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PROCESS

MENTAL HEALTH AND WELLBEING PROVISION IN THE CONSTRUCTION INDUSTRY

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"88% OF UK CONSTRUCTION
WORKERS SAID THERE NEEDS TO
BE MORE SUPPORT FOR THOSE
THAT SUFFER WITH MENTAL
HEALTH ISSUES"

CONSTRUCTION NEWS' MIND MATTERS SURVEY

Poor mental health is a silent crisis within the construction industry. In the United Kingdom (UK) alone, the number of suicides per 100,000 construction workers rose from 26 to 29 between 2015 and 2019, representing 3.7 times the UK national average (Construction News, 2021). As well as the increasing number of firms operating in the construction industry, more than half of the workforce is self-employed (Construction News, 2021). Pressure from tight deadlines, hazardous working conditions, inconsistent and uncertain employment, and isolation from family and friends when working far from home can become overwhelming and unsustainable.

Further to this, the construction sector is a predominantly male environment,

influenced by cultural and societal norms that require men to be tough, in control and dependable. This creates a stigma around asking for help, with men frequently resorting to using drugs or drinking heavily to cope instead of discussing their emotions. Just 36% of NHS referrals to talking therapies are men (Men's Health Forum, 2017), and 75% of suicides are men under the age of 45 (Janusonyte et al., 2019). This stigma is one of the main challenges in the construction industry which hinders a positive approach to mental health and wellbeing. According to Dr Cole-King, tackling this is the first thing the industry needs to do - "If people don't seek help due to stigma, lives will be lost to suicide" (Construction News, 2017).

RESEARCH BACKGROUND

As a result of widespread media campaigns and workplace initiatives, progress has been made towards supporting construction employees in the workplace. Strategies such as awareness talks, Mental Health First Aid (MHFA) training and support helplines have been implemented in many companies as a way to start the conversation about mental health.

However, despite thousands of people successfully completing the 2-day training course to become a MHFA, academic research has found that this training is unproven as a strategy for improving mental health and has only been shown to be successful at raising awareness (Morgan, Ross & Reavley, 2018). Business Psychologist Alan Bradshaw has also shown concern with this training, stating that “Organisations see it as a tick in the box. It’s essentially reactive, when what they really need to be doing is the preventative bit, the proactive management of stress risks at work.” MHFA training has also been criticised for its lack of focus on issues specific to the construction industry, often including elements not relevant to this particular environment (Narayanasamy et al., 2018).

One other problem with MHFA training is the lack of support and supervision for MHFA’s themselves to ensure their own wellbeing. Workplace health experts warn that the 2-day training course does not produce instant mental

health specialists and some employees may not be the best people for the role. Evidence has demonstrated that staff feel unsupported in the position and have had their co-workers contacting them outside working hours, causing issues around lack of clarity with boundaries and potential safety concerns (Narayanasamy et al., 2018). Some companies have acknowledged these issues and developed in-house support for MHFA’s in their role, such as peer-support groups and secure online forums, but as the amount of first aiders continues to rise there is a need for further research and development of formal MHFA support.

Finally, one of the most prevalent issues in the construction sector is the lack of support for self-employed workers. Previous research has highlighted that 68% of freelancers don’t feel they have adequate support for their mental health within the context of work, with over 80% stating they would like their clients to take some shared responsibility towards their mental health (Leapers Annual Study, 2020). Whilst it may not always be possible for clients/employers to provide direct benefits to self-employed workers, there are many factors that can be improved by clients to indirectly support their freelancers’ mental health (e.g. signposting towards quality support, better communication, on-time payment of invoices).

OUR RESEARCH

25 SMEs

11 LARGE COMPANIES

Based on our background research, the aim of this paper was to investigate the current mental health provisions that are available to construction employees, using a broad range of SMEs and large companies.

