

Caution Work in Progress: the mental health crisis in the Construction Sector



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While Covid-19 sweeps the globe, exacerbating the existing mental health crisis, we have taken the time to focus on an industry suffering its own mini-crisis: the construction sector. Here we discuss the size of the problem not just for individuals, but for employers and the UK economy, and why we at Grae Matta Foundation want to tackle this problem.

Mental health in the construction sector

Rates of suicide in the construction sector have shown a worrying pattern in the last 10 years. Between 2001 and 2017, the average number of registered suicides in the sector was approximately 198 a year, ranging from 147 to 245 (Office for National Statistics, 2018). Before 2019, the construction sector had the highest numbers of suicides by occupation since the last census was taken (2011) and rates have been increasing since 2017 (Office for National Statistics, 2019c).

We know that up until 2015 the rate of suicides for low-skilled male labourers in the construction sector was more than three times higher than the national average for men at that time (Windsor-Shellard, 2017). Other roles within the construction sector –

not just low-skilled roles - were also seeing higher than average numbers of suicides at this time too.

The suicide rates alone are shocking, however the amount of poor mental health within the sector is equally concerning. A survey by the Chartered Institute of Building (CIOB) was conducted at the end of 2019, where 80% 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 1), 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 1: Experience of poor mental health in the construction sector

Source: Daisie Rees-Evans (2020), Understanding mental health in the built environment. Chartered Institute of Building.

The cost of poor mental health in the sector

Clearly the construction sector has a problem, and sadly many people will know firsthand what the cost of poor mental health is to an individual and their friends, family and colleagues. The ultimate price can be paid with a person's life. But in what way does it impact the sectors' ability to function?

Without minimising the personal impacts of poor mental health, evidence suggests that the impacts extend to employers, who are likely to experience reduced efficiency from impaired capability of employees suffering poor mental health, as well as financial, health and safety, and recruitment risks.

For example, research shows that services can suffer losses of productivity and efficiency when employees suffer poor mental health (Oswald et al., 2019). These inefficiencies can then translate to sizable financial costs. As of 2018, the cost of anxiety, stress and depression in the UK construction industry was estimated at \pounds 178 million per year – almost a quarter of the cost of ill-health as a whole in this sector.

Such huge amounts cover payouts for sick pay, overtime, presenteeism, occupational health, treatment, risk assessments and making workplace changes, amongst many others (Gibb et al., 2018).

Perhaps a more clear-cut cost to the industry is that poor mental health is associated with physical injuries (Chan & Leung, 2011; Hussen et al., 2020; Park et al., 2017), poor safety behaviour (Jung et al., 2020; Liang et al., 2021; Wu et al., 2018) and in some instances, construction disasters resulting in a high number of deaths (Bae, 2016). While evidence has been gathered from around the world, these associations are likely to be applicable to the UK industry, given that the industry suffers many of the same risk factors irrespective of its geographical location – something we will come back to in future reports.

A final key cost is that in the long-term, both employee retention and employee recruitment can suffer. Poor mental health has been cited as a reason to leave the UK construction industry, and evidence from New Zealand suggests that it makes the industry 'undesirable' for younger people in particular (Lipsham et al., 2018; Randstad, 2017). Similarly, once employed, it can be seen as a deterrent for seeking promotion, particularly for female staff (Sunindijo & Kamardeen, 2017). Finally, research supported by the sector itself has suggested that companies seen as having 'harsh' working environments (a key factor associated with poor mental health), can result in reduced interest from high quality candidates (Burke, 2019).

Researchers at work: promoting good mental health is cost-effective



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Conservatively, the UK construction industry contributed at least £116.3 billion to the UK's Gross Domestic Product (GDP) in 2018 (6.1%) (Office for National Statistics, 2019b) and it is responsible for 6.6% of UK employees (Rhodes, 2015). Given the size of this sector and the scope of its mental health problem, there are already ongoing efforts to address the issue. For example, the charity Mates in Mind was launched in 2017 to 'improve mental health across the construction industry'. Obviously, this is great news for those working in the sector, but importantly for employers is the evidence that such efforts are likely to be far more cost-effective than doing nothing. Not to mention, morally right when one considers that many suicides are largely preventable.

Mates in Construction is an initiative that has been running in the Australian construction sector since 2008, a lot longer than many UK initiatives. It has been found to cost less to implement than it would cost companies and society to manage the outcome from suicide attempts, as well as reducing the number of short absences from work and the number of suicides (Doran et al., 2016).

In work places more broadly there is also evidence that mental health initiatives would likely be cost-effective for the construction sector. For example, a UK-based workplace stress reduction intervention was estimated to cost less to implement, than it would cost to manage the fall-out from staff stress, especially when taking into account the follow-up cost to the NHS (McDaid et al., 2017). A win-win for the company and the care system. Evidence for initiatives across the national workforce of Australia showed the same pattern, both for a suicide prevention strategy (Kinchin

& Doran, 2017) and for a depression-screening initiative (Hilton, 2007). Similarly, wellbeing promotion initiatives - which target physical as well as mental wellbeing - have been shown to reduce absenteeism, presenteeism and stress – while being more cost-effective than doing nothing (Mills et al., 2007).

Recognising the problem, and the benefits to addressing it, some construction companies are very open about their efforts in this area, reporting mental health programmes and initiatives on their public-facing websites. Others, especially smaller companies that make up the majority of the industry in the UK (Office for National Statistics, 2019a), may be struggling to communicate or even deliver such programmes. Combined with the fact that evidence for poor mental health in the industry is still emerging, we believe there is more that can be done to support companies to deliver mental health services.

With that in mind, Grae Matta Foundation is seeking to develop its first workplace British mental health standard, targeting the construction industry. We aim to work side-by-side with stakeholders in the industry to explore their needs, where there may be gaps in organisations' mental health service provision that they want to fill and provide support to employees and businesses.

If you work in the UK construction industry and are interested in being involved, please contact us: <u>www.graemattafoundation.org/contact-us</u>

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