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Study Report

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Mental health in the construction industry scoping study

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Abstract

The construction industry has the highest proportion of suicides across all industries in New Zealand. To date, there has been no research in New Zealand investigating the factors that contribute to the high rate of suicide for the construction industry workforce. This scoping study serves as a consultation with the New Zealand construction industry to gauge their support for further research on this issue. Interviewees were unanimous in their support for more research to investigate the scale of the mental health problem for the construction workforce, and recommendations are made based on their insights.

Keywords

Mental health, construction industry, building industry, suicide, depression, anxiety.

Contents

Executive summary

This research has explored the issue of the state of mental health in the New Zealand building and construction industry. We have explored with a selection of interested parties what they think about the high number of suicides in the industry in particular.

The first finding is that, while some were surprised at the high number of suicides in the industry, most had thought about the culture in their industry. They were able to articulate what they thought are the drivers of that statistic.

The reasons for both the high incidence of suicide and the underlying mental health issues that drive it were explored, and there was consensus in a number of areas. The most important and often-mentioned driver is the poor culture within which most employees live their daily work lives. This was described as "macho" and "bullying" and includes homophobic behaviour.

The boom-bust cycle of the industry and the pressure that results was also seen as a significant contributing factor. Interestingly, the boom cycle was seen as the most stressful, with a statement made by one participant that "the boom cycle breaks people". This is because of the pressure to deliver quickly and in quantity. This is compounded by better-informed customers who make more demands on builders.

The prevalence of drug and alcohol use amongst workers was identified as another factor in poor outcomes for workers. The workforce is seen as attracting high-risk individuals. This is, in part, due to the poor perception of the industry as a career path.

An intergenerational, ethnically diverse workforce was also identified as a pressure point.

However, interviewees pointed in many cases to positive changes. These included more connected and caring behaviours as simple as asking workmates how they are.

The impact of poor mental health on safety was acknowledged. Health and safety on worksites was acknowledged as being negatively impacted by poor mental health, with presenteeism being seen as a major health and safety risk.

Interviewees were unanimous in their view that further research in this area is needed. Better understanding of the high number of suicides is both urgent and important. Research priorities identified were around the size of the problem, including better data on depression and anxiety, and clearer identification of who is at risk. There was a general sense that industry currently doesn't know enough about what is going on and why. There was a strong and clear call for actionable research that will lead to the development and implementation of programmes to address these issues. Specifically, the detailed analysis of coroners' reports on relevant suicides was seen as a good and important starting point. Research on the mental health of the workforce was also seen as a priority.

The current consideration being given to the MATES in Construction programme in New Zealand is of great interest and should be accompanied by gathering and analysis of both baseline and subsequent data.

A leader and champion for this work is required. This needs to be an organisation who is part of the industry. A partnership between BRANZ and an industry organisation was suggested as a good potential solution.

1. Introduction

According to the Suicide Mortality Review Committee (2016), the New Zealand construction industry has the highest proportion of suicides across all industries in New Zealand. At 6.9%, it is marginally higher than that of farming and forestry, which sits at 6.8%. This means that 6.9% of all employed male suicides in New Zealand are committed by members of the construction industry workforce. There is currently no New Zealand research to explain why the rate of suicide for the construction industry is so high or what the underlying mental health issues for the workforce might be.

International research shows the construction industry suffers from higher rates of suicide and mental health issues compared to the general population or other industries (Martin, Swannell, Milner & Gullestrup, 2016; Milner, 2016; Roberts, Jaremin & Lloyd, 2013). Much research has been undertaken in Australia where construction workers are six times more likely to die by suicide than in a workplace accident. They are also twice as likely to commit suicide than the general population (Mates in Construction, 2018). Lower-skilled workers in the Australian construction industry are at greater risk of suicide compared to their skilled or trade qualified co-workers (Milner, Niven & LaMontagne, 2014; Milner, Spittal, Pirkis & LaMontagne, 2013). An analysis of suicide cases in Queensland identified other risk factors that were correlated with construction industry suicides. These included being a younger employee, being separated or divorced, relationship problems and untreated or undiagnosed mental illness (Heller, Hawgood & De Leo, 2007). As a result of research conducted overseas, countries such as Australia, the UK and the US have implemented initiatives to reduce suicide and improve mental health as a fundamental part of health and safety. A return on investment report conducted by PwC (2014) in Australia concluded that, for every dollar spent on mental health in the workplace, $2.30 is saved by the organisation. These savings were made due to increased productivity via reduced absenteeism and presenteeism.

In New Zealand, mental health is now a component of health under the Health and Safety at Work Act 2015. Despite this, there is little data available on mental health by occupation in New Zealand. While the Health Quality and Safety Commission's 2016 Suicide Mortality Review focused on suicide, it is important to understand the prevalence of the mental health problems that lead to suicidality. Poor mental health statistics for the construction industry in Australia are well recognised. Given New Zealand's similarity to Australia, it is vitally important that we examine whether the levels of depression and anxiety in the New Zealand construction workforce need further investigation.

Poor mental health is bad for productivity. Absenteeism and presenteeism are well documented issues for workers with mental health problems and come at significant cost to employers (PwC, 2014). If the New Zealand construction industry is collectively suffering from poor mental health, it is likely that productivity will be suffering, as will the quality of their workmanship. Beyond that, it is in the interests of health and safety for our construction workforce to be healthy both physically and mentally. Further research conducted as a result of the findings of this scoping study may inform interventions like MATES in Construction that aim to support the mental health of the construction workforce.

This scoping study is a first step in the process of investigating whether New Zealand's construction workforce is suffering from poor mental health. If justified, future

research could provide baseline measures of mental health in the construction industry in New Zealand. It would be immensely useful to replicate such a study over time after the launch of any intervention/prevention programmes to see whether rates of mental health problems have shifted. Pre- and post-programme studies of this nature are incredibly valuable, and this is an opportunity to demonstrate whether a programme has made a measurable impact on the wellbeing of our construction industry.

For the purposes of this study, the construction industry is defined according to the Australian and New Zealand Standard Classification of Occupations (ANZSCO). This aligns with the definition used by MATES in Construction in Australia. You can see which occupations are included in the definition in Appendix A.

2. Research aims and methodology

2.1 Aims

This research project is a scoping study. It aims to establish whether further research is justified on this issue in New Zealand and, if so, what the focus of that research might be.

This scoping study has involved consultation with representatives from the construction industry, the mental health sector, WorkSafe and Site Safe. The aim of this consultation was to gauge whether poor mental health is an issue worthy of more thorough investigation and research.

All interviewees were asked if they thought more research should be done and to provide their views on the following questions:

- Are you surprised at the high rate of suicide in the New Zealand construction industry?
- What do you think might be behind those statistics?
- What do you think the impact of depression and anxiety is on the industry?
- What impact do you think it has on health and safety on worksites?

2.2 Ethics

A robust ethical procedure was employed around recruitment and interviewing of industry representatives to ensure their confidentiality and safety around this sensitive subject.

This research has ethical approval from BRANZ's external human ethics advisor, in accordance with BRANZ's human ethics policy.

2.3 Methodology

Semi-structured interviews were conducted face to face or over the phone. Notes were taken at the time of interview so the views expressed were recorded.

Once all the interviews were completed, notes were analysed and common themes in the responses were identified. These themes are reported here.

This scoping study used a consultation approach to assess industry interest and demand for further research on mental health in the construction industry. People in leadership positions from key stakeholder organisations representing the construction industry, health and safety and mental health were recruited and interviewed over a period of a month in June 2018.

As interviews covered ethically sensitive topics including suicide and mental illness, a rigorous ethical process was utilised for recruitment and data collection. Prospective interviewees were identified using BRANZ's existing stakeholder networks. Representatives in leadership positions from several key industry organisations were contacted by telephone by the researcher and briefed about the study. A snowballing technique was used whereby each person contacted or interviewed was asked if they recommended anyone else who should also be interviewed. This technique proved highly effective, and more interviewees than could be accommodated in the scope of this study were identified.

Prospective interviewees were contacted by telephone in the first instance to allow the researcher to fully explain the study and its ethical considerations. Prospective interviewees were given some background information about the research and invited to be interviewed. It was explained that interviews were confidential and voluntary. If an interview was agreed to, the interviewee was sent an informed consent email (see Appendix B). This confirmed the day, time and place for the interview and further explained the research and its ethical considerations. In addition, the email requested the interviewee copy and paste a consent statement into a reply email. This indicated that they had received the informed consent email, had read the information contained in it and were happy to be interviewed.

All correspondence with anyone contacted to participate in the study was recorded in a recruitment log up until the interview with that person was concluded.

Interviews were conducted face to face or over the telephone. In two instances, two people from the same organisation were interviewed together. The interviews were semi-structured and generally followed the interview schedule in Appendix C. The researcher took notes by hand to record interviewee responses to each question and inform the reporting of the results. Interviewees were invited to contact the researcher after the interview if they wished to add to or change any of their comments prior to publication of the report.

The number of interviews conducted was restricted by the scale and scope of the study – 17 interviews were conducted with 19 interviewees. However, there was such strong agreement among interviewees around mental health issues in the construction industry that data saturation was reached after very few interviews.

A draft copy of this report was provided to all interviewees for their feedback prior to publication to ensure the reliability of study findings.

2.4 Method of analysis

A formal method of analysis was not employed for this study. Rather, themes and ideas that were frequently discussed by interviewees are reported. This approach adequately addresses the research question and is appropriate for the scale of this scoping study. This study represents a process of consultation and will be reported as such.

3. Views on mental health in the sector

3.1 Introduction

The primary research aim was to understand industry views on what, if any, further research should be undertaken on mental health in the construction industry. All interviewees were also asked what they thought was the current state of mental health in the industry in New Zealand. They were also asked to provide their views on what the impact of that situation is for the industry.

Interviewees were provided with the following information in a letter inviting them to participate in this research:

> International research shows that overseas the construction industry suffers from higher rates of suicide and mental health issues compared to the general population. In Australia, construction workers are six times more likely to die by suicide than in a workplace accident, and twice as likely to commit suicide than the general population. Countries such as Australia, the UK and the US have conducted research around this issue and implemented initiatives to reduce suicide and mental health issues as a fundamental part of health and safety.
>
> Mental health is now a component of 'health' under the Health and Safety at Work Act. Despite this, there is little data available on mental health by occupation in New Zealand. However, the Health Quality and Safety Commission's 2016 Suicide Mortality Review reported that construction and trade industry employees had the highest suicide rate of any occupation in New Zealand. Construction and trade workers make up 6.9% of all working age male suicides (farming and forestry workers make up 6.8%). While this review focused on suicide rates, it is important to understand the prevalence of the mental health problems that lead to suicidality. Given New Zealand's similarity to Australia, and the well-recognised poor mental health statistics for the construction industry in that country, it is important that we examine whether the levels of depression and anxiety in the New Zealand construction workforce need further investigation.

In the subsequent interview, interviewees were asked the following questions:

- Are you surprised at the high rate of suicide in the New Zealand construction industry?
- What do you think might be behind those statistics?
- What do you think the impact of depression and anxiety is on the industry?
- What impact do you think it has on health and safety on worksites?

These responses have been analysed and are discussed below.

3.2 Is this a surprise?

At the beginning of each interview, interviewees were asked whether the high suicide rate for the construction workforce was surprising to them and why or why not. This question garnered mixed responses, with some interviewees expressing shock that their industry had such a high suicide rate while others were unsurprised. Almost all had been unaware that the construction sector had the highest proportion of suicides of all industries in New Zealand. Many said they had always thought this was an issue

for the farming and agricultural sector. Some questioned why the issue of suicide had a higher profile or public awareness for farming when the construction industry's suicide statistic was essentially the same. Interestingly, even interviewees who were surprised to learn about the construction industry's suicide rate could easily identify factors that could explain why the workforce might be experiencing mental distress.

This section of this report describes the factors that interviewees commonly highlighted in their discussions of mental distress and suicide for the construction industry.

3.3 What is behind this statistic?

Respondents identified a number of factors they thought were drivers of the high suicide statistics in the New Zealand construction industry.

These were related to the culture of the industry and the people who become part of the industry and include:

- a macho culture where workers are told to "harden up"
- work stress due to boom and bust cycles
- drug and alcohol use amongst workers
- more pressure from better-informed customers
- pressure from high-risk individuals participating in the industry
- trades being undervalued career path
- intergenerational workers on sites together
- intolerance of diversity.

These are discussed below.

3.3.1 A macho, harden-up culture

Many interviewees described the construction industry as being male dominated and having a "macho", "blokey" culture. Several interviewees used the statement "take a concrete pill and harden up" to describe the attitude of many members of the construction industry workforce.

The stigmatisation of mental illness within the industry and in society more broadly is common and has meant that help-seeking behaviours have not traditionally been encouraged within the industry. Some interviewees pointed out that there was not good awareness of what help services might be available to workers. This "staunch" culture means that individuals on worksites are unlikely to turn to a workmate and talk about something that's causing them mental distress. Likewise, interviewees said that construction industry workers rarely ask each other "are you OK?"

Workplace bullying was frequently mentioned by interviewees. Some interviewees described bullying in the construction industry as having improved over time and that there is less tolerance for bullying now. Apprentices have historically been the victims of bullying, but according to interviewees, apprentice harassment is much less common now. It appears changes are happening within the construction industry, and some inroads have already been made around reducing or preventing workplace bullying.

One interviewee said that the culture of a company is the responsibility of the employer. They explained that it is up to the company owner/manager to set the culture of the company and deal with bullying among their workers. A good employer will foster a culture where workers support each other, and this creates a work environment where employees become loyal long-serving team members.

Several interviewees explained that there is a lot of movement of apprentices and employees between companies. Some said that employers often attribute this movement between companies as being financially motivated – that employees leave because they "got an extra 50 cents an hour down the road". However, a couple of interviewees suggested employers are not considering the work environment they provide for their employees and the motivation for moving from company to company is often escaping unhealthy workplaces.

Interviewees from the mental health sector described how low morale can be contagious. When someone else on site is struggling or being bullied and is treated poorly by an employer, the loyalty of employees around that individual is also eroded. Unsupported employees will leave the workplace or the industry entirely.

Employees are not the only ones affected by the industry's macho culture. Business owners and employers who suffer from mental distress are subject to the same "harden up" ethos. Several interviewees described how construction industry business owners struggling with the pressures of running a business will keep their problems to themselves rather than talking to someone about it and asking for help. An interviewee explained that construction companies are often named after their owners, and the success and failure of these companies is taken very personally. There is embarrassment and shame associated with asking for help when the stresses of business ownership become mentally distressing.

3.3.2 A high stress industry – "the boom cycle breaks people"

Almost all interviewees described the construction industry as being high stress. The word "pressure" was used repeatedly by interviewees when they spoke about the construction work environment. The boom/bust cycle of the industry brings with it a variety of challenges that cause stress and mental distress in the workforce from labourers to executives and business owners. Interestingly, interviewees generally believed that the boom phase of the cycle was more stressful than the bust. Some drew attention to the number of construction companies that have failed during the current boom time and pointed out that this is a high-risk/low-margin industry.

During boom times, interviewees described having an abundance of work and opportunities to grow a business but not enough people to keep up with the demand. This means that workers find themselves doing long hours, experiencing fatigue and lacking work/life balance. Many interviewees spoke about the impact this has on family relationships, with relationship break-ups commonly cited as examples of the flow-on effect of the demands of the construction industry. Separation and divorce are risk factors for mental illness and suicide and may be contributing factors to the industry's high suicide rate. When a relationship breaks up, the individual loses a very important support system that might otherwise have protected them from the mental distress brought on by the stresses of the construction industry work environment.

Boom times present opportunities for construction businesses to grow, but interviewees explained that this brings with it significant pressures. Some described how small to medium-size companies can grow quickly during a boom phase and business owners may not be equipped to deal with the responsibilities that come with running a larger organisation. The increasing responsibilities for health and safety, human resources and potentially navigating new governance structures can be immensely stressful. One interview said "the boom cycle breaks people" as some people let their "ego" drive their business decisions – people overcommit and take on

too much when they are presented with lots of opportunities. Individuals "think they can cope with more than they can".

This fast growth during a boom cycle can also mean that staff are rapidly promoted into positions they may not be ready or qualified for. Several interviewees described how this is particularly the case in Auckland, where young and inexperienced employees can end up in relatively senior positions. One interviewee said that, when people in senior roles end up "in over their heads", projects can run over time, bad calls cost the project financially, health and safety can be compromised and the company's reputation suffers. Ultimately, the individual who is carrying more responsibility than they are prepared for is likely to end up stressed and mentally distressed by the situation.

Interviewees said that the pressures of the industry and the work environment created by these pressures leads to issues such as absenteeism, presenteeism and workers leaving the industry entirely. Interviewees from the mental health sector explained that high stress leads to both mental and physical illness, which results in days off work and lower productivity. Presenteeism is the phenomenon of turning up to work but being unproductive due to being physically or mentally unwell. Some employees decide to change jobs within the industry, seeking out better working conditions, while others leave the industry. All of these issues undermine the industry's productivity as a whole and impacts on the quality of work being done. One interviewee said that, if the industry is losing people from the trades because they feel unsupported, the industry is being robbed of productivity and creativity.

3.3.3 Drugs and alcohol

Interviewees said that drug and alcohol abuse is also a major issue for their workforce.

Drug and alcohol abuse was also mentioned by the majority of interviewees. Many said the drug and alcohol problem for the industry was significant and that they believed some people are likely self-medicating to deal with stress at work and at home. The effects of "heavy weekends" where drugs and alcohol were consumed to excess were often evident among workmates and employees on Mondays and Tuesdays. Some interviewees attributed beginning of the week absenteeism to drug and alcohol abuse, while others said that employees sometimes turned up to work still recovering from their weekend activities.

Drug testing of employees had helped somewhat, although interviewees said failure rates were still relatively high. Some interviewees said the companies they worked for offered drug counselling to employees who had failed a drugs test. Several expressed a desire to better understand the factors that drive an individual's drug or alcohol abuse and to be able to offer more assistance. At least one interviewee said that they dreaded each drug testing round as they knew there'd be valuable employees who might fail a test. This interviewee knew of other companies who kept drug testing to a minimum in order to avoid having staff fail and be ordered off site.

If the industry wishes to reduce drug test failure rates, it will need to invest further in the wellbeing of its workforce. Interviewees in this study acknowledged that a proportion of the workforce may be turning up to work with existing risk factors for mental illness. Therefore, the industry must seek to provide a work environment that does not exacerbate those risk factors and instead supports wellbeing and good mental health. Larger companies often offer employee assistance programme (EAP) services to staff. However, we know that help-seeking behaviour is low among the

predominantly male workforce and uptake of EAP services is likely low also. Programmes like MATES in Construction that encourage and facilitate help-seeking behaviour would be a good first step in improving the wellbeing of construction industry employees.

3.3.4 More-informed customers

Another type of pressure being exerted on the industry is that of the more-informed customer. Some interviewees explained that customers are now more demanding and have greater awareness of their consumer rights. One interviewee put this down to societal changes since the leaky housing issue. They said that some builders don't have the communication skills to deal with these sorts of customers, and another explained that the tradesperson is no longer perceived as the expert. Customers use online information to inform themselves, and "everyone thinks they know better than the builder". This interviewee also explained that the job is more stressful than ever due to the increased availability of the builder. They said that "communication is our worst enemy" because cell phones mean that you can no longer get away from your work, and you are contactable by your customers at all times.

3.3.5 High-risk individuals

Many interviewees said they thought the industry may be attracting high-risk individuals. Some explained that, during boom times, people from lower socio-economic circumstances are often recruited into the workforce. When companies are taking on extra staff when human resources are scarce, labourers may be employed who are less educated, with a history of moving in and out of employment, and who are therefore paid less to be at work. These people bring with them some of the risk factors for mental illness and suicide, which are then compounded by the work environment and culture of the industry.

The undervaluing of trade careers also contributes to the potential over-representation of higher-risk individuals in the industry.

3.3.6 An undervalued career path

Interviewees also mentioned that trades are an undervalued career path, and this impacts the kinds of people who are recruited into the workforce. Apprenticeships and trade training are perceived to be second-best options for school leavers for whom university is not an option. Several interviewees said that, as a result of this default selection process, those who are attracted to the industry may not be as well equipped to deal with the pressures of life.

One interviewee described the construction industry workforce as "simple folk". Ultimately, the construction industry workforce may be made up of a large number of people who are already vulnerable to experiencing mental distress. They are then exposed to a high-pressure working environment that exacerbates existing risk factors.

3.3.7 Intergenerational issues

Intergenerational differences were described as bringing tension to the workplace by several interviewees. Different approaches to communication between older and younger workers lead to conflict. Younger members of the construction industry were also described as having different career expectations to the older generation, expecting to move rapidly up through the industry towards self-employment.

Intergenerational differences within the construction workforce can be a source of tension for some employees. Several interviewees described differences in communication styles and career expectations between the younger and older members of the construction workforce. At the more severe end, a few interviewees described how older workers will harass or bully apprentices as part of a ritualised initiation to the industry. This was described as common practice in the past, and interviewees said it's much less acceptable now. However, some admitted that, to a lesser degree, it still happens in the present day.

Some interviewees described younger members of the industry as being more sensitive than previous generations. They required a more encouraging and supportive approach when communicating feedback on work performance and took criticism personally. Some interviewees said that the older members of the workforce were more accustomed to a "straight up" approach to communication where they could be more blunt with each other. These differences in communication styles sometimes lead to interpersonal conflicts and additional stress at work, in some cases leading to absenteeism for younger workers. One interviewee described how difficult it was as a younger newly qualified builder to suggest alternative ways of doing things to his older more experienced employer. They said that the older generation of builders work quite differently from the younger ones, and this creates tension that sometimes leads to "blow ups" on site.

Other intergenerational differences were around career expectations. Several interviewees said that young tradespeople want to move rapidly up the career ladder and did not treat their career development as "a journey" like previous generations. Interviewees described young tradespeople as wanting to run their own businesses with a brand-new ute and a couple of "guys" working for them almost straight away. They said they thought that young people craved the symbols of success and "lived their lives online".

These perceived differences between younger and older generations within the industry were discussed by interviewees as being problematic. However, these differences represent diversity within the workforce and could be harnessed as an asset to the industry. Younger new entrants to the workforce who were described as sensitive offer a challenge to the "harden up" macho culture of the industry. This new generation of young construction workers may play an important role in breaking down the unhealthy aspects of the industry's culture that negatively impact mental health.

Some interviewees suggested that communication training would be beneficial, especially for those who have been in the industry for a long time. With improved communication, older more experienced industry members could learn new approaches and skills from their younger more recently trained employees. New tradespeople could also learn more from the experience of longer-serving industry members. Better communication would also encourage a greater appreciation of the different perspectives of the generations within the industry. It could foster a more accepting work environment that supports better mental health.

3.3.8 Intolerance of diversity

One interviewee said that construction sites are generally overtly homophobic, and no one could be "openly gay" on site.

Other interviewees noted that increasing numbers of migrant workers in the construction industry raises the potential for racial tension on worksites. The diverse

ethnic backgrounds of the construction workforce also present challenges in the way employers approach mental health issues for their staff. Mental illness is stigmatised in some cultures and must be handled carefully to avoid shaming individuals.

3.4 Some signs of change

Some interviewees had stories and examples of signs that things are changing for the industry. One interviewee described a time when a fellow tradesperson checked in with him every day to make sure he was OK after he confided that he was going through a difficult time. Another interviewee said that the increasing number of women entering the industry is changing the culture on worksites and that this is good for the industry. An interviewee who moved from commercial to residential construction said that the work environment on residential sites was much healthier and more enjoyable. There were also many encouraging stories from interviewees in leadership positions in the construction industry. They described genuine efforts to foster a more supportive working environment where employees are encouraged to ask for or accept help when it's offered. There was an indisputable appetite for culture change among interviewees in this study.

While the construction industry appears be showing signs of positive cultural change, it is clear there is much room for improvement. Bullying is only one factor that contributes to mental distress in the construction industry. The social pressures around masculinity in this male-dominated workforce are compounding a variety of factors that undermine mental health for employees and employers alike. The "harden up" culture of the construction industry sets a tone of silence for workers suffering from mental distress as well as for those in a position to assist those suffering.

3.5 What is the impact of poor mental health in the industry?

Interviewees agreed it is highly likely that mental distress is having a negative impact on health and safety. The phenomenon of presenteeism – turning up to work when mentally or physically unwell and being unproductive as a result – was a major concern. Construction is a high-risk industry, and the distraction and lethargy that often accompanies mental distress is likely to be contributing to workplace accidents and near misses.

Interviewees were all in agreement that mental distress was likely having a significant impact on health and safety on worksites. Many talked about the effects of fatigue on the ability to concentrate on the job and to think about health and safety consequences. Interviewees said that, if an employee was anxious or depressed, they would likely be distracted and at risk of making silly mistakes that could lead to injury for themselves or others.

Presenteeism was identified by interviewees as a major health and safety risk. Turning up to work while suffering from mental distress might explain a proportion of accidents and near misses. Some interviewees pointed out that the construction industry is a high hazard environment and that you must have your wits about you at all times.

Though none claimed it to be common, a couple of interviewees mentioned the possibility that some accidents on site may be deliberate acts of self-harm for mentally distressed employees. These interviewees could recall examples of incidents that they felt at the time were unlikely to have been accidental.

3.6 Summary of findings

Interviewees identified a number of factors that are likely to be contributing to the mental distress and suicide statistics for the construction industry workforce. They include:

- a culture of toxic masculinity sets the tone for everything else that happens within the industry – the "take a concrete pill and harden up" attitude among the workforce
- the high-pressure nature of the industry
- drug and alcohol use
- well-informed customers who demand more
- a high-risk worker population
- an undervalued career path
- intergenerational issues on worksites
- intolerance of diversity.

Taken together, all of these factors result in a high-stress high-pressure work environment that provides ideal conditions for the development of mental distress.

Interviewees acknowledged the significant impact mental distress is likely having on health and safety. Mental distress drives workers away from their jobs in the form of absenteeism and presenteeism or leaving the industry entirely.

This results in lower productivity and increasing costs, reinforcing a vicious cycle of pressure and stress.

There was a desire to investigate the relationship between mental distress and workplace accidents to better understand the impact presenteeism might be having on safety at work.

Interviewees were able to clearly identify and discuss factors that might explain the industry's suicide statistics and underlying mental health issues. They were motivated and enthusiastic about working to address them. This signals that, once industry members are made aware of the problem, there is impetus to work on solutions. In the following section, recommendations based on the information provided during interviews in this scoping study are summarised.

4. Views on research

4.1 Introduction

This research question was posed to each interviewee:

> Is there a need for research to investigate the rates of mental health problems in the New Zealand construction industry?

This subsequent question was also asked:

> If so, who do you think should carry out any future research on mental health in the construction industry?

4.2 Is more research needed – and what?

Interviewees were unanimous that further research is required regarding mental health in the construction industry. Many felt strongly and spoke passionately about the need to better understand why the industry had such a high suicide rate and how underlying mental health issues could be addressed. There was a sense that many in the construction industry were unaware of the apparent poor mental health of their workforce, and this was an issue that can no longer be ignored.

Several interviewees pointed out that significant financial investment is made into health and safety even though suicide kills many times more people than workplace accidents for the construction sector. One interviewee said they felt this was morally wrong, and several suggested that investment into suicide research and prevention for the construction industry should be part of health and safety.

There was great enthusiasm and commitment to address mental health in construction from interviewees. Many expressed relief and gratitude that someone was "finally doing something" in this area.

Some interviewees offered suggestions for research priorities. Interviewees most frequently expressed a need to understand the size of the problem beyond the raw suicide statistic. There was a desire for better data around the rates of mental health problems like depression and anxiety that lead to suicide for the construction workforce. Interviewees wanted a clear picture of the problem in order to figure out what to do about it. There was a general sense that industry just didn't know enough or have the expertise to deal with the issue of poor mental health and suicide on its own. There was a strong message that any research or intervention/prevention programme must engage and involve the industry from the start if it is to be accepted by the industry.

Interviewees from the mental health sector agreed. They explained that there are very few up-to-date statistics about mental health in New Zealand generally and none available regarding the construction industry specifically. There is a great need for research in this area to inform health promotion practice. In addition to mental health data, a clearer understanding of the culture of the construction industry would also be helpful. Most importantly, these interviewees said that new research in this field must be actionable for the construction sector and the mental health sector. In other words, research must steer the development or implementation of programmes to directly address suicide and mental distress or illness in the construction industry.

Interviewees from within the construction industry often asked who was committing suicide in the industry. Some wanted to know what areas of the industry were most affected by suicide, and many had theories about which particular levels of the sector might be most at risk. The Chief Coroner (who was not interviewed but was consulted by email regarding the subject matter) recommended an analysis of closed case files of suicides for construction industry workers. This type of analysis would give a clearer picture of the demographic variables associated with suicide in construction, risk factors that may have contributed and which areas of the industry are most vulnerable.

Mental health sector interviewees stress that this sort of research must be handled carefully. It can be potentially damaging to segment the industry, as this can open up specific groups to stigma and create an 'othering' effect where responsibility for the issue is left to those affected. Despite this, mental health sector interviewees saw value in finer-grained analysis of industry suicide statistics as it could inform a health promotion audience and identify who should be prioritised in future prevention programmes.