This study used semi-structured telephone interviews to collect data from 36 construction companies. 11 of these companies were 'small' (<50 employees), 14 of these companies were 'medium' (50-249 employees) and 11 of these companies were 'large' (>250 employees). All participants were fully aware of the aims of the study and were assured their data would be kept entirely confidential.



Figure 1: Distribution of SME participants across the UK



OUR RESULTS

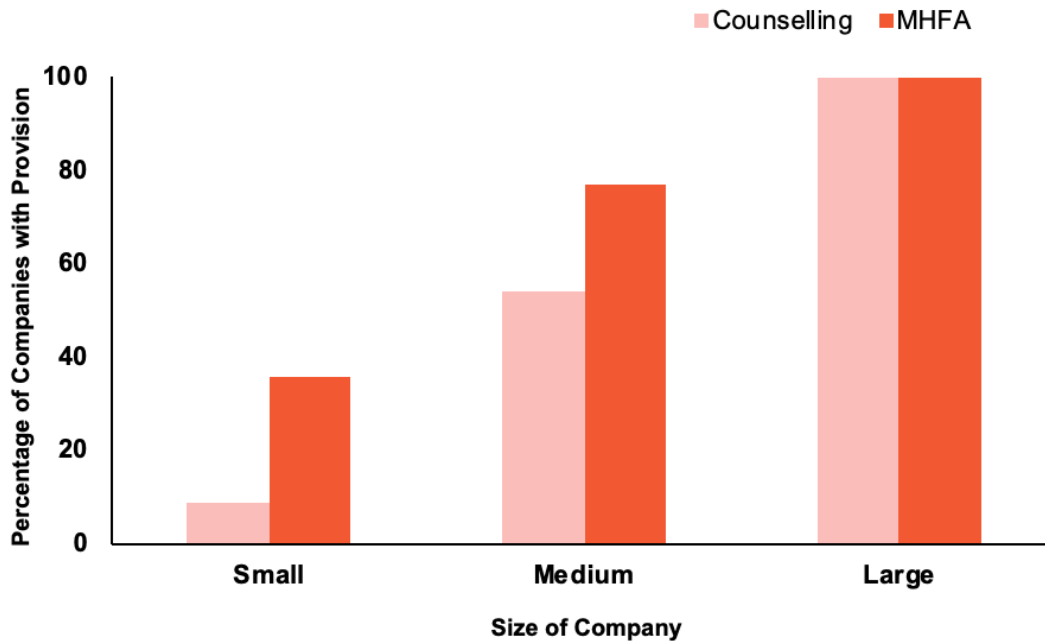


Figure 2: The Percentage of Companies with Counselling Services and MHFA by Size of Company

From our sample, 21% of companies currently have no form of mental health provision. Classifying this by company size, 55% of small companies have no formal mental health provision, compared to 8.4% of medium companies. All of the large companies had some form of wellbeing provision for employees.

In terms of the provision available, 71% of our sample had at least one trained MHFA in the company, making this the most popular type of provision. The average percentage of trained MHFA employees in a given company is 5.86%, meaning that for every 100 employees, there is on average 5 MHFA's. By company size, 36% of small companies, 77% of medium companies and 100% of large companies offer referrals to a MHFA as a way of managing poor mental health.

Despite the large proportion of companies offering this, there is still a distinct lack of formal ongoing support for MHFA's in their role, with only 23.5% of our sample currently offering any support, and most of this support being informal, peer-to-peer conversations between MHFA's in larger companies.

In terms of counselling services, 58.8% of our sample offer this to employees, either through Employee Assistance Programmes (EAP's) or Health Insurance. Analysing this by company size, 9% of small companies, 54% of medium companies and 100% of large companies offer some form of counselling service. We also found that the average uptake of these services in a given company is 6.75%, with most EAP's or Health Insurance plans offering an average of 6 sessions of counselling per employee.

Self-employment makes up 53% of the construction industry (Construction News 2021), yet just 29% of our sample offering some kind of mental health support also offer this to their subcontractors. Unsurