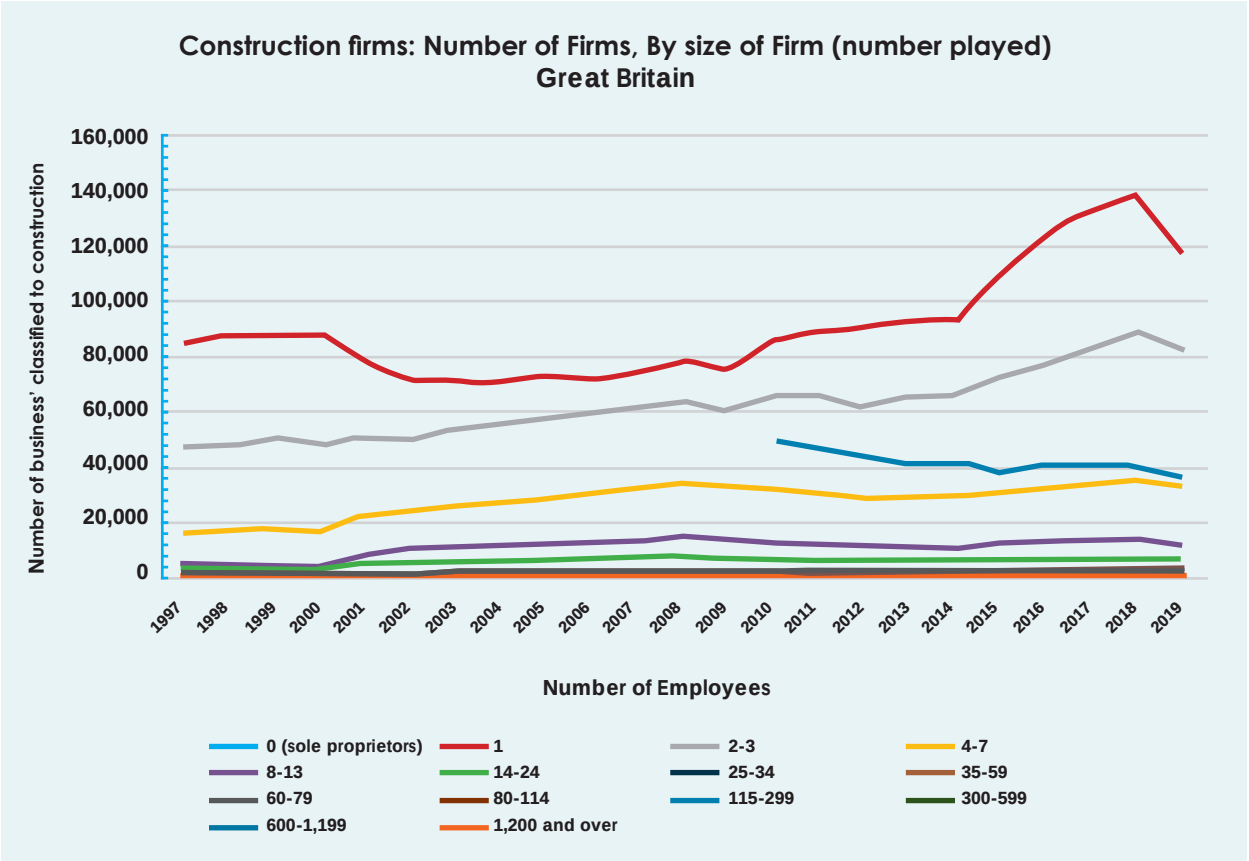

Figure 2 Number of construction firms by size. Source: ONS. The construction industry in Great Britain, including value of output and type of work, new orders by sector, number of firms and total employment. Released: 21 January 2021

Businesses by region

Using the latest data published by ONS in 2020, Table 2 shows that London and the South East have the joint highest concentration of construction businesses in the UK (16.5%). These two regions were followed by the East (12.4%), South West (9.2%) and the North West (8.9%).

Many factors are responsible for the high proportion of construction sector businesses that are based in London and the South East. However, one of the key influences is the significant boom of the tech and financial sectors that are based in these regions (National Insurance and Guarantee Corporation, 2018). This has led to a large requirement for office space.

Region	Number of construction businesses
North East	9,525
North West	31,525
Yorkshire and The Humber	23,785
East Midlands	23,905
West Midlands	26,150
East	43,505
London	57,450
South East	57,980
South West	32,435
Northern Ireland	10,545
Scotland	20,950
Wales	13,495
Total	**351,250**

Table 2: Number of construction business per UK region. Source: ONS, Workforce jobs data, via Nomis database[2]

Construction employment figures

In 2020, construction sector businesses accounted for 17% of all businesses operating in the UK, but only 8% of employment and turnover. As a large number of construction workers are self-employed, this has increased the number of enterprises, but not the number employed in the sector (Wedawatta et al., 2010). In the latest figures, as of 2019, ONS indicated that there were 2.4 million jobs in the construction industry, equating to 6.6% of all UK jobs (Rhodes, 2019).

As previously mentioned, the construction industry is unusual because of the high proportion of self-employment in the sector when compared to the average for the whole economy (36% and 13% respectively).

Employment by occupation

It is difficult to find specific, up-to-date figures on the types of occupations of those employed by the construction sector. However, in 2017 ONS produced a report with Experian which projected annual recruitment requirement (ARR) for the period 2017-2021 (CITB & EXPERIAN, 2017).

Figure 3 shows several specialist trades that are in-demand and are expected to be particularly sought-after in the coming year. In terms of overall numbers, the largest ARRs are predicted for non-construction professionals, wood trades and interior fit out, electrical trades and insulation, construction process managers, other construction professionals and technical staff.

There are a number of hypothesis as to why these particular occupations are so in-demand. The Construction Industry Training Board (CITB) argues that the sector is likely to experience major labour shortages in the coming years, particularly in skilled manual trade as outlined above. Its recent report highlighted significant skill-shortage issues, combined with a large proportion of experienced manual labourers reaching their retirement age (CITB, 2019). These two factors are estimated to leave a large vacuum of skilled manual workers.

[2]*Adapted from ONS work force job data via Nomis database: https://www.nomisweb.co.uk*

The construction sectors' skill shortages in both traditional and new skills have been well documented and have garnered significant attention. The UK Government has, for example, introduced several schemes to address this issue (Mackenzie et al., 2000). To add numerical context, a recent study by the European Development of Vocational Training estimated nearly 1 million new and replacement construction workers will be needed in the EU by 2025 (Brucker et al., 2021).

Brexit also poses a significant challenge to the sector, with a high proportion of the construction labour market made up of EU migrant workers. In London for example, it is estimated that 27% of all construction workers in 2018 come from the EU (National Insurance and Guarantee Corporation, 2018). With a new points-based system being introduced, employers will have to ensure that their recruitment requirements meet the new immigration standards (Pullen-Stanley, 2020).

It is also important to note that coronavirus (COVID-19) has required organisations internationally to advance new social practices, such as working from home, social distancing, and self-isolation (Denny-Smith et al., 2021). These new practises are not always easily adopted and have hit the construction sector particularly hard (Shibani et al., 2020). A multitude of factors have contributed to the challenging effects felt by the sector. This includes: a lack of client activity, supply chain and material sourcing issues, an inability for its workforce to work from home and, when on the worksite, practical concerns for maintaining social distancing (OECD, 2020). The number of people employed in the sector fell by 83,000 in the second quarter of 2020 (Office for National Statistics, 2021b). The decline in the three months from the start of April to the end of June 2020 was the steepest since the first three months of 2010 when employment dropped by 103,000. It is therefore important to note that figure 3's statistics must be interpreted with caution, particularly as they were based on estimates produced in 2017.

Gender split

At the end of 2016, approximately 27 million individuals were employed in the UK, with the split between men and women being nearly 50-50. However, of the 2.4 million people employed by the construction industry, only 296,000 were women. In this case, the split is 87-13 (Office for National Statistics, 2020). Only a small proportion of jobs were held by women in construction (16%), mining and quarrying (16%) and transportation and storage (22%) (Devine et al., 2020).

The construction sector is attempting to diversify its workforce, particularly seeking to increase the number of women, those leaving the services, and supporting ex-offenders back into construction work (Green, 2020). However, previous research has shown that a multitude of factors have caused a disparity in the number of women employed in the sector. Key factors include gender-biased recruitment, a poor image of construction, a lack of role-models and the overall challenging experiences of women already within the industry (Pepper, 2005).

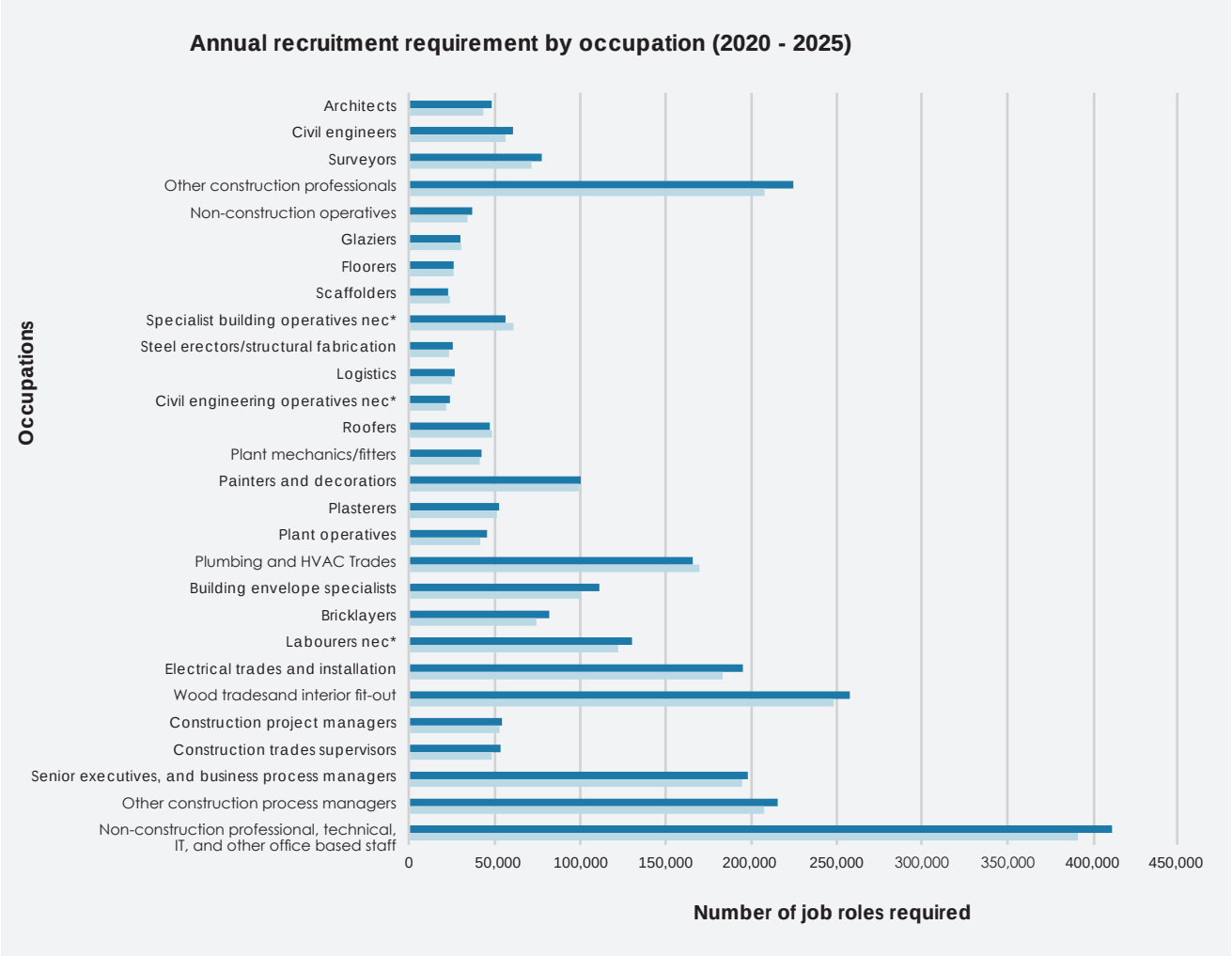

Figure 3: ARR by occupation. Adapted from Construction Industry Training Board & Experian (2021). Construction Skills Network - CITB ANALYSIS AND FORECASTING.

Figure 3 uses the Standard Occupational Classification 2010 Volume 2 available from ONS: https://www.ons.gov.uk/methodology/classificationsandstandards/standardoccupationalclassificationsoc/soc2010/soc2010volume2thestructureandcodingindex#the-job-title-coding-index Abbreviations: nec = not elsewhere classified in SOC2010

Abbreviations: nec = not elsewhere classified in SOC2010

Health, safety, and legal duties

Legal duties

The Health and Safety at Work Act 1974 requires an employer to take measures to control risk. The Act places a general duty upon all employers to ensure, "so far as is reasonably practicable, the health, safety, and welfare of all employees at work. This includes taking steps to make sure they do not suffer stress-related illnesses as a result of their work" (Stress management society, n.d.).

Section 2, one of the main provisions of the act, places this duty on employers to ensure the safety, health and welfare of their employees. These provisions have been introduced into criminal law to ensure employers provide a common duty of care (Humphreys, 2007). This gives power to the health and safety inspectorate, which enables the body to halt any activity deemed to be detrimental to an employee's health and safety. Additionally, it allows the inspectorate to prosecute the employer on those bases.

If a company has five or more employees, they are required by the 1974 Act to complete a risk assessment on the nature and scale of health risks at work, and this includes stress. In theory, a risk assessment should help identify, evaluate, communicate and manage risks within a business. The 1974 Act requires that employers provide:

A. the provision and maintenance of plant and systems of work that are, so far as is reasonably practicable, safe and without risks to health;

B. arrangements for ensuring, so far as is reasonably practicable, safety and absence of risks to health in connection with the use, handling, storage and transport of articles and substances;

C. the provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of his employees;

D. so far as is reasonably practicable as regards any place of work under the employer's control, the maintenance of it in a condition that is safe and without risks to health and the provision and maintenance of means of access to and egress from it that are safe and without such risks;

E. the provision and maintenance of a working environment for his employees that is, so far as is reasonably practicable, safe, without risks to health, and adequate as regards facilities and arrangements for their welfare at work[3].

[3]*The Health and Safety at Work Act 1974.* https://www.legislation.gov.uk/ukpga/1974/37/contents

An employer gauges the adequacy of its own provisions by answering the following questions set out by the Health and Safety Executive (HSE):

- Where are we now relative to our overall health and safety aims and objectives?
- Where are we now in controlling hazards and risks?
- How do we compare with others?
- Why are we where we are?
- Are we getting better or worse over time?
- Is our management of health and safety effective (doing the right things)?
- Is our management of health and safety reliable (doing things right consistently)?
- Is our management of health and safety proportionate to our hazards and risks?
- Is our management of health and safety efficient?
- Is an effective health and safety management system in place across all parts of the organisation (deployment)?
- Is our culture supportive of health and safety, particularly in the face of competing demands?

Source: (Health and Safety Executive, 2001)

Employers must demonstrate how they intend to meet the requirements set out in section 2 of the act as outlined above. Again, if the employer has five or more employees, a written statement containing their health and safety policies must be made, kept up to date and brought to the attention of the employees (Health and Safety Executive, 2014).

It is worth noting that companies that engage with independent contractors and sub-contractors also have a duty of care towards these employees. This responsibility for health and safety is regarded as being a part of the companies' work (Health and Safety Executive, 2014).

Enforcement

The Health and Safety Commission (HSC) has overarching accountability for workplace health and safety in Britain, and its enforcement arm is known as the Health and Safety Executive (HSE). A HSE enforcement officer is assigned to manage and uphold the executives' standards which encompasses both health and welfare.

The HSE outlines a number of management standards which relate to workplace stress. Its aim is to tackle work-related poor mental health by establishing an effective framework to help employers introduce processes for properly managing work-related stress (Health and Safety Executive, n.d.-c). This framework is known as the 'Management Standards' approach.

The Management Standards represent a set of conditions that, if present:

- demonstrate good practice through a step-by-step risk assessment approach
- allow assessment of the current situation using pre-existing data, surveys and other techniques
- promote active discussion and working in partnership with employees and their representatives, to help decide on practical improvements that can be made
- help simplify risk assessment for work-related stress by:
    - identifying the main risk factors
    - helping employers focus on the underlying causes and their prevention
    - providing a yardstick by which organisations can gauge their performance in tackling the key causes of stress (Health and Safety Executive, n.d.-d).

The above should cover six key areas of work design that, if not properly managed, are associated with poor health, lower productivity and increased accident and sickness absence rates. The Management Standards are:

- **Demands -** this includes issues such as workload, work patterns and the work environment
- **Control -** how much say the person has in the way they do their work
- **Support -** this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues

- **Relationships -** this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour
- **Role -** whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles
- **Change -** how organisational change (large or small) is managed and communicated in the organisation (Health and Safety Executive, n.d.-d).

Reform

Many argue that the 1974 Act places a disproportionate amount of focus on physical health, to the detriment of mental wellbeing (Burke, 2019; Devine et al., 2020). Both the HSE and HSC have recognised more needs to be done to develop the standards of health and safety. In response to this, the two bodies have launched a review to develop a modernised standard. This strategy calls for greater engagement, stakeholder commitment, education, financial incentives, certifiable standards, greater awareness, developed roles for safety representatives and occupational health support (CITB, 2019).

In relation to mental health, in 2017 the UK government commissioned Lord Stevenson and Paul Farmer (Chief Executive of Mind) to independently review employer support to improve mental health in the workplace. The published report is entitled 'Thriving at Work'. The paper proposes a set of "mental health core standards" – a framework for a set of actions which all organisations should, in theory, be able to implement quickly. There is also a set of more ambitious "enhanced" standards, building on the core principles.

The core standards are outlined as follows:

- Produce, implement and communicate a mental health at work plan;
- Develop mental health awareness among employees;
- Encourage open conversations about mental health and the support available when employees are struggling;
- Provide employees with good working conditions and ensure they have a healthy work life balance and opportunities for development;
- Promote effective people management through line managers and supervisors;
- Routinely monitor employee mental health and wellbeing

Source: (Stevenson & Farmer, 2017)

Summary

The construction sector includes a wide variety of roles and trades, is comprised predominantly of SME's, contributes a significant amount to the UK's GDP, makes up almost a fifth of the businesses operating in the UK, its businesses cluster in London and the South East and it predominantly employs males.

There are many challenges facing the construction sector from skill shortages, workforce diversification, COVID-19, and Brexit. These challenges suggest additional pressure could come to bear on employees over the next few years.

Mental health has been an area of concern within the industry for some time and is incorporated into employer's legal duties of care related to the health and safety of their employees. However, the limited applicability of such laws and recommendations to SME's of less than 5 staff, should be of concern. Despite legal responsibilities, a recent study reported that 64% of surveyed construction workers indicated they wanted better physical and mental wellbeing support from their employers (Hobden, 2019). Simultaneously, there has been a call for the construction industry to address this problem, have better awareness of the mental health issues of its workforce, and to eliminate the stigma that comes with it (Hobden, 2019).

The next sections will highlight the extent of the mental health issues posed by those working in the construction industry, the costs to employers, the stigmas attached, and the statistics which support the need for further intervention.

3b. Rates of suicide and poor mental health in the construction sector

Defining suicide

In England and Wales, when somebody dies unexpectedly, a Coroner will begin an investigation to establish the cause of death. The investigation, also known as an "inquest", is a process that can take months or years. Only when an investigation has concluded can a death be officially registered. For suicides that have occurred in England and Wales, the Office for National Statistics (ONS), will then assign each death with an "underlying cause", based on the information provided by the coroner. The Office for National Statistics definition of suicide, provides two definitions based on codes from the International Classification of Diseases (ICD):

Intentional Self-Harm (codes X60-X84) – Persons aged 10 years and above.

Injury/poisoning of undetermined intent – Persons aged 15 years and above

Rates of suicide in the Construction Sector

The ONS has captured the number of suicides of males and females between the ages of 20-64 years, within the construction sector (Office for National Statistics, 2019b). Most recently, three-hundred and five suicides were recorded during 2019, an approximately 1% increase since 2018 (n=3), but the second highest number recorded since 2012 (n=313). Suicides in the construction sector accounted for 10.5% (n=305) of the total number of occupational suicides in 2019, the second highest suicide by occupation, with those employed in elementary administration and service occupations leading by 10.8% (n=315).

The construction sector had the highest numbers of suicides compared to other occupations between 2011 to 2018. Between 2011 to 2019 the number of suicides in the construction sector has increased by approximately 14% (n=38) (see figure 4).

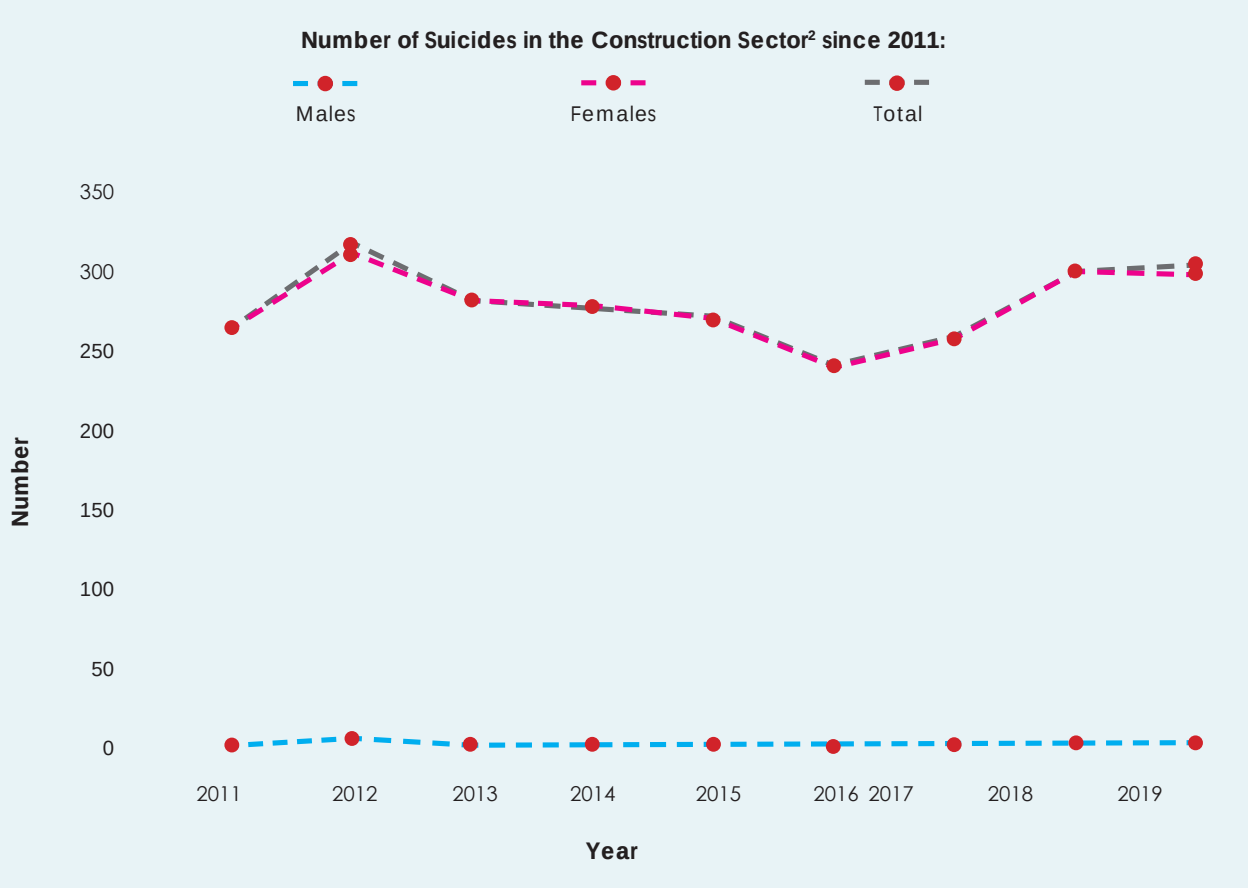

Figure 4: Number of Suicides in the construction sector since 2001 Source: Office for National Statistics - Suicide by occupation, England, and Wales, 2011 to 2019 registration

Looking at males specifically, the ONS report that 302 male suicides were recorded in the construction sector during the 2019 calendar year. In comparison to the previous year of 2018 (n=300), the number of suicides had increased by approximately 1% (n=2) in 2019.

Since 2011, male suicides in the construction sector have increased by approximately 14% (n=36), with the largest increase of approximately 18% (n=47) observed from 2011 to 2012 (Office for National Statistics, 2019b). The construction sector has had the most male suicides compared to other occupations since 2011. In an industry heavily dominated by males, its perhaps unsurprising that male suicides have accounted for 99% of all suicides within the construction sector.

The most recent statistical analysis published by the ONS suggests that as of 2015, the rates of suicide for low-skilled male labourers (those in elementary occupations) in the sector was more than three times higher than the national average for men at that time (Windsor-Shellard, 2017). Those in skilled trades within the sector were also more at risk of suicide, for example those in building finishing trades displayed rates of suicide twice that of the national average, while roofers, tilers and slaters risk was 2.7 times higher than the national average (Office for National Statistics, 2017). It is clear from the data, that suicide in the construction sector is a serious issue. This highlights the need for intervention to reduce the number of suicides in the construction sector.

Rates of poor mental health in the construction sector

Suicide can be the ultimate cost of poor-mental health. But poor mental health alone has a huge impact on individuals and their ability to work well and live well. As we report in section 3d, the construction industry is at high risk of mental health issues due to various environmental stressors and risk factors. Here we will report how those manifest in rates of poor mental health.

Various research across the world has been done in the last decade to establish the rates of poor mental health in the sector (e.g., Oswald et al., 2019), however within the UK it's difficult to get an exact picture of the problem as data to-date have various weaknesses. We report two of the better datasets below, with caveats.

Recently a survey by the Chartered Institute of Building (CIOB) was conducted at the end of 2019. Eighty per cent of the 2,081 respondents were from Great Britain (Rees-Evans, 2020). It looked at the mental health of construction workers from manual labourers to senior management roles. The survey found high self-reported rates of anxiety, depression, and stress among other symptoms of poor mental health (see figure 5), with 26% reporting having had suicidal thoughts. Even those who reported rarely experiencing anxiety, depression or stress still amounted to approximately 25%, 29% and 13% of respondents respectively, a considerable proportion.

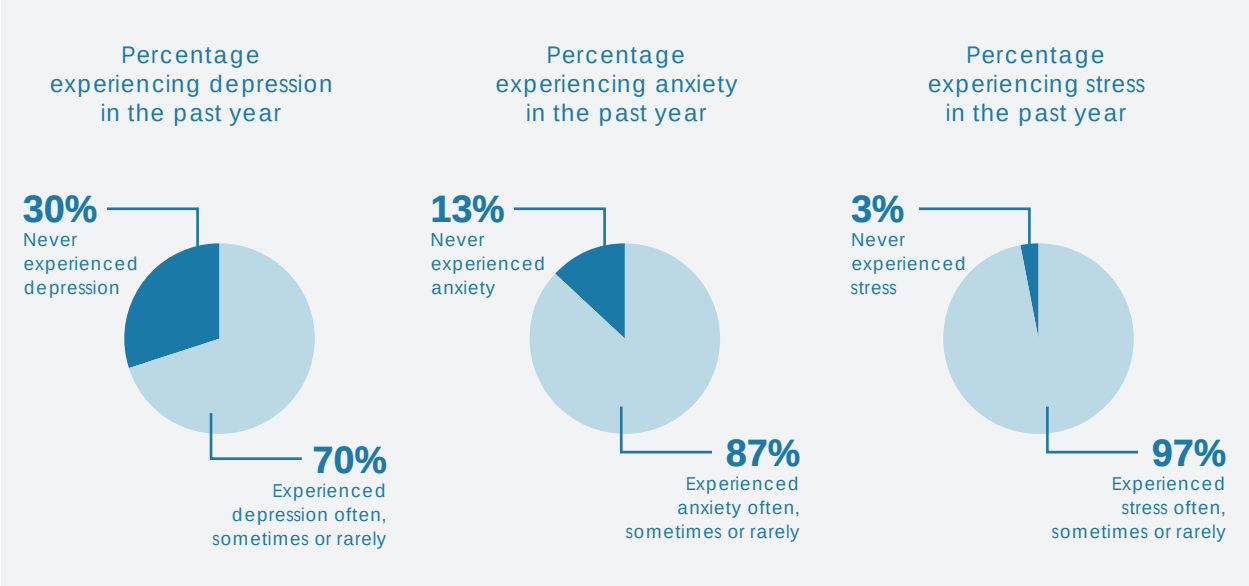

Figure 5: Experience of poor mental health in the construction sector. Source: Rees-Evans (2020), Understanding mental health in the built environment. Chartered Institute of Building.

While the CIOB study gives a sense of rates of different types of mental health condition but includes non-UK respondents, the Labour Force Survey provides data from Great Britain only, but does not distinguish between conditions. The Labour Force Survey, conducted by the Office for National Statistics on a yearly basis captures data for work-related stress, depression, and anxiety (as well as other conditions) in Great Britain. The Health and Safety Executive (HSE) routinely summarises and reports the data. The last report contained data up until March 2020, just before the pandemic. It estimated 21,000 work-related cases of stress, depression, or anxiety (new or long-standing) within the sector, accounting for over a quarter of ill-health (Health and Safety Executive, 2020a). The rates of workers suffering from these conditions (0.9%) was statistically significantly lower than across all industries surveyed (1.6%), however looking at the data since 2004, it appears that the yearly averages have been increasing since approximately 2016 onwards (see figure 6).

[4]*Work-related illness is defined by the Labour Force Survey as "conditions which they think have been caused or made worse by their current or past work"*

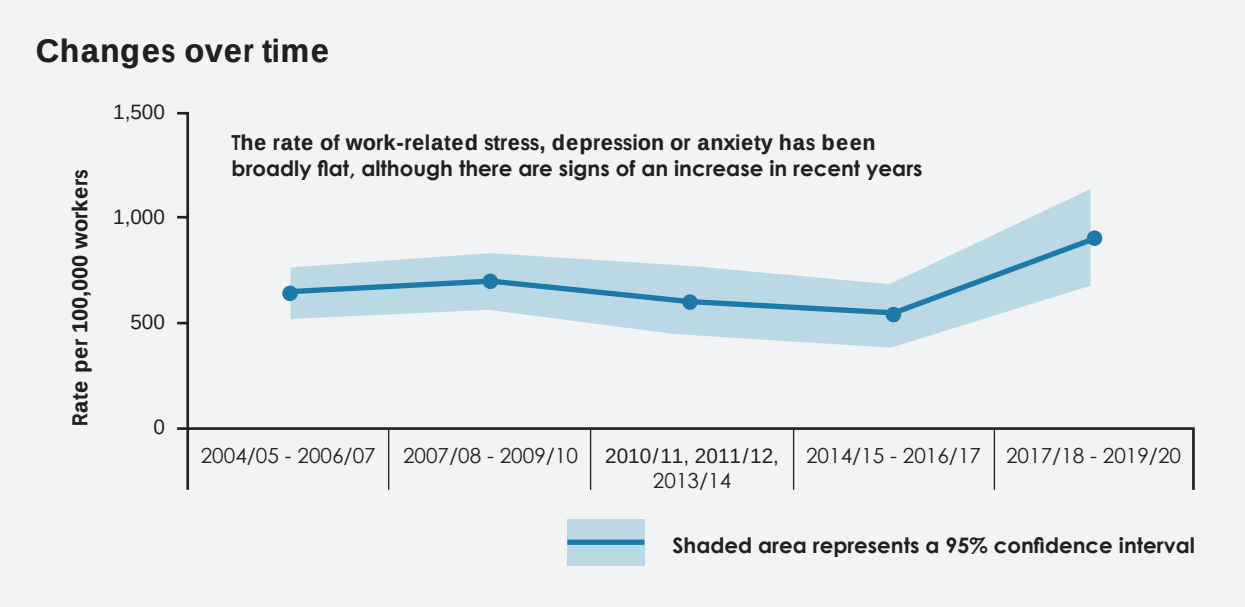

Figure 6: Rates of poor mental health per 100,000 workers in the construction industry per year. Source: LFS estimated annual average, from 2004/05-2019/20 in Construction statistics in Great Britain, 2020 (Health and Safety Executive 2020)

It's worth noting that poor mental health is captured using self-report measures – surveys, completed by individuals. There is acknowledged weaknesses in this type of data collection as it is subject to memory biases – forgetting, for example. The stigma and other cultural barriers to reporting poor mental health may also affect reporting (see section 3d Risk factors), therefore it's possible that the rates of poor mental health reported in these recent surveys under-represent the true scope of the problem in the industry. As objective measures of mental health are costly and challenging to administer, it may be some time before we are able to get a complete understanding of the true nature of the issue, although researchers are experimenting with such methods already (Jebelli, 2019; Jebelli et al., 2018).

Summary

Rates of suicide in the construction sector appear to have been increasing over the last decade and have represented the occupation with the highest rates of suicide until 2019. The most recent comparisons of rates of suicide by occupation suggests that as of 2015, suicide rates were three times higher in the sector than the national average. Turning to rates of poor mental health, although data is limited, it too suggests substantial and increasing rates of poor mental health in the sector, although it's worth noting that current data does not include the duration of the pandemic which has been linked to increasing prevalence of poor mental health. With that, and the use of self-report measures of data collection, it's likely that the problem of poor mental health in the construction sector is worse than is currently reported.

3c. Cost of poor mental health in the construction sector

As the previous section shows, the construction sector contributes a considerable amount to the UK's GDP, but simultaneously has a serious problem with high rates of poor mental health and suicide. The cost of such poor health manifests in a variety of ways which will be described in the following section.

General cost of poor mental health to the economy and society, including health system

Before looking at the cost of poor mental health in the construction sector, it's worth noting the cost to employers in general. The evidence offers insights that are relevant to employers in the construction sector, where data is more limited.

Loss of productivity: The first and most apparent cost of ill-health for employers is a loss in productivity. This can occur through absenteeism (lost workdays) or presenteeism (coming to work when unwell/not fully recovered.)

According to the Labour Force Survey reported by the Health and Safety Executive (HSE), 17.9 million working days were lost due to work-related stress, depression, and anxiety in 2019/20, with 828,000 workers affected by new or ongoing conditions (Health & Safety Executive, 2020). On average each person was unable to work for 21.6 days of the year. These lost workdays accounted for more than half of the days lost to ill-health as a whole in 2019/20 (55%). Worryingly, compared to previous surveys, rates of such conditions have significantly increased across the employed population.

A recent report estimates the cost of absenteeism due to mental health at 6.8 billion pounds (GBP) per year for UK employers (Hampson & Jacob, 2020). It also suggests rates of presenteeism, as well as a new phenomenon, leaveism (improper use of leave, or working when on leave) related to mental health are increasing and costing employers between £26.6-29.3 billion pounds (GBP). In addition to these high productivity costs, presenteeism is thought to be associated with poor mental and physical health (Skagen & Collins, 2016),

while absence due to depression is associated with an increased risk of early retirement and premature death (Wedegaertner et al., 2013).

Worsening conditions: Costs are also incurred when mental health conditions worsen or as related physical health problems arise (Knapp et al., 2011). Poor mental health can lead to self-harm and suicide attempts. While these represent an immediate and the ultimate, cost to the individual, financially these also impact society and the health service. Using 2009 prices, one study estimated the cost per completed suicide of a person of working age in the UK as £1.67 million GBP. This included both tangible and intangible costs – lost output (waged and unwaged), police time and funerals for the former (Knapp et al., 2011). Adjusting for inflation, that would now stand at approximately £2.1 million GBP in 2021[5]. Unfortunately, repeated attempts at suicide, without completion, are also costly to society. Costs are accrued via Accident and Emergency (A&E) attendance, medical or surgical care, psychiatric inpatient and outpatient care (Sinclair et al., 2011).

Cost to the construction sector

Financial cost to construction industry: Looking at the construction industry specifically, as reported above, poor mental health can cost employers in terms of the productivity and efficiency of their employees, sometimes described as 'wastage' in the system (Oswald et al., 2019).

More specifically, the cost of attempted and completed suicides in the construction sector have been detailed in an Australian study. Authors examined 169 people from the industry who attempted suicide, with or without a fatal outcome, estimating the cost to be $1.57 billion (AUS) in 2012. This comprised costs to the employer, worker and government (Doran & Ling, 2016). Adjusting for inflation this equates to approximately $1.85 billion (AUS) in 2021. The employer accrued costs via lost production, staff turnover, threshold medical payments, employer investigation costs and postvention (e.g., suicide bereavement support).

In the UK, the cost of poor mental health (stress, anxiety, depression) in the construction industry was estimated to cost employers 178 million (GBP) per year (adjusting for inflation, that equates to approximately 185 million a year in 2021) (Gibb et al., 2018). This is almost a quarter of the total cost to employers of ill-health as a whole and equates to £15k per case. Costs are primarily related to sick pay, overtime, presenteeism and lodgings (£175.4 million), with smaller costs from occupational health and management, such as attending occupational health services, increased surveillance, administration, rescheduling work (£0.5 million), referrals/reporting, treatment, replacing workers, managing workers (£1.5 million) and investigating cases, risk assessments and making changes (£1 million).

Injuries, construction disasters and safety behaviour: Worryingly, it appears that poor mental health is linked with workplace injuries, poor safety behaviours and construction disasters, which in turn will become financially costly for employers.

Evidence suggests that occupational and/or emotional stress is associated with occupational injuries and accidents in construction industries around the world (Chan & Leung, 2011; Hussen et al., 2020; Park et al., 2017). In the worst cases, it has been associated with high injury, high death rate, construction disasters. A summary of the literature reported that job stress contributed to unstable behaviours which in turn were associated with construction disasters (Bae, 2016). They also suggested that foreign workers were more at risk of stress, however the focus was on Korean based foreign workers.