Another suggestion for future research was to investigate how an unhealthy work environment might be contributing to mental health problems in the construction industry. Issues around intergenerational differences within the workforce and the impact they have on communication were also suggested as areas worthy of investigation. These issues were discussed earlier in this report, as contextual factors that contribute to the mental health of the construction workforce.

More peripheral issues that may need to be considered were raised by participants as well. The undervaluing of trade careers and their stigma as a "second-best option" for school leavers was mentioned by interviewees several times. Some felt this could be contributing to poor mental health among the workforce.

Interviewees in the mental health sector raised the issue of how best to communicate the benefits of wellness to the industry and encourage uptake of wellness programmes. It was discussed that, without first describing the problem to the industry, they may fail to see the need for a solution (i.e. a wellness programme). Research could test whether a deficit approach to mental health in construction might be appropriate initially before moving to a strengths-based model.

MATES in Construction Australia and Scentre Group are looking to work with the New Zealand construction industry including WorkSafe regarding supporting bringing the MATES in Construction programme to New Zealand. Based on the success of the programme in Australia, WorkSafe has indicated it is interested in supporting the pilot and evaluation of MATES in Construction in New Zealand with a view to its wider rollout throughout New Zealand. One interviewee said that significant research to validate the problem was not required to justify the implementation of the programme. The suicide statistics speak for themselves. They indicated that an evaluation of MATES in Construction in New Zealand would be of most value. Research of this type would require the gathering of baseline data prior to the programme's launch. It would also support industry and mental health sector calls for more statistics on the mental health of the industry. If and when MATES in Construction is launched in New Zealand, ongoing evaluation of the programme will be essential to track its impact on mental health in the construction industry. Evaluation of intervention and prevention programmes allows them to change and evolve to best serve their target population. Prior to its launch, the MATES in Construction programme will need to be adapted to account for the demographic and cultural differences between Australia and New

Zealand. These changes will also need to be informed by research and piloting of the programme.

4.3 Who should drive the research?

When asked who should drive future research in this field, the majority of interviewees said that the construction industry must be engaged and involved at some level if the findings are to be taken on board. Most participants supported a partnership approach between industry and a research organisation such as BRANZ. BRANZ was suggested most often, while there were mixed opinions regarding partnering with government. Site Safe was suggested by some interviewees. Some interviewees also suggested that the health sector should be involved in future research.

5. Other findings – views on interventions

Most interviewees mentioned potential interventions and the impact they might have.

5.1 MATES in Construction

The most commonly mentioned intervention was MATES in Construction, an Australian programme.

MATES in Construction is a large-scale suicide prevention programme for the construction industry in Australia. It is an industry-owned charity. It was initially implemented in Queensland in 2008 and is now run in four states. The programme aims to increase help-seeking behaviours by educating construction workers on site and training volunteers to be 'connectors' who can offer suicide first aid. This training is supported by outreach workers, a crisis helpline and online counselling services.

The programme has been evaluated, and despite the complexity of suicidality and mental distress, inroads are being made. A 5-year evaluation of MATES in Construction in Queensland revealed a reduction in suicide for construction industry workers in that state, although the change was not statistically significant (Martin, Swannell, Milner & Gullestrup, 2016). The authors explain that demonstrating the efficacy of the programme on overall suicide rates for the construction industry is challenging, and ongoing evaluation will be necessary as the programme is more broadly implemented. Further information about MATES in Construction and the research that supports it can be found at www.matesinconstruction.org.au.

5.2 The best approach

Several interviewees were from organisations who had already begun work to address the mental health of the construction industry. To date, this work had taken a strengths-based or wellness approach. In each example provided by interviewees where wellness programmes were offered to the construction industry, there had been no uptake by members of industry organisations. Further, at events where the importance of wellness had been discussed, the feedback from industry audiences was that they didn't see a need for programmes of this type. This is in stark contrast to the discussions had with interviewees from the construction industry for this scoping study.

One explanation for industry's lack of demand for wellness programmes is the wellness or strengths-based approach itself. Coming to the industry with a wellness approach before educating them about the problem may be putting the cart before the horse. Many interviewees in the current study had been unaware of the high incidence of suicide for their industry until taking part in this research. As one interviewee explained, tradespeople are "problem solvers", so if we want them to buy into a solution, we must present them with the problem first. For this reason, a deficit approach to mental health in the construction industry may be more appropriate in the early stages of any education or prevention work. Drawing construction industry members' attention to the high suicide statistics and providing data and information around the social and financial costs of mental distress may provide the justification the industry needs to invest in strengths-based approaches in the future. Research and education that describes the scale of the mental health problem for the industry should be prioritised.

6. Discussion and recommendations

6.1 Discussion

The interviewees who participated in this research provided their thoughts on the current state of mental health in the industry in New Zealand and what needs to happen to improve the situation.

There was general agreement on the drivers of the high incidence of suicide, with workplace practices the major area where workers are impacted by poor culture and the other issues described. There was also general agreement that something has to be done and that research has an important role to play in developing a solution.

This means that this research is able to deliver a clear set of recommendations regarding next steps. These are set out below.

6.2 Recommendations

There is a strong demand from the construction industry and the mental health sector for more research-based information and statistics regarding the scale of the mental health problem for the industry. Research that measures the prevalence of mental distress and illness, help-seeking behaviour, resilience and other coping methods for construction industry workers will provide a clear description of the problem as well as strengths. This work will inform future health promotion initiatives.

Given the possible implementation of MATES in Construction in New Zealand, this measurement of mental health in construction should also provide baseline data for the purposes of evaluating MATES in Construction. Therefore, this research should be undertaken in partnership with WorkSafe or whoever oversees the implementation of the MATES in Construction programme in New Zealand.

It is recommended that analysis of the coroners' closed case files for suicides in the construction industry will provide additional data to identify who is most at risk of suicide. This research should primarily inform where intervention programmes should be prioritised. Additionally, it may provide further insight into other risk factors that contribute to suicidality for the construction industry workforce – for example, relationship break-ups. This research could be conducted relatively quickly and easily at minimal cost. This research reflects a deficit-focused approach – it describes the mental health problem. It is recommended that a deficit approach should be taken initially to inform and educate the construction industry around the issues of mental distress and suicide.

