Mental Health & Suicide Prevention in Construction
## Construction is the #1 Occupation for Suicide Deaths

<table>
<thead>
<tr>
<th>Rate</th>
<th>Suicide rate in construction is 49.4/100,000</th>
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<tbody>
<tr>
<td>Highest</td>
<td>Construction groups with highest rates:</td>
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<tr>
<td></td>
<td>- Structural Iron &amp; Steel Workers 79.0/100,000</td>
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<tr>
<td></td>
<td>- Masons 67.6/100,000</td>
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<td></td>
<td>- Roofers 65.2/100,000</td>
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<td></td>
<td>- Laborers 62.0/100,000</td>
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<tr>
<td></td>
<td>- Flooring installers &amp; finishers 55.2/100,000</td>
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<td></td>
<td>- Carpenters 54.7/100,000</td>
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<td></td>
<td>- Equipment Operators 52.8/100,000</td>
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<tr>
<td></td>
<td>- Construction Managers 45.7/100,000</td>
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<td></td>
<td>- Electricians 44.0/100,000</td>
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<td></td>
<td>- Front Line Supervisors 44.0/100,000</td>
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<td></td>
<td>- Painters 36.6/100,000</td>
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<td></td>
<td>- Pipelayers, plumbers, pipefitters &amp; steamfitters 35.4/100,000</td>
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Suicide rate in construction is 3.5x more than the national average
1008 Construction Worker Fatalities
9.5/100,000 rate
~3x National Average

Estimated 5,242 Construction Worker Suicides
49.4/100,000 rate ~3.5x National Average

Based on 2018 BLS & CDC Statistics
The good news – there is HOPE
Suicide IS Preventable
48,344 Deaths by Suicide Overall
14.2/100,000
132 Per Day

25 Attempts for each suicide death

112 Lives Impacted by each suicide

2x times more likely to die by suicide as a survivor of a loved one who dies by suicide

2018 Statistics per CDC
Joiner’s Interpersonal Theory of Suicide

Perceived Burdensomeness
“The world would be better without me”

Thwarted Belongingness
“I am alone”

Acquired Capacity for Suicide
“I am not afraid to die”

Thoughts of / Desire for Suicide

Workplace Protective Factors:
- Encouraging peer relationships
- Creating social connectedness
- Watching out for people at times of relationship changes

Workplace Protective Factors:
- Management support
- Realistic expectations
- Constructive correctional actions

Workplace Protective Factors:
- Trauma exposure reduction
- Crisis management

Suicide Attempt or Death
Approximately half of Suicides are by individuals with an underlying mental illness

- 1 in 5 Adults Will Experience Mental Illness
- 43.8 Million
- 60% are left untreated

Nearly half have a co-occurring substance abuse disorder

Depression is the first leading cause of disability & increases risk of other chronic medical conditions – Mental health claims are 1/3 of all disability claims

33% of Workers Comp claims in men & 66% in women had an existing mental health condition
50% report symptoms of depression in the month following an injury

- 6.9% Depression
- 18.1% Anxiety
- Can lead to up to 27 lost workdays per year

Mental illness leads to $193 billion of lost earnings

A $1 Investment in mental health results in a $4 Return on Investment
What are the Construction Risk Factors?

Demographics: Men in the middle
Stoic / tough guy mentality
Chronic pain
Sleep disruption / deprivation
Separation and/or isolation
Layoffs / financial instability
Alcohol & Substance Abuse
Extreme pressure / low margin for error
Access to lethal means
Poor access to / utilization of behavioral health care
Promotion of supervisors without leadership training
Skills gap / feeling stuck
Veterans in the workforce
<table>
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<th>Warning Signs</th>
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<td>Acting anxious, agitated or reckless</td>
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<td>Increased drug or alcohol use (self medicating)</td>
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<td>Talking about feeling trapped, wanting to die, being a burden, feeling hopeless or helpless</td>
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<td>Appearing sad or depressed most of the time</td>
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<td>Extreme mood swings</td>
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<td>Withdrawing</td>
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<td>Sleeping too much or unable to sleep</td>
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Performance Issues That Can be Warning Signs

- Decreased problem solving ability
- Decreased self confidence
- Decreased productivity
- Increased tardiness & absenteeism
- Increased conflict among co-workers
- Increased near hits, incidents, injuries
## Know How to Respond: TASC

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<th><strong>Ask</strong></th>
<th><strong>State</strong></th>
<th><strong>Connect</strong></th>
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<td>Tune in: When you notice or sense that a person may need help, focus your attention on them for warning signs</td>
<td>Ask: Ask if they are thinking about suicide clearly, directly &amp; calmly – and without judgement</td>
<td>State: State that suicide is serious and that connecting to help is important</td>
<td>Connect: Connect the person to a helping resource who knows suicide first-aid skills</td>
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Create a Caring Culture

- Leadership support / encouragement
- Injury management programs / return to work / pain management
- Considering the person and their needs in scheduling, assigning to out of town jobs
- Creating / encouraging peer support relationships – building teams
- Personal financial management / education

- Substance abuse education / screening programs / second chance agreements
- Staff projects appropriately / have reasonable expectations
- Gun safety education
- Reduce jobsite access to lethal means
- Confirm access to benefits / educate employees on availability including EAP

- Train managers/supervisors in people management – soft skills, communication
- Train & develop employees to reach full potential, given future hope
- Build in Veteran protective factors
Upstream:
- Caring Culture
- Preventative Factors
- Identify & Promote Resources
- Mental Health Literacy

Midstream:
- Education on warning signs
- Early Identification
- Mental Health Screenings
- Connection to care

Downstream:
- Manage Crises
- Restrict Access to Lethal Means
- Provide Resources
- Crisis Response Management
- Offer Support
Opioids Have No Place in the Workplace

Illegitimate Use:
- Impairing
- Probably a sign of opioid use disorder

Legitimate Use (Prescribed):
- Impairing
- Addicting
- Increases risk of future disability
- Delays recovery
- Increases medical costs
- Less effective than alternatives

16,790 Prescription Opioid Overdoses
47,600 Opioid Overdose Deaths Overall

2018 CDC Figures
Acute Rx Leads to Long Term Use

Duration of acute use:
1 Day = 6% chance of still using the drug a year later
7 Days = 13.5% chance
31 Days = 29.9% chance

Long term use leads to:
- Increased perception of pain
- Increases risk of depression
- Increases risk of suicide
Workplace Actions

• Drug free workplace policies:
  • Should be used as a safety/health tool for workers
  • Update to include random drug screens on employees in safety sensitive positions
  • Refer positive tests to an EAP that can evaluate and treat Opioid Use Disorder
  • Educate employees about the dangers of opioids
Construction Industry Alliance for Suicide Prevention

First formed in 2016 in response to CDC study which followed industry efforts that were already beginning within CFMA

Became standalone 501(c)(3) organization in 2018

The CIASP exists to provide and disseminate information, resources and training for suicide prevention and mental health promotion in construction with the goal of creating a zero-suicide industry.
CIASP Stakeholders

- CONTRACTORS – DIRECT CONTACT TO WORKFORCE, IMPLEMENTORS OF RESOURCES
- UNIONS – CONNECT MEMBERS WITH RESOURCES, INFORM UNION CONTRACTORS
- ASSOCIATIONS – SHARE RESOURCES WITH THEIR CONTRACTOR MEMBERS IN WAYS APPROPRIATE TO THE ROLES THAT THEIR MEMBERS FILL
- INDUSTRY SERVICE PROVIDERS - SHARE RESOURCES WITH THEIR CONTRACTOR CLIENTS
- MENTAL HEALTH/SUICIDE PREVENTION ORGANIZATIONS – COLLABORATE ON RESOURCE CREATION AND STRATEGY
STAND up for Suicide Prevention

• Take the pledge to:
  - Create SAFE cultures
  - Provide TRAINING to identify and help those at risk
  - Build AWARENESS about the suicide crisis in construction
  - NORMALIZE the conversation about suicide and mental health
  - Ultimately DECREASE the risks associated with suicide in construction.
Your one stop resource for Construction-Related Suicide Prevention Tools:
- Need Analysis/Integration Checklist
- LivingWorks Training
- Mindwise Screening Tools
- Toolbox talks
- Articles & Tools to build awareness & understanding in company leadership and other key roles