Studies have also shown that depression and trait anxiety are associated with a reduction in safety motivation, knowledge and behaviours in South Korean construction workers (Jung et al., 2020), while stress levels appear to be linked to poor safety compliance in construction workers in areas of China (Liang et al., 2021; Wu et al., 2018).

Recruitment: Another cost to the construction sector that may not be immediately visible to employers, but will likely impact employers over time, is the impact of poor employee mental health on the ability to recruit high quality staff.

https://www.inflationtool.com/british-pound/2009-to-present-value?amount=1670000 as of 28th February 2021

It has been suggested that where construction companies have a reputation for "harsh" working environments, it can result in reduced interest from high-quality job candidates in the UK (Burke, 2019). It is also perceived to be associated with a reduction in women seeking senior professional roles in Australia (Sunindijo & Kamardeen, 2017), reducing gender diversity in the industry.

While failing to hire good candidates is one part of the problem, the other is failing to retain good employees. A synthesis of the evidence as well as primary research, suggested that employee turnover intention was associated with work-related stress and poor wellbeing, and section 3d describes, there are many factors within the construction industry that contribute to these emotional states (Park et al., 2017; Persad, 2020). A survey conducted by the Randstad recruitment agency looking at mental health issues in construction workers in the UK found that almost a quarter of respondents said that they were considering a career change due to their mental health (Randstad, 2017). Research conducted with construction workers in New Zealand has also suggested that fatigue (emotional, mental and physical), which some participants likened to mental illness, contributes to current staff perceptions that the construction industry is an undesirable industry to be in, particularly for younger employees (Lipsham et al., 2018).

Cost to the individual

Although the focus of this report is on the construction sector, poor mental health costs the individual too and may impact their working lives and employer.

The obvious personal costs include unnecessary suffering and loss of life (Health and Safety Executive, n.d.-b). In addition, a recent study found increased mortality risk for those in receipt of a disability pension due to mental health disorders (Söderberg et al., 2020). However, the impact of mental health on the individual can manifest in a number of ways that could also impact their capability to work and how they relate to their job. For example, job stress can result in poor job satisfaction and a loss of ambition for those in the construction industry (Amankwah et al., 2015; Bae, 2016). Tension or migraine headaches, difficulty concentrating and difficulty sleeping can also develop (Amankwah et al., 2015; Bhatt et al., 2015), although it's worth noting that all these studies were with non-UK or EU populations. Finally, job stress has also been associated with problem drinking in a US sample of construction workers (Ames et al., 2011b).

Friends and family could also be impacted by construction workers' poor mental health. This is worth noting as these are the people who support employees and therefore indirectly support their attendance at work. Research in the construction industry in New Zealand suggests that fatigue, which can result in mental exhaustion, feeling emotional, short-tempered and irrational among other things, can damage personal (and work) relationships (Lipsham et al., 2018). In the extreme, one US study showed that job stress can contribute to intimate partner violence (Ames et al., 2011a, 2013).

Cost-effectiveness of mental health improvement initiatives

Evidence suggests that good physical and mental health is associated with work efficiency and productivity (e.g., Yuan et al., 2018). Given such evidence, and the costs of poor mental health, construction companies cannot afford to avoid the problem any longer. Intervening could also bolster a company's reputation (Public Health England, 2016), and reduce the chances of losing additional staff from the ensuing negative public perception (for example, anecdotal evidence suggests employee suicides have contributed to senior staff resignations (Summerton, 2017)).

Evidence from mental health initiatives show that intervening is indeed cost-effective for companies. The wide array of costs that can be generated by workplace stress have been suggested as follows: GP visits, physical care costs, secondary mental health services, medications, occupational health services, local authority wellbeing services, staff productivity, presenteeism and retention (McDaid et al., 2017). However, an estimate of return on investment for a UK-based workplace stress reduction intervention suggests positive returns, especially when taking into account health service costs (McDaid et al., 2017). Similarly, estimates suggest that the financial benefits of implementing a universal workplace strategy to prevent suicide delivered in Australia would outweigh its costs (Kinchin & Doran, 2017). Returning to Australia, a depression screening workplace initiative showed that productivity improvements following implementation outweighed intervention costs (Hilton, 2007).

More broadly, promoting wellbeing (both physical and mental health) via a multi-component intervention has been shown to reduce absenteeism, presenteeism and stress compared to control groups. Importantly, this intervention appeared financially preferable to not intervening at all, with substantial costs saved from reduced presenteeism and absenteeism above and beyond the cost of implementation (Mills et al., 2007).

There is also evidence of cost-effective initiatives in the construction sector specifically. For example, the Mates in Construction initiative running in Australia since 2008 was recently found to be effective in reducing the number of suicides, cases of full incapacity and short absences from work as well as having a positive return on investment (Doran et al., 2016). With more attention being paid to mental health in this sector, its likely more evidence will be forthcoming in future.

Summary

Costs of poor mental health and suicide are far reaching within the construction sector. They include costs related to lost productivity due to absenteeism and presenteeism, costs related to health care, risk assessments, sick pay and replacing staff, costs related to company reputation and therefore poor staff retention or recruitment, and costs in terms of higher risks of injuries, accidents and poor safety compliance. In addition, costs to the individual in terms of job satisfaction and impact on relationships both personal and professional are likely to be incurred. There is emerging evidence that workplace initiatives to improve or prevent poor mental health are not only effective for staff but are financially beneficial for employers. Future work to expand on such initiatives and ensure support is available across the sector, irrespective of role or company has the potential to save both lives and money.

3d. Risk factors for poor mental health in the construction sector

In response to the COVID-19 pandemic, UN Secretary General, António Guterres, reflected on the importance of managing and preventing mental health problems. "Mental health is at the core of our humanity. It enables us to lead rich and fulfilling lives and to participate in our communities." (Guterres, 2020; United Nations, 2020). In the UK, a culture of embracing and supporting mental health has been growing since the government policy initiative No Health without Mental Health (2011). A recent review of mental health in the workplace by Stevenson and Farmer (2017) offers core principles to support mental health in the workplace and provides employers with a roadmap to developing a mental health policy suited to their environments (see pg. 22, Reform). The review suggests that the construction industry is high stress and high risk for mental health (Stevenson & Farmer, 2017). In order to better understand what is behind this description, the following chapter looks at the nature of the construction industry, the risks to mental health, the perception of mental health in the industry and the various barriers to improving mental health.

Nature of the industry

As we have seen in earlier sections, the construction industry contributes a large amount to the UK GDP, there are many construction companies of varying sizes and the demand for construction work is unlikely to abate moving forward. As such, it is unsurprising that it is a dynamic, demanding and fast-paced industry, where the pressure to perform is high (Ajayi et al., 2019). The industry is also known for its physical demands, therefore, its work-related injuries (Campbell & Gunning, 2020) and typically macho culture (Hanna et al., 2020).

Risk factors for poor mental health within the construction industry

In an effort to understand how these industry-specific cultural phenomena influence the wellbeing of staff, various research has been carried out. One annual survey of construction workers found factors that contributed to poor

mental health included late pay, job uncertainty and financial problems (Kelly, 2019). Another highlighted how the culture could also prevent help-seeking: "Workers often suffer in silence, and the 'macho' culture of simply dealing with it and not seeking help only makes the issues worse" (Rees-Evans, 2020). Macho culture is often thought of as being tough, competitive, self-reliant, disguising your feelings and not bearing the shame of opening up (Kotera, 2020; Lomas, 2014). The same survey revealed that "Stigma still exists despite the work that has been done to improve awareness and communication about the topic. On top of this, 38.7 per cent said they felt they had to hide their mental health issues. Over the past three years, the percentage of people being honest about their absence from work has not improved" (Kelly, 2019).

Industry insiders recognise and add support to the influence of the factors identified in these surveys. "In the predominately male construction industry, rates of suicide are particularly high, specific pressures include physically hard work, cold and harsh working environments, low pay, long hours, time pressures, job insecurity and a 'macho' culture. All of these things along with significant periods away from home can lead to feelings of isolation, loneliness and poor mental health." (Stevenson & Farmer, 2017)

In essence, "'construction is a stressful industry, and the way it operates can contribute to poor mental health." (Rees-Evans, 2020, pg. 10). A systematic review of the literature found a list of 32 risk factors that contributed to poor mental health in the construction industry (Chan et al., 2020) (see table 3 below). These risk factors fall into eight categories, and reflect many of the issues raised in the surveys above. They are briefly discussed below including further support from included studies and other data sources. Many of these risk factors map on to the mental health core management standards.

Risk factors

- Physical illness
- Nature of work/mental demand
- Hours worked per day (Excess of 60hrs per week)
- Low income/financial insecurity
- Work overload/quantity of work
- Increased work speed/pressure
- Little opportunity/ability to participate in decision making
- Little social support from colleagues/ immediate supervisors
- Little relationship with colleagues/coworkers
- Occupational injury/hazards
- Poor working conditions
- Inability to further learning
- Job insecurity (fear and uncertainty about the work)
- Posttraumatic stress
- Fatigue and need for recovery
- Criticism
- Lack of feedback mechanism in place
- Low socioeconomic status
- Overpromotion concerns
- Poor occupational climate (i.e: task autonomy, responsibility, authority)
- Fear of failure
- Interpersonal conflict
- Sustance abuse
- Alcohol consumption
- Musculoskeletal pain and injuries
- Poor physical working conditions
- Marital status
- Gender discrimmination
- Lack of respect from subordinates
- Workplace harassment/bullying
- Work - home conflict/life imbalance (lack of time for family and other leisure due to work)
- Age discrimmination

Table 3: Risk factors for poor mental health in the construction sector, from Chan et al., 2020

Job demand - Long hours, heavy workload, pace of work, fatigue and the need to recover are job demands which increase stress (Love et al., 2010), rates of depression and risk of suicide (Al-Maskari et al., 2011).

Lack of job control - High levels of stress are also associated with lack of job control (see figure 7). Factors include limited opportunities to make decisions or speak up, imbalance in workload distribution, poor communication, strict rules, office politics and an authoritarian culture (Boschman et al., 2013; Lim et al., 2018).

Workplace injustice - In addition is the negative impact of workplace injustice including discrimination, harassment and bullying (Bowen et al., 2014). "I think that traditionally it's been quite a masculine industry and… maybe issues of possible bullying or people making their views and opinions [known], perhaps enforcing them on others" (Hanna et al., 2020).

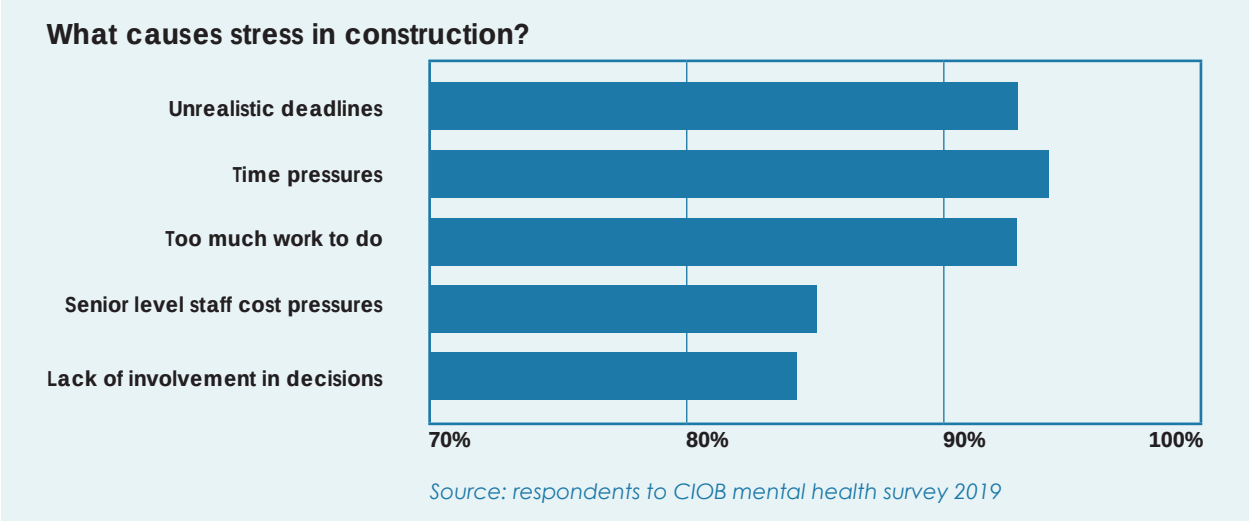

Figure 7 What causes stress in construction. Source: Construction Manager Magazine May 2020
https://constructionmanagermagazine.com/coronavirus-adds-constructions-mental-health-press/

Welfare and financial insecurity - Lack of welfare facilities are a frequent experience. "Workers are often subject to temporary office accommodation, sometimes poor or no catering facilities, inadequate toilet facilities and a lack of privacy while on-site" (Rees-Evans, 2020, pg. 11).

Job insecurity, limited progression and low income are associated with high levels of stress (see figure 8). Small and Medium Enterprise's and sole traders are concerned about late payments and financial insecurity (Rees-Evans, 2020, pg. 11) while married employees are concerned about caring for the family in case of unemployment (Langdon & Sawang, 2018).

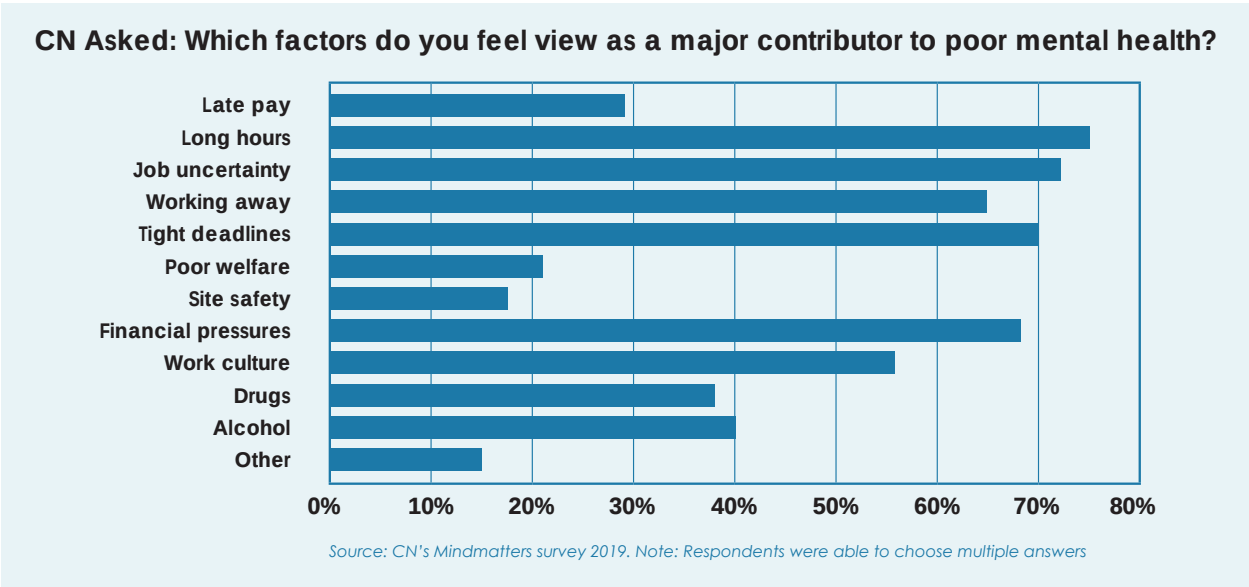

Figure 8 Factors contributing to poor mental health. Source: CN Mind Matters survey 2019

Physical work hazards - Onsite environments are hazardous to physical health (Ajayi et al., 2019). The construction sector has a higher-than-average rate of musculoskeletal disorders and injuries according to the Health and Safety Executive (Health and Safety Executive, 2020b). Lone working is also a hazardous job demand. "If contact is poor, employees may feel disconnected, isolated or abandoned, which can affect their performance and potentially their stress levels or mental health." (Health and Safety Executive, 2020c).

Limited workplace support - Support in the workplace is often limited. Most of the construction industry is made up of SMEs and sole traders who may lack resources to provide mental health support for their employees or themselves (Rees-Evans, 2020, pg. 18). In the absence of workplace support, construction workers compensate by using self-support mechanisms (Love et al., 2010).

Poor personal coping mechanisms - Perhaps the most challenging mechanism of self-support is risky alcohol and drug use which is associated with risks to safety on the job (Minchin et al., 2006) as well as to physical and mental health (Langdon & Sawang, 2018). Risky alcohol use could also be associated with "the strong drinking culture" in the industry (Roche et al., 2015).

Family problems - Personal and family circumstances like addiction, financial problems or bereavement can affect mental health at work. Being separated, divorced or widowed causes stress, anxiety and depression (Kamardeen & Sunindijo, 2017). Equally, work-related stress and job demand can significantly affect home, married and family life (Chan et al. 2020).

Perception of mental health and barriers to support within the construction industry

Given the range of risk factors contributing to poor mental health, the following section takes a closer look at how mental health is perceived in the industry and how this might impact help-seeking. Specific barriers to improving mental health are multi-layered and this is recognised by industry leaders:

> *"This issue runs through the industry, affecting decision-making from the boardroom through to site. We all need to work together to address the silent epidemic that is mental ill health"*
>
> - CIOB president, Charles Egbu[6]

There is a trend in the industry to focus on physical health, although there is now recognition by governing and regulatory bodies that mental health is the responsibility of the employee and the employer. For example, the Chartered Institute of Builders (CIOB) states that "mental health is just like physical health, everybody has it and needs to take care of it" (Rees-Evans, 2020, pg. 6). The Health and Safety Executive similarly suggests that workers have a duty to take care of their own health and safety and that of others (Health and Safety Executive, n.d.-a). Mental health charities such as MIND and the construction specific charity, Mates in Mind, advocate for this, stating that, as well as including understanding the requirements of lone working and having the right equipment, one must also learn how to cope with stress and know where to turn to for mental health support. Employers also have a legal duty to manage and control risks that could affect mental health as well as physical health, as described in chapter 3a. However, as mentioned previously, the construction industry has paid more attention to risks related to physical health and safety than to mental health and wellbeing (Hanna & Markham, 2019).

This is partly due to the nature of the industry cited above—a demanding environment with a majority male workforce and "macho culture" (Kotera et al., 2019). As a result, however, mental health concerns are likely to go unreported and unaddressed. "If you ask for time off, it's seen as a bit of a weakness and that you're not able to cope with your job. People are afraid to ask for it in case they lose their job or [for fear of] not being considered for a promotion, and then employers wonder why they have a high turnover of staff" (Kelly, 2019). The fragmented nature of the industry contributes to this lack of help-seeking. Most of the sector is made up of diverse subcontractors: sole traders and SMEs who are less likely to have mental health support in place compared to larger companies. This makes it a challenge for workers to seek help, and more difficult for managers to identify who may be experiencing poor mental health and who may be at risk (Rees-Evans, 2020, pg. 9).

[6] https://constructionmanagermagazine.com/coronavirus-adds-constructions-mental-health-press/

In addition to the fragmented nature of the industry, is how the industry operates: the culture, work environment and practices. Historically there has been a focus on physical safety at the expense of mental health (Hanna & Markham, 2019). A change in legislation in order to highlight mental health such as, an update to the Health and Safety (First-Aid) Regulations 1981, might be one way to redress the balance:

> *"When it comes to treating physical and mental health, the need to value them equally is something that is often spoken about, and yet we still see that mental health is not covered under this legislation, despite how common it is in the workplace."*
>
> - (Rees-Evans, 2020, pg. 12)

Changes to legislation alone may not be enough to alter attitudes towards mental health in the construction industry. Stigma, or shame, is a major factor along with a culture of reluctance to talk about mental health (Kotera et al., 2020). An annual survey of workers conducted by Construction News (Kelly, 2019), highlights the problem:

> *"78.3 per cent of respondents believe a stigma still exists despite the work that has been done to improve awareness and communication about the topic. On top of this, 38.7 per cent said they felt they had to hide their mental health issues."*

Other key barriers to improving mental health in the industry are a lack of mental health policies or work plans. Although 56% of larger companies have a mental health policy in place, the majority of SMEs and sole traders do not (Rees-Evans, 2020, pg. 29). At the same time, few employers monitor the mental health of their workers. Only one third provide Mental Health First Aiders (MHFAs) and the majority of workers lack mental health training.

> *"Although the construction industry has made great strides in tackling the stigma around mental health, the industry has yet to fully understand and tackle the causes of work-related mental health problems."*
>
> - Emma Mamo, Head of Workplace Wellbeing at Mind

The consequence of not addressing the barriers is a continuation of the "silent epidemic" of mental health concerns in the industry. Yet the barriers are not insurmountable. The Chartered Institute of Builders offers recommendations that support mental health in the workplace based on the principles laid out in Thriving at Work (Rees-Evans, 2020, pg. 32). Also, industry research offers effective strategies to support and improve mental health (Campbell & Gunning, 2020).

Summary

The construction industry is characterised by being high pressure, fast-paced, requiring high physical demands and having a macho culture. These cultural characteristics, influence worker wellbeing both directly and indirectly through several features including demand, control, welfare, financial stability, physical hazards, support, coping mechanisms and family problems. Combined with a historical focus on physical health, the structure of the sector as a whole and enduring stigma, it is perhaps unsurprising that the sector is rife with poor mental health and high rates of suicide.

4. Existing mental health services for the construction sector

The Construction News launched the Mind Matters survey back in 2017 – shortly after the Office for National statistics revealed that the sector had three-times the rates of suicide compared to the national population. The most recent findings from the 2019 survey suggest that the sector has begun to address the problem of poor mental health and see improvements (Kelly, 2019).

Following the collection of data from multiple sources described in the methods, it became clear that there have been a variety of ways companies have chosen to tackle or prevent poor mental health. Below we briefly outline the types of approaches taken, both publicly, and behind closed doors and provide details of significant, publicly available options for the construction sector. We also assess the strengths and weaknesses of the more substantial offerings to identify further needs, or areas to develop as part of the GMF offering.

Findings

Breadth of approach to poor mental health

Findings from a review of the websites of the top 10 UK construction companies by turnover, and the survey of the construction sector taskforce of the CBI provided an overview of which approaches larger companies are taking to prevent and manage poor mental health in their employee population.

Publicly, companies tend to share a range of information about their wellbeing management (see table 4). While they all shared access to their health and safety policies online, seven out of the top 10 also reported approaches to managing mental ill health specifically – with some developing their own in-house tailored initiative - and membership to national or sector specific publicly available mental health initiatives. (For raw data please contact authors.)

[7] *As we were unable to find any information on how they managed poor mental health within their companies, Interserve PLC, Keller Group and Laing O'Rouke PLC are not represented in table 4. It's worth noting however, that this doesn't mean they are not active in this area, but that this information is not readily available/easy to locate on their public websites.*

The survey of the construction sector taskforce of the CBI gave further insights into what companies may be providing in-house, but not sharing more publicly (see table 5). This reinforces the idea that a breadth and depth of approaches are being taken that may not be visible to an outsider. Despite a small number of respondents (N= 5) and the ethical pre-requisite to retain respondent anonymity, it can be reported that these five companies employ approximately between 1000 to just over 3000 people each, within the UK. All five companies were engaged with national or sector-specific publicly available mental health or wellbeing initiatives. They all had other wellbeing activities, strategies or in two cases had developed their own tailored wellbeing programmes in-house.

In addition to mental health support specifically, respondents were asked to report any other support for wellbeing, including physical health, that their company provided. All five mentioned having an Employee Assistance Programme – the uptake of which CCLA has suggested could be used to monitor the effectiveness of mental health programmes - which appear to access to medical support or private healthcare, two reported having a flexible working policy with one including wellbeing leave in addition to annual leave and the other having a fatigue policy to manage work hours. Staff support networks were reported by two companies and availability of various wellbeing-related apps were offered by three. Physical health and fitness support was available from all five companies, perhaps unsurprising giving the nature of the job. Three took part in or ran their own campaigns relating to wellbeing on a regular basis. Two offered financial support and two also offered staff training around wellbeing. Three companies monitored staff's wellbeing, two offered access to counselling. (For raw data please contact authors.)

Looking at the provisions described on the top 10 construction company websites, as well as the survey responses, the various companies appeared to try and address a range of risk factors for poor mental health identified in section 3d. Physical hazards were addressed by many via medical support or physical activity promotion or gym provision or even the desire to ensure 'zero harms'. Limited workplace support was tackled with programmes to encourage

[8] *CCLA is an investment fund management company specialising in investing funds for the charity sector, religious organisations and other public bodies. In 2019 they surveyed a small number of large companies to determine their approach to supporting employee mental health: https://www.ccla.co.uk/sites/default/files/CCLA%20Mental%20Health%20Engagement%20Report%20Final_0.pdf*

open discussions, helplines, counsellors and staff networks. Staff welfare and financial insecurities were addressed with the provision of childcare vouchers or other financial or legal support or advice, and professional development opportunities. Family worries were minimised by relationship advice services and flexible working policies. Job demand was addressed with wellbeing check-ins which took into account workload and fatigue policies. Job control was increased by allowing teams to allocate work based on wellbeing check-ins and encouraging ideas from staff about how to improve working conditions.

Company | **Additional in-house provisions for mental health support** | **Collaboration with national/sector specific publicly available mental health programmes**

	Balfour Beatty
	• Has a set of 'golden rules' to ensure zero harms. Includes ensuring mind and body are fit for work. • Identifies health as a potentially fatal risk.
	• Health in Construction Leadership Group • Mates in Mind
	Kier Group PLC
	• Safety in Mind in-house campaign. Goal to remove stigma and encourage employees to look after their own mental health. Includes a series of films, encouraging open discussions. • Provision of tools to maintain healthy work life balance including access to support such as childcare vouchers and cycle to work schemes and an agile working hub.
	• Mental Health First Aiders (trained as part of Safety in Mind campaign)
	Morgan Sindall Group PLC
	• M62 Men and Mental Health initiative (collaboration with BAM Nuttall) – Raising awareness of mental health and support, provided activities (mindfulness and physical) and resources and signposting to helplines. • Employee Assistance Programme and digital GP service • Health and wellbeing newsletters
	• Took part in Mind's 2018/19 Workplace Wellbeing Index. Involves successfully embedding mental health into policies and practices as well as long-term commitment. • Mental Health First Aiders (as part of M62 Men and Mental Health initiative) and champions • Construction Industry Helpline app (as part of M62 Men and Mental Health initiative)

Company	Additional in-house provisions for mental health support	Collaboration with national/sector specific publicly available mental health programmes

	Galliford Try PLC
	• Be Well programme including a range of support and benefits including online health checks, guidance on mindfulness, direct health professional referrals for certain conditions, discount gym membership, discount Fitbit products, cycle to work scheme, health surveillance, volunteer leave, advice about relationship management, e-learning and professional development, wellbeing champions. • Employee Assistance programme (included in description of Be Well programme) including telephone support helpline, access to counsellors or e-counselling, access to specialist therapies for trauma or behavioural therapy access to life management experts e.g., debt, relationship or legal management, BUPA Healthline access.
	• Mates in Mind (as part of Be Well programme) • Bupa Boost health and wellbeing app (as part of Be Well programme) • Mental Health First Aiders (as part of Be Well programme)
	Amey PLC
	• Wellbeing Ambassadors • Check in and check out programme to self-score wellbeing pre-post meetings (factoring in physical wellness, workload, home life, stress and mental wellbeing). Team discusses scores and work is then allocated based on these scores. • Virtual wellbeing festival for graduates and apprentices to raise awareness, increase knowledge of support and resources, provide self-management tools and techniques, provide networking opportunities for peers.
	• Mental Health First Aiders • Mates in Mind
	ISG PLC
	• Choose Safe, Choose Health – partnership with Mental Health UK. Holistic approach to health and wellbeing, focusing on raising awareness and advances health safety by encouraging discussions and people to act and have ideas about ways to improve working conditions.
	Tarmac Trading Limited
	• Founding partner of Mates in Mind
	• Mates in Mind

Table 4 Brief overview of approaches to mental health support provided by seven of the top ten UK construction companies

	Company
	Additional in-house provisions for mental health support
	Collaboration with national/sector specific publicly available mental health programmes

	A
	• Mental health at work steering group, leadership action plan and mental health at work action plan • Wellbeing champions
	• Mental Health First Aiders
	B
	• Mental Health First Aiders • Building Mental Health • Participate in Mind's annual Workplace Wellbeing Index
	C
	• Publishes regular mental health articles in company magazine, including employees sharing their experiences of mental ill-health to facilitate awareness raising. • Support networks for various areas of mental wellbeing including bereavement, financial and mental health.
	• Mental Health First Aiders • Mates in Mind

Company	Additional in-house provisions for mental health support	Collaboration with national/sector specific publicly available mental health programmes

	D
	• Mental health and wellbeing strategy, policies and annual tactical plan • Created the Adjusting to Change programme in response to the impact of the pandemic on staff's mental health. Includes monthly webinars with psychologists and other professionals. • Created the Out of the Blue intervention tool related to sudden death/suicide • Created mental health resource cards for staff and supply chain
	• Mental Health First Aiders • Time to change pledge
	E
	• Developed wellbeing strategy to drive forward actions/objectives for next five years. • Created the CONNECT whole person development process, related to wellbeing. • Developed wellbeing resources with a focus on mental health. • Created the Control the Controllable programme to assist staff during lockdown. Experts delivers personalised wellbeing modules such as couch to 5k and meditation. Allow staff to set personal target and progress at own pace. • Created the Recalibrating Wellbeing programme to assist staff in moving forward as lockdown ends. • Dedicated website hub for mental wellbeing providing resources and apps for managers and employees.
	• Mental Health First Aiders • Mates in Mind • Participated in Investors in People Wellbeing Standard

Table 5 Mental health support and participation in national initiatives described by a sample of five construction companies who are members of the CBI construction company taskforce

National and sector-specific publicly available approaches to mental health

Most companies that developed in-house tailored programmes do not share extensive details of these on their websites, therefore we have been unable to fully assess their content. In addition, the tailored nature of such initiatives means that their content may not be widely applicable to different companies.

Therefore, taking the generic information provided by the survey and the websites is likely to be more useful in terms of generating recommendations for the broad construction sector as a whole.

However, as even the limited data above demonstrates, national and sector-specific publicly available approaches to mental health appear to have wide acceptability and uptake amongst the sector and are open about publicizing what they can offer to companies. The following section will describe these initiatives in more detail.

Standards

No sector-specific standards were identified for mental health, however a generic global standard for managing psychological health and safety at work was released during the writing of this report.

In June 2021 the British Standards Institution published a new guidance standard (ISO 45003), listed as "the first global standard giving practical guidance on managing psychological health at work". This new standard fits under their occupational health and safety management umbrella (ISO 45001) however it differentiates itself by fully addressing psychological health, safety and well-being. Unfortunately, as it is a proprietary standard, we are unable to determine its exact content and how well it addresses the outlined needs of the construction sector. Having said that, anecdotally we are aware that it may consider issues similar to and beyond the risk factors identified for poor mental health and suicide within the construction industry such as job demand, welfare and financial insecurity, workplace support, workplace injustice, workplace hazards.

It should be noted that at this time (April 2021), BSI has stated that the IS0 45003 standard is applicable to all sectors and workplaces with no plans to develop sector specific documents. It is also currently being offered free of charge to SME's until the end of 2021.

Mental health initiatives and providers

Fourteen programmes and/or providers were identified from the various sources of data. Data were extracted for all, however on closer inspection of the available data, only eleven have been included in the following tables. Four sector specific mental health support providers (Mates in Mind, The Lighthouse Charity, the Considerate Construction Scheme and Building Mental Health), two sector specific and one generic training providers (the Construction Industry Training Board, Chartered Institute of Building and Mental Health First Aiders respectively) and four generic accreditation providers (Time to Change, MIND's Workplace Wellbeing Index, Investors in People Wellbeing accreditation, CCLA mental health benchmark). Generic providers were captured in some instances due to their frequent appearance on construction company or regulator websites, or if they were mentioned in the CBI survey responses or in the academic literature. Those excluded from the tables due to limited data included: Working Minds [https://www.constructionworkingminds.org/ireland-home] a predominantly USA-based organisation with a small Irish satellite hub; B&CE Charitable Trust (a sector specific charity which provides financial services, hardship, education and training grants and a financial helpline for support for construction workers as well as templates for drug and alcohol policies) and Mental Health at Work (a generic provider of support and resources which the CBI and Skanska are registered with, but otherwise we have limited evidence of extensive uptake across the construction sector and therefore we have chosen not to report further details of this provider in this instance.) See tables 6, 7and 8 for goals, resources and characteristics of the included providers, trainers and accreditors.

Mates in Mind	
	Awareness raising of employee mental health among construction sector employers. Core aims include: **1.** To educate and inform construction employers on mental health. **2.** To support employers in the creation of a mental health framework. **3.** Improve mental health visibility among the construction workforce. **4.** Contribute to the body of mental health research to facilitate evidence-led solutions.
	Resources are provided to supporters via a dedicated client manager. The charity aims to build a tailored 'mental-health plan' for construction employers. Services include: • Mental health and wellbeing assessments and advice • General awareness training for all staff • Access to counsellors for all employees & contractors • Employer technical support helpline • A suite of tailored communication resources
The Lighthouse Charity	
	Registered mental health charity with a variety of reactive and proactive support services geared towards the construction industry and its workforce.
	• Provides financial assistance, welfare and wellbeing advice and emotional and legal support. • Promotes initiatives aimed at accident avoidance and improving safety on construction sites. • Educational initiatives aimed at improving employment conditions and career opportunities within the construction industry. • Support and deliver local and national events that encompass networking, fundraising and fellowship within the construction industry.

Table 6 Providers of mental health support noting however, that this doesn't mean they are not active in this area, but that this information is not readily available/easy to locate on their public websites.

B2C = business to client i.e., directly reaching a construction sector employee,
B2B = business to business i.e., directly reaching employers in the construction sector

Provider | Background/ aim | Principle products or service | For profit | Non-for profit | B2C | B2B

Considerate Construction Scheme

The scheme's main areas of concern fall into three categories: the general public, the workforce and the environment. CCS was founded to "raise standards in the construction industry" using a code of practise.

The code is in five parts:

1. Care about appearance **2.** Respect the community
3. Protect the environment **4.** Care about safety **5.** Value their workforce

1. Code of practise. While the focuses are broad, the organisation hold construction sector employer to account in:

- Providing a workplace where everyone is respected, treated fairly, encouraged and supported
- Caring for the health and wellbeing of the workforce
- Providing and maintaining high standards of welfare

2. Support and guidance materials highlighting the benefits of the scheme to the construction industry particularly useful for small and medium sized construction companies. It includes the following content:

- Bullying and harassment
- Managing stress at work
- Drugs and alcohol
- Campaign posters and flyers for:
  - Worker fatigue
  - Women in construction
  - Mental health
  - Ensuring wellbeing

3. An online hub which features examples of construction industry best practice sourced from across the UK and Ireland

Building Mental Health

A framework, borne out of a cross industry volunteer group created with contributions from clients, contractors, specialist sub-contractors, designers, trade associations, trade unions, regulators, training bodies.

The purpose is to provide a flexible and consistent framework to enable all parts of the construction sector to access mental health support, provide awareness and training and put in place a structure and systems to support people working in the construction industry.

- A free open-source framework target towards construction sector employers and employees
- Mental health first aid training materials and course
- Downloadable videos from several sources collated onto one site. This covers topics relating identifying possible signs of stress, anxiety and depression

Training providers | Profile | Core mental health services

	Construction Industry Training Board
	The Construction Industry Training Board (CITB) is the Sector Skills Council and Industry Training Board for the construction industry. It works with construction companies to improve skills, increase competitive edge and respond to the many challenges employers face. The provider is an executive non-departmental public body, sponsored by the Department for Education. Like the other industrial training boards, CITB received special powers to collect a levy from private firms within its sector, which it could redistribute in grants, funds and subsidies for training according to standards that it also set.
	The provider offers a range of mental health courses for construction sector employers and employees. Content covers: • 'Essential mental health and wellbeing in construction' • Mental health first-aiders CITB uses the levy to support mental health initiatives, but more broadly to: • support training development through grants and funding • promote the construction industry as a great career choice and offer high-quality apprenticeships. • identify skills needs across the construction industry • develop occupational standards and qualifications CITB also partners with mental health charities, for example the Lighthouse Club where it helps to train mental health first aiders.
	Chartered Institute Of Building
	The Chartered Institute of Building (CIOB) is a worldwide professional body that represents professionals who work within the built environment. Chartered members may use the designation MCIOB (Member) and/or FCIOB (Fellow) and can be assigned as Chartered Builders or Chartered Construction Managers once they have demonstrated the required professional competence. CIOB is a full member of the Construction Industry Council.
	Launched a new open online course, entitled 'Mental Health in Construction', which will begin on the 12 October 2020. On the course, participants learn to understand signs and symptoms of poor mental health and understand how to manage their own mental wellbeing as well as that of their colleagues. They'll hear from people in the industry about how to change construction's culture to end the stigma around mental health. The CIOB has also done extensive work on mental health in the construction sector, including recently publishing a report, Understanding Mental Health in the Built Environment, and working with organisations such as the Alzheimer's Society to raise awareness and launch continued professional development (CPD) courses, such as our Dementia Awareness course.

Training providers | Profile | Core mental health services

	Mental Health First Aid	
	Mental Health First Aid (MHFA) England are a social enterprise company without shareholders. They offer "expert guidance and training to support mental health, in the workplace and beyond". As a social enterprise, MHFA reinvest its profits to give access to mental health training. MHFA offer a range of evidence-based face to face and digital learning, from awareness raising to skill development. Its courses "empower people to notice signs of mental ill health", and encourage them to break down barriers, listen in a non-judgemental way, and signpost to support for recovery.	
	Online courses targeted specifically towards: • Adults • Youth • Higher Education • Armed Forces	Mental health instructor training: • Qualification to be able to deliver one of the MHF Aider products (adult or youth only) • Have to have completed a MHF Aider course • Delivered online during pandemic
	Workplace specific topics cover the following: • MH skills for managers (online course) • Race equity and MH (senior leaders) • MH knowledge for managers (digital learning) • Return to work and MH (HR professionals) • MHFA (online course) • MHFA (face to face) • MHFA Champions (online) • MHFA Refresher (updated & practice skills)	Other resources include: • Self-care tools • Take 10 Together • Toolkit • Film clip • Posters • Social Media graphics • Videos • Case Studies

Table 7 Organisations providing training around mental health support

GRAE MATTA FOUNDATION

Accreditation | Profile | Services

Time to change pledge

Time to Change (TC) was a social movement to change the way people think and act about mental health problems. The campaign started in 2007 and closed at the end of March 2021.

TC's goal was to end mental health stigma and discrimination by: improving public attitudes and behaviour towards people with mental health problems, reduce discrimination that people with mental health problems report in their personal relationships, their social lives and at work; making sure even more people with mental health problems are empowered to take action to challenge stigma and discrimination in their communities, in workplaces, in schools and online; creating a sustainable campaign that will continue long into the future.

Over the course of its campaign, the 'movement' worked with 7,500 champions with mental health problems, 1500 employers and 3,500 secondary schools, colleges and youth sector organisations.

Employer pledge underpinned by an Employer Action Plan and based on the Thriving at Work standards. These include:

1. Encouraging employers to make a public commitment by signing the "Time to Change Employer Pledge".
2. Working with employers to develop robust action plans to help them turn their commitment into real change;
3. Empowering employee champions, with lived experience of mental health problems, to challenge stigma and encourage conversation.
4. Providing the tools to deliver lasting change through ongoing support, training and networking.

Workplace Wellbeing Index (MIND)

The Workplace Wellbeing Index (WWI) was created by the mental health charity Mind. The WWI is a benchmark of best policy and practice, assessing where the gaps lie between an organisation's approach to workplace wellbeing, and staff perceptions, and recognises the good work employers are doing to support their staff.

The WWI aims to find where organisations are doing well and where they could improve their approach to mental health in the workplace.

The Index characterised by MIND as "the only benchmark dedicated to workplace mental health in the UK and we have two levels of participation to suit your needs and budget".

- Comprehensive assessment areas to gain employee feedback on how well employers support their mental health.
- Analysis and reporting of results with implementable recommendations on the areas to improve.
- Review of organisational policies (Level 2 only)
- Benchmarking in comparison to peers and other organisations participating in the Index.
- Further raise awareness of employer's commitment to create a mentally healthy workplace, plus external validation of wellbeing initiatives.
- Share and access best practice from other participating organisations

Accreditation Profile Services

	Investors in People Wellbeing Accreditation
	Investors in People is a standard for people management, offering accreditation to organisations that adhere to the Investors in People Standard. From 1991 to January 2017, the organisation was owned by the UK government. It was a non-departmental public body and received funding from the former UK Department for Business, Innovation and Skills (BIS). The organisation is based in London and predominately focuses on the managed development, policy, promotion and quality assurance.
	• Uses a framework based on psychological, social and physical factors of wellbeing to enable companies to build effective wellbeing strategies. • Uses framework to assess a company to see where improvement is needed. Conducted by a practitioner. Surveys staff for feedback and those that support the wellbeing programme • Provide report at end of assessment with recs. Also assigns achievement level – silver, gold, platinum. • Includes creation of an action plan to determine what changes the company should make in that time.
	CCLA mental health benchmark
	CCLA Investment Management Limited, regulated by the financial services authority, is a leading specialist investment management company serving charities, churches and local authorities. However, CCLA developed a mental health engagement programme in February 2019. CCLA reasons that as investors, they want the companies in which they invest to be successful and have identified "stark human and economic costs associated with poor mental health represent a substantial obstacle" to success. Its aims are to: • Drive workplace mental health to the top of the corporate agenda. • Build a substantial coalition of investors to push for improvement. • Boost the mental resilience and wellbeing of workers across all sectors and industries.
	The organisation used the recommendations set out by the government-commissioned 'Thriving at Work' report, and the input of an expert advisory committee (including representatives from Public Health England and Mind), to create a set of five, workable best practice measures. The framework assesses factors such as whether a company promotes mental health awareness among employees and contractors or considers related safeguarding in job design, and whether managers are trained to provide positive mental health support in the workplace. It incorporates a scoring system allowing comparisons between companies. The benchmark is being developed in partnership with Chronos Sustainability, a specialist advisory company with expertise in designing and delivering sustainability-related benchmarks.

Table 8 Organisations that provide mental health support accreditation

Additionally, we coded provider content for whether or not it appeared to address any of the identified risk factors for poor mental health within the construction industry (see section 3d) and whether or not content was accessible both in person and/or digitally. The latter was captured due to the pandemic prompting the need for home-working and the subsequent increases in poor mental health seen within the population during this time. As COVID-19 has had such an influence on mental health, we also coded for whether there was any specialist content on the impact of the pandemic on staff. See tables 9 and 10.

Risk Factors		Financial accessibility
1- Job Demand	**6-** Limited workplace support	**10-** Low/No cost (under £500 or free)
2- Lack of job control	**7-** Poor personal coping mechanisms	
3- Workplace injustices	**8-** Family problems	
4- Welfare and financial insecurity	**9-** Covid-19 Impact	
5- Work Hazards		
Each of the numbered headings above relate to the numbers in the chart below.		

Provider **Highlighted based on above list of risk factors** **Unclear**

	Mates in Mind									
	1	**2**	3	**4**	**5**	**6**	7	**8**	**9**	10
	The Lighthouse Charity									
	1	2	3	**4**	**5**	6	7	8	9	10
	Considerate Constructors Scheme									
	1	2	**3**	4	**5**	6	7	**8**	**9**	**10**
	Building Mental health*									
	1	2	**3**	4	5	**6**	**7**	8	9	**10**
	CITB Training courses*									
	1	2	**3**	**4**	**5**	**6**	**7**	**8**	**9**	10
	CIOB Academy									
	1	2	3	4	5	6	7	8	**9**	10
	Mental Health First Aiders									
	1	2	**3**	4	5	**6**	**7**	8	9	10
	Time To Change Pledge									
	1	2	3	4	5	**6**	7	8	9	10
	MIND Workplace Wellbeing Index									
	1	2	**3**	4	**5**	**6**	7	**8**	**9**	**10**
	Investors in People Wellbeing Accreditation									
	1	**2**	3	4	**5**	**6**	7	**8**	**9**	10
	CCLA**									
	1	2	3	4	5	6	7	8	9	**10**
TOTAL	**3**	**2**	**5**	**3**	**6**	**7**	**3**	**5**	**6**	

Table 9 Risk factors targeted by mental health support providers/trainers/accreditors and the accessibility of support

*Indicates providers whose targeted risk factors are supplemented by the inclusion or promotion of mental health first aiders
**indicates an accreditor with such limited information to prevent easy identification of targeted risk factors

Provider | Resources* | Unclear

	Mates in Mind	
	Digital	**Non-Digital**
	The Lighthouse Charity	
	Digital	**Non-Digital**
	Considerate Constructors Scheme	
	Digital	**Non-Digital**
	Building Mental health*	
	Digital	Non-Digital
	CITB Training courses*	
	Digital	**Non-Digital**
	CIOB Academy	
	Digital	**Non-Digital**
	Mental Health First Aiders	
	Digital	**Non-Digital**
	Time To Change Pledge	
	Digital	**Non-Digital**
	MIND Workplace Wellbeing Index	
	Digital	Non-Digital
	Investors in People Wellbeing Accreditation	
	Digital	**Non-Digital**
	CCLA**	

Table 10 Availability of digital and in-person resources from mental health support providers

*It's worth noting that some in-person courses appear to have been translated into online courses during and due to the pandemic.

Table 9 shows us that the majority of mental health providers have identified limited workplace support, work hazards and the COVID-19 impact as the main risk factors for poor mental health within the construction industry. Job demand, lack of job control, work injustices and poor coping mechanisms were the least frequently addressed risk factors. This seemed to reflect a similar pattern to the one found on the top 10 construction company websites and evidence from the CBI survey. Table 9 also shows us that few providers offered, or made it clear that, their services were free of charge. Table 10 indicates that most providers ensure that materials are accessible in multiple formats.

Strengths and weaknesses of the initiatives

It's clear that there are fewer providers than expected, given the scope and size of the mental health problem within the construction sector. However, it may not be surprising given how recently evidence for the problem has been brought to light. It seems likely that many other providers will establish themselves in future, however some also appear to have already closed down, for example Mind Our Workers (https://cif.ie/images/pdfs/MindOurWorkers.pdf).

It's also promising to see that both the survey data and review of the top 10 construction companies suggest that wellbeing policies are the norm across the sector. However, it remains to be seen what the content and breadth of these policies may include and how aware staff are of them.

The fact that the first British Standard has now been developed for targeting psychological health in the workplace is a significant strength for the field of mental health promotion in the workplace, however it is yet to be determined how sufficient this is for addressing the unique demands of the construction sector. Due to its proprietary nature, collaborating with the British Standard Institute may be required to explore and build on this Standard. Similarly, the accreditations are also not tailored to this sector, meaning that it's unclear how effective they are in practice.

While it is promising that providers have recognised the potential impact of COVID-19 on their staff and the need for digital resources, it is concerning that few address the full range of risk factors associated with poor mental health. Particularly concerning is the perception that many still focused on physical health - with seven out of eleven addressing work hazards, while few appeared to address poor personal coping methods, lack of job control or workplace injustices. Evidence from the websites and survey suggest that other more standard provisions such as Employee Assistance Programmes may address similar risk factors.

Similarly, of the providers, few reported any strong evidence for the effectiveness of their services. There is some academic literature around the effectiveness of MHFAs (Morgan et al., 2018) and their use in the construction sector (Janusonyte et al., 2019). Predominantly however, providers reported rates of uptake/ downloads or post-implementation survey data showing improvements in such variables as attitudes, understanding and confidence. Time to Change also reported survey results showing reduced experiences of discrimination in some

areas of individuals lives but not in the workplace, more positive than negative media coverage of mental health, increases in confidence to challenge discrimination, and within the workplace, that employees felt more supported on issues concerning mental health, had an increased willingness to disclose information about mental health and had a high rate of perceived positive impact of the pledge on their organisation.

Our report shows that the majority of mental health providers are well established and have social media presences and mental health campaigns. They are well known within the sector for example the MHFA and Mates in Mind, and have client lists which include large scale construction companies.

Uncovering the names of clients using certain providers proved to be quite difficult. This has caused a limitation in understanding the full extent of the types and characteristics of companies they are reaching – although their websites suggest they are reaching some of the larger companies in the first instance. It's unclear what their reach is across smaller companies.

The report also demonstrated that there was access to a variety of quick downloadable and digital tools on mental wellbeing, free of charge on the websites for many mental health initiatives. This is promising from an accessibility point of view for acquiring important information. However, specific mental health training courses such as the Mental Health First Aiders are costly. However, we found that some MHFA courses are offered at a discounted rate using specific referral codes, helping out those who may be price conscious. There is also a price barrier for some providers demanding a fee for premium membership for information access. These prices vary considerably, with specific training providers often demanding a much higher price for their courses (e.g., £1,000 to £2,000).

5. Summary, implications, and conclusions

Summary of findings

This report aimed to identify the size and scope of the mental health problem in the UK construction industry and any gaps in mental health provision. The needs analysis revealed that the construction industry is a large sector, which heavily contributes to the UK's GDP. It is made up of predominantly small to medium enterprises and employs mostly males. Most recently there have been calls to build mental health into the employee's legal responsibilities. This is not surprising given the evidence for higher than average – and increasing - rates of suicide and poor mental health within the sector. The cost of this mental health crisis impacts the individuals but also the sector as a whole through lost productivity from both absenteeism and presenteeism, healthcare costs, risk assessments and sick pay. It also costs individual companies in terms of their reputations, ability to hire good candidates and retain their current workforce. Improving mental health among the sector is financially beneficial for companies.

The sector has several risk factors that appear to be associated with poor mental health and high rates of suicide. It is characterised as; being demanding, having limited job control, providing poor welfare facilities, being financially unstable, having physically hazardous environments, limited staff support and promoting poor coping mechanisms and family problems. The macho culture within the industry contributes to a lack of parity of esteem between physical and mental health.