The research should address the link between mental distress and workplace accidents and near misses. The first step should be a literature review to establish what is already understood regarding the impact of mental distress on health and safety at work. Existing literature on presenteeism should be reviewed and any gaps in the research pertinent to the New Zealand construction industry identified. Further research to address these gaps could then be proposed. This work should be used to inform and educate the construction industry around the impact of mental distress on health and safety and to highlight that mental health is part of 'health' in health and safety.

It is further recommended that there would be value in research to better understand the culture of the construction industry. Specifically, this should investigate the role of toxic masculinity, workplace bullying and intergenerational differences in the workforce and the impact of all three on mental health. This research would serve two purposes. Firstly, it would inform the industry and mental health sector around what aspects of the construction work environment should be targeted for improvement or change to support better mental health. Secondly, it would inform the adaptation of the Australian MATES in Construction programme for the New Zealand construction industry.

A pilot of MATES in Construction which is currently being run in New Zealand will need to be evaluated. The research suggested in this section will provide good baseline data and inform the adaptation of the programme to suit the New Zealand context. WorkSafe recognises that ongoing evaluation will be essential to ensure the programme's efficacy and support it to have an impact on the mental health of the construction workforce.

Interviewees were clear that any future work on mental health in the construction industry should be done in partnership with the industry. It is strongly recommended that this advice be heeded, as industry engagement will be essential to the success of any future research or health promotion programmes. BRANZ was suggested as the research organisation most appropriate to partner with industry on research in this area. As a trusted industry leader, it is recommended that BRANZ takes up this opportunity to work with industry to improve the mental health of their people. Further, this work should engage with expertise of the mental health sector. The Mental Health Foundation has expressed a strong interest in remaining engaged in this work, and including them in any research partnerships with industry would be highly valuable.

7. Next steps

7.1 MATES in Construction

Given the likelihood of MATES in Construction coming to New Zealand, a coordinated approach to future research investigating mental health in the construction industry is strongly recommended. Research that informs the industry and the mental health sector around the problem should also inform the evaluation of MATES in Construction. Preliminary research that aims to assess the state of mental health in the construction industry should also fulfil the purpose of providing baseline data prior to the implementation of MATES in Construction. This work should include analysis of the cultural, practical and demographic differences between the New Zealand and Australian construction industries to inform adaptations to MATES in Construction to suit the New Zealand context. Analysis of coroners' closed case files for suicides in the construction industry will provide insights into who in the sector is most at risk and could direct where MATES in Construction should be prioritised.

Once MATES in Construction is under way, ongoing evaluation of the programme should monitor its impact on the mental health of the construction workforce.

The implementation of the MATES in Construction programme would be a great step forward for beginning to address the high proportion of suicides and mental distress for the construction workforce. However, it must be kept in mind that research is likely to identify areas of concern (or strength) that are not addressed by MATES in Construction and will require other approaches. The possible introduction of MATES in Construction in New Zealand does not imply that the solution to any issues uncovered by research is already here. Mental distress and mental health are complex issues, and rarely does a single programme provide all the solutions. Small and medium-size businesses make up most of the construction workforce, and MATES in Construction does not traditionally work with this sector of the industry. Other approaches will be necessary if we are to assist those at every level of the industry.

Once work that specifically addresses the mental health of the construction workforce is established, it should be woven into health and safety approaches and treated with the same importance as physical health. Mental health considerations should be built in to future research and programmes that address physical health as part of health and safety.

7.2 Who should do the research?

Interviewees had a range of ideas regarding who should conduct the next phase of research on mental health in the construction industry. The overarching theme across the majority of interviews was that the work must be industry driven, ideally in partnership with experts in research and mental health.

BRANZ was suggested most often as the research organisation best positioned to partner with the construction industry to undertake further research on the mental health of the workforce. BRANZ was identified as having existing relationships with industry leadership and research expertise. Several said that investing in research that aims to improve the wellbeing of construction industry employees would be an appropriate use of the Building Research Levy. A couple even suggested that, given the high suicide statistics, it would be negligent not to invest in research to address this issue.

Opinions were mixed regarding government involvement in future research. Some interviewees suggested an industry/government partnership would be a good approach to measuring the extent of the problem and designing prevention programmes. An equal number of interviewees specifically said that government should not be involved, citing various reasons for not wanting government-led research. These included the belief that the government would have a predetermined agenda and outcomes in mind and that the industry would not necessarily trust the findings of government research.

Despite some reservations from interviewees regarding government involvement, those who supported an industry and government partnership approach to future research suggested WorkSafe and ACC as the most appropriate government agencies to work with. The Ministry of Health was also mentioned as a potential research partner or funder, and non-government mental health organisations were suggested by one interviewee as well.

The Registered Master Builders Association was most frequently mentioned as an industry organisation that could lead the industry side of any research partnership. New Zealand Certified Builders was also suggested, as were the New Zealand Institute of Building, Site Safe, Construction Health and Safety New Zealand and the Building and Construction Industry Training Organisation. The most appropriate approach to industry leadership for future mental health research is likely to be a roundtable model, similar to MATES in Construction in Australia. This will provide the opportunity for representation from a variety of industry organisations. This could utilise existing leadership forums or involve the creation of an entirely new group.

Interviewees from mental health organisations signalled an interest in working together with the construction industry to help facilitate future research and prevention programmes. These interviewees were already engaged in work around the issue of mental health or wellbeing for the construction industry and expressed a strong interest in contributing to future research.

7.3 Summary

This research found that there was genuine enthusiasm for industry-led research in partnership with an organisation with research and mental health expertise. BRANZ was the organisation favoured by most participants as being suitable to work with the construction industry to investigate the mental health needs of their workforce. Some government agencies were also suggested as appropriate research partners. However, other interviewees expressed concerns about whether the construction industry would be accepting of government research findings and recommendations.

Interviewees were unanimous in their agreement that further research is needed in mental health in the construction industry, and the industry has expressed a commitment to partnering in future research. The results of this scoping study provide a strong mandate for BRANZ to invest in further research in this area in partnership with industry.

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Appendix A: ANZSCO construction industry classifications

1331 Construction Managers

312 Building and Engineering Technicians

3121 Architectural, Building and Surveying Technicians

3122 Civil Engineering Draftspersons and Technicians

3123 Electrical Engineering Draftspersons and Technicians

3124 Electronic Engineering Draftspersons and Technicians

3125 Mechanical Engineering Draftspersons and Technicians

3126 Safety Inspectors

3129 Other Building and Engineering Technicians

33 Construction Trades Workers

331 Bricklayers, and Carpenters and Joiners

3311 Bricklayers and Stonemasons

3312 Carpenters and Joiners

332 Floor Finishers and Painting Trades Workers

3321 Floor Finishers

3322 Painting Trades Workers

333 Glaziers, Plasterers and Tilers

3331 Glaziers

3332 Plasterers

3333 Roof Tilers

3334 Wall and Floor Tilers

334 Plumbers

3341 Plumbers

34 Electrotechnology and Telecommunications Trades Workers

341 Electricians

3411 Electricians

342 Electronics and Telecommunications Trades Workers

- 3421 Airconditioning and Refrigeration Mechanics
- 3422 Electrical Distribution Trades Workers
- 3423 Electronics Trades Workers
- 3424 Telecommunications Trades Workers

71 Machine and Stationary Plant Operators

- 711 Machine Operators
- 712 Stationary Plant Operators

82 Construction and Mining Labourers

- 821 Construction and Mining Labourers
  - 8211 Building and Plumbing Labourers
  - 8212 Concreters
  - 8213 Fencers
  - 8214 Insulation and Home Improvement Installers
  - 8215 Paving and Surfacing Labourers
  - 8216 Railway Track Workers
  - 8217 Structural Steel Construction Workers
  - 8219 Other Construction and Mining Labourers

Appendix B: Informed consent email

Dear [Interviewee],

Thank you for speaking to me on the phone today and agreeing to be interviewed for BRANZ's Mental Health in the Construction Industry study. I have scheduled you for an interview for **[DATE, TIME, PLACE]**. We have arranged for the interview to take place somewhere where you can speak privately and without interruption.

Once you have read this email, please reply stating that you have read the information provided, and that you give your consent to go ahead with the interview. There is a short statement for you to copy and paste into your reply at the end of this email to make that easier.

As I explained, the interview will be confidential, which means you won't be personally identified when I report the findings of the study. You can choose to allow the publication of your organisation's name as a participant in the study if you wish. Even if you do this, none of your comments will be attributed to your organisation, your organisations name will simply be listed as having contributed to the research. You will be asked to tell me if you are comfortable with that at the end of your interview. If you need to discuss this with others at your organisation first, please do this prior to the interview.

As well as being confidential, the interview is completely voluntary. You may decline to answer any questions, and you can stop the interview at any point. If you decide you would like to withdraw from the study and not have your interview included in the report, you can let me know by email any time up to three days after your interview takes place.

As discussed on the phone, below is a little background information on mental health in construction to help get you thinking about the subject before we have our interview. This information is in no way intended to shape your thoughts on the topic, rather it is to give you some context and understanding about why we are undertaking this research. When I interview you, I will be interested in your own perspectives on this issue.

> *International research shows that overseas the construction industry suffers from higher rates of suicide and mental health issues compared to the general population. In Australia, construction workers are six times more likely to die by suicide than in a workplace accident, and twice as likely to commit suicide than the general population. Countries such as Australia, the UK and the US have conducted research around this issue and implemented initiatives to reduce suicide and mental health issues as a fundamental part of health and safety.*
>
> *Mental health is now a component of 'health' under the Health and Safety at Work Act. Despite this, there is little data available on mental health by occupation in New Zealand. However, the Health Quality and Safety Commission's 2016 Suicide Mortality Review reported that construction and trade industry employees had the highest suicide rate of any occupation in New Zealand. Construction and trade workers make up 6.9% of all working age male suicides (farming and forestry workers make up 6.8%). While this review focused on suicide rates, it is important to understand the prevalence of the mental health problems that lead to suicidality. Given New Zealand's similarity*

to Australia, and the well-recognised poor mental health statistics for the construction industry in that country, it is important that we examine whether the levels of depression and anxiety in the New Zealand construction workforce need further investigation.

Please remember to reply to this email giving your consent to proceed with the interview. Please copy and paste the following statement into your reply if you agree:

I have read the information provided to me regarding BRANZ's Mental Health in the Construction Industry study, and I give consent to be interviewed for this research at the agreed time.

Thank you for taking the time to speak with me today, and for agreeing to be interviewed. If you have any questions prior to the interview do not hesitate to get in touch with me by phone or email.

Kind regards,

Kate Bryson
On behalf of BRANZ

Appendix C: Interview schedule

Interview opens with greetings, thanks for participation and reintroducing the researcher.

Researcher to confirm that the interviewee is still comfortable with participating in the interview and that informed consent was gained via email.

The interviewee's name, organisation and role will be recorded in the notes for the interviewer's reference only.

"Let's get started:

1. In the email I sent you about this interview, there was information about suicide statistics for the building and construction industry in New Zealand. Those statistics say that our construction industry has the highest suicide rate of all industries in this country. Does this surprise you?

   Why or why not?

2. What do you think might be behind the suicide statistics for the New Zealand construction industry?

3. Do you believe that mental illnesses like depression and anxiety are an issue for the New Zealand construction workforce?

4. If so, how do you think depression and anxiety impacts on the construction sector as a whole?

5. What impact do you think depression and anxiety have on health and safety on worksites?

6. Do you believe the issue of mental health in the New Zealand construction industry should be researched further?

7. If so, who do you think should carry out any future research on mental health in the construction industry?

8. Who else do you think I should interview about this subject?

9. Finally, are you and your organisation comfortable with the publication of your organisation's name in the report on this research? None of your comments will be attributed to your organisation. Your organisation's name will simply be listed as one of the contributors to this research."