Evidence of existing providers and provision of mental health support by construction companies shows that there is renewed interest in supporting their staff. There is a recognition of its importance, to the point that public facing websites for larger companies are showcasing their wellbeing work. Behind the scenes, companies appear to be developing wellbeing plans/policies as standard and providing comprehensive Employee Assistance Programmes. Encouragingly, as of summer 2021 a new generic British Standard has been developed that will be the first to 'give practical guidance on managing psychological health at work' and is currently free to SME's until the end of 2021.

Other providers, trainers and accreditors are also available – some tailored to the construction sector and others more generic. They offer a range of resources, recommendations and support and have been taken up by the sector. Although most make their materials accessible – a huge benefit during the pandemic when homeworking has been required – few are cheap, or free. None of the providers appeared to address all the risk factors for poor mental health identified from the literature search. One of the most frequently addressed risk factors was physical hazards, suggesting that the sector is still emphasising the need to address physical health over and above mental health. Employee Assistance Programmes appear to help provide support for some of the other risk factors, but also appear to frequently cover physical health. Additionally, it was unclear what, or if, there was an evidence base for most of the initiatives identified. This is particularly troubling given the size and scope of the problem in the sector, the cost of these initiatives and the need for real change to be enacted. These issues have implications for how the sector – or mental health support providers – need to progress moving forward.

Implications

The data collected for this report have a number of implications for future research and approaches to developing mental health support and/or a British Standard for the construction industry.

1) SMEs are at risk of not being able to purchase/enrol in costly mental health initiatives.

2) SMEs are potentially more at risk of poor mental health due to the lack of mandatory risk assessments required for smaller business.

3) Developmental work needs to be conducted with SME's rather than larger companies that already are embracing the need to tackle mental health support, however financially, GMF may need to partner with larger companies to begin with until further funding is secured to enable research with SMEs. One option could be to partner with larger companies that work alongside SMEs in order to begin to incorporate their experiences and insights.

4) SMEs represent a larger risk to the wellbeing agenda in the construction sector than larger companies due to their volume.

5) Construction sector employees are likely to be put under more pressure at work due to challenges such as skill shortages, Brexit and Covid-19, meaning that poor mental health may rise in the following years.

6) Due to this, companies must address their wellbeing priorities to ensure they retain a good reputation and are able to hire effective and skilled staff to help manage workloads.

7) The Health and Safety Act 1974 as well as the mental health core management standards cover many of the risk factors outlined as being linked to poor mental health in the literature, however these do not seem sufficient to ensure these risk factors are appropriately addressed judging by the initiatives that have been developed

8) Stigma is an outstanding issue that may mean there is not a realistic picture of the volume of poor mental health within the construction sector. Mental health surveillance must be implemented widely, including use of objective measures as and when they become scalable.

9) Stigma is an outstanding issue that is likely to prevent help-seeking.

10) A wider range of risk factors needs to be addressed by mental health initiatives.

11) Companies would be wise to invest in wellbeing or mental health initiatives as they are cheaper than the cost of poor mental health and suicide both for companies and the health service.

12) Mental health initiatives must be evaluated not only for their effectiveness but also their cost-effectiveness to optimise support packages for smaller companies with lower income generation and encourage uptake.

13) Mental health support providers should consider offering more free or low-cost services and sharing their materials publicly.

14) Mental health support providers should consider sharing their materials with researcher to allow comprehensive assessments of content.

15) GMF will need strong marketing strategies to compete with well-established providers in the field.

Strengths and weaknesses of the report

The methods of data gathering for this report have some limitations that should be acknowledged. Our needs analysis was comprehensively informed by a literature review which used a systematic search of a range of academic literature databases, supplemented by hand searches of relevant regulatory and training websites for the construction sector. However, we struggled to find many academic evidence from the UK. This means that some of our findings may be less generalisable to the UK workforce. Having said that, much of the evidence came from other developed westernised nations such as Australia and the USA meaning that differences are likely to be reduced compared to evidence from poorer, less developed countries. In addition, it's likely that UK evidence is limited due to the recency of findings relating to the high rates of suicide and poor mental health within the sector. The evidence base will undoubtedly grow and GMF hopes to be a part of that.

We were not able to comprehensively review the websites of all UK construction companies, nor did we have a high response rate to our survey. Therefore, it is possible that we have missed some mental health initiatives within the sector. However, by searching a range of resources – literature, regulators, company websites and conducting a survey – we used triangulation of data to reduce this risk as much as possible. We believe it's unlikely that we have missed any major initiatives in this area but would welcome any suggestions.

Similarly, it was difficult to perform a comprehensive strengths and weaknesses analysis of the initiatives due to their proprietary nature. We did not have the resources to register or pay for content. Therefore, we acknowledge that our assessment of whether or not certain risk factors were addressed may be somewhat biased. However, we would also counter that given the evidence for these risk factors, it would behove such providers to outline clearly, and publicly how and if they are addressed. Again, we would welcome any information from these providers in future, further detailing their offers.

Conclusions and future work

This report has showcased the size, scope and nature of the mental health crisis within the UK construction sector. Both the sector and mental health support providers have limitations that they need to address in order to move the wellbeing agenda forward. There is still a need for parity of esteem for physical and mental health, a recognition of the risk factors embedded into the sector, the need for providers to address these risk factors more comprehensively and a need for evidence-based offers.

GMF hopes to further this work by conducting research within the sector to fill these gaps, develop effective mental health support and eventually a sector-specific British Standard. In order to do that, strong partnerships will be needed with the sector, increased marketing to raise the Foundation's profile, funding to deliver targeted high quality primary research and evaluations and time and capacity for research staff to deliver on these goals. Collaboration with the authors of the newly released British Standard (BSI ISO 45003) could be beneficial to ensure efforts are not replicated unnecessarily.

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7. Appendices

Appendix 1: List of websites and resources searched

1. Health and Safety Executive – including the Labour Force Survey
2. Nuffield Health
3. PsycEXTRA literature database
4. OpenGrey literature database
5. SCIE literature database
6. Healthcare Management Information Consortium
7. Department of Health and Social Care
8. Department for Work and Pensions
9. WHO
10. NHS websites – including NHS Digital
11. The King's Fund publications
12. Office for National Statistics
13. MIND website
14. NICE
15. PLOS journal publisher
16. Public Health England – including their Fingertips profiles, Health Survey for England
17. Statista
18. Gov.UK - including Chief Medical Officers reports
19. Chartered Institute of Builders
20. Construction Industry Training Board
21. Construction News publication
22. Additional literature databases (see appendix 2)

Appendix 2: Search strategy for literature review

Academic Literature Databases searched:

AMED [Allied and Complementary Medicine Database, produced by British Library], BNI [British Nursing Index, produced by Royal College of Nursing], CINAHL [Cumulative Index to Nursing and Allied Health Literature, owned by EBSCO Publishing], EMBASE [Excerpta Medica database, biomedical and pharmacological material], EMCARE [nursing and allied health research, owned by Ovid and Elsevier], PsycINFO [covers psychology and produced by American Psychological Association]

Search strategy:

Title/Abstract: ("construction sector" or "construction industry" or "construction workers") AND Title/Abstract: ("mental health" or "mental illness" or stress or depression or anxiety or addiction or wellbeing or "well-being" or suicide)
Years: 2010-2021

Google Scholar strategies

1. allintitle: mental OR stress OR depression OR anxiety OR addiction OR wellbeing OR suicide "construction industry" 2010-2021
2. allintitle: mental OR stress OR depression OR anxiety OR addiction OR wellbeing OR suicide "construction workers" 2010-2021
3. allintitle: mental OR stress OR depression OR anxiety OR addiction OR wellbeing OR suicide "construction sector" 2010-2021

GRAE MATTA FOUNDATION

Mental health service provision in the UK construction industry April 2021

The Grae Matta Foundation, a mental health charity and member of the CBI, are trying to find out what mental health services/support are currently being used in the construction sector. We would appreciate you completing these 3 questions to the best of your ability. Your answers will be stored securely and your company names will not be reported with the results.

If you have any questions, please contact Laura Lamming on laura.lamming@graemattafoundation.org

Thank you for your time

1. Which construction company do you work for?

   (This will not be reported and is only for data processing purposes)

2. What provision does your company have for tackling or treating mental ill health in its employees?

   (This EXCLUDES physical health initiatives. Please NAME and BRIEFLY describe any home-grown initiatives/provision and or any national initiatives your company is signed up to. This could include, but is not limited to Mental Health First Aiders, Wellbeing champions, signposting to, or links with GPs, awareness raising events or materials such as toolbox talks or newsletters, or having regular drop in sessions for staff to reach out to HR or wellbeing personnel about their mental health, including mental health in health & safety policies or separate wellbeing policies altogether, suicide prevention schemes, suicide bereavement management, being part of national initiatives such as Mates in Mind or Choose Safe, or use or promotion of established mental health apps or mental health surveillance procedures.)

3. What provision does your company have to promote wellbeing more widely in its employees?

   (This INCLUDES physical health initiatives. Wellbeing includes both mental AND physical health and may include things like onsite gyms, quiet spaces specifically for relaxation, meditation or yoga sessions, initiatives to promote good work-life balance and so on.) 0

Appendix 3: CBI survey

GRAE MATTA FOUNDATION

Profile

Aim of the competitor and/or why it was established			
Competitors	1	2	3

Charity/Paid service /CSR/Partnership			
Competitors	1	2	3

Marketing Profile

Targeted service users			
Competitors	1	2	3

Marketing strategies/channels (i.e of the services)			
Competitors	1	2	3

Strategic focuses (i.e. targeting a certain topic, expanding into other sectors, diversifying portfolio of services)			
Competitors	1	2	3

Product Profile

Resources (including membership statuses and/or perks that go with that)			
Competitors	1	2	3

Is there any reference to a mental health standard? (Have they got one? signed up to one? Want one? developing one etc? (Try searching the website if it has a search function)			
Competitors	1	2	3

Evidence for effectiveness, acceptability or feasibility of products and services (this can be research results showing that a programme is effective at reducing suicide rates, increasing awareness etc or can be survey data from users or anecdotal data from companies etc)			
Competitors	1	2	3

Pricing (Of any component of products/services including any memberships)			
Competitors	1	2	3

Social media presence			
Competitors	1	2	3

Clients

Number and which clients from construction industry and in the top 100 construction companies (list here - if list is too long, or data is unclear, please just add links to page that gives this info)

Competitors	1	2	3

SME (How many of the clients from the construction industry are small or medium enterprises defined here (if list is too long, or data is unclear, please just add links to relevant page). You may need to look on company website.

Competitors	1	2	3

Risk Factors Addressed

Primary risk factors (as listed in the table below)

Try and note the resource/service that is associated with the risk factors its addressing

Competitors	1	2	3

Other risk factors (not included in table or which don't clearly map on to those in table/ you're unsure about)

Competitors	1	2	3

SWOT Analysis

Strengths of the competitor (based on data above and your perception)

Competitors	1	2	3

Weaknesses of the competitor (based on data above and your perception)

Competitors	1	2	3

Opportunities – what gaps are there that GMF could address

Competitors	1	2	3

Threats – what is 'better' than what GMF could offer

Competitors	1	2	3

Risk Factors	Publications																Total
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Physical illness	■			■			■										3
Name of work/mental demand	■	■								■			■				4
Hours worked per day (Excess of 60 hrs. per week)	■				■				■		■	■	■	■	■	■	9
Low income/financial insecurity	■							■	■								3
Work overload/quantity of work	■	■			■						■	■		■	■		7
Increased work speed/pressure		■	■		■					■					■		5
Little opportunity/ability to participate in decision making		■								■	■			■	■		5
Little social support from colleagues/immediate supervisors		■									■						2
Little relationship with colleagues/coworkers											■						1
Occupational injury/hazards				■		■											2
Poor working conditions										■							1
Inability to further learning		■															1
Job insecurity (fear and uncertainty about the work)					■	■				■		■					4
Posttraumatic stress						■											1
Fatigue and need for recovery		■															1
Criticism											■						1
Lack of feedback mechanism in place											■						1
Low socioeconomic status						■											1
Overpromotion concerns												■					1
Poor occupational climate (i.e., task autonomy, responsibility, authority)					■					■					■		3
Fear of failure					■						■						2
Interpersonal conflict										■							1
Substance abuse							■		■								2
Alcohol consumption							■										1
Musculoskeletal pain and injuries							■										1
Poor physical working condition						■					■						2
Maritial status								■									1
Gender discrimmination								■									1
Lack of respect from subordinates								■									1
Workplace harassment/bullying								■									1
Work-home conflict/life inbalance (lack of time for family and other leisure due to work)			■		■			■	■							■	5
Age discrimmination															■		1

Table 2. Risk factors for mental ill-health identified from the literature

GRAE MATTA FOUNDATION

Scoping the evidence for the need for a sustainable mental health service and standard for the UK Construction Sector

www.graemattafoundation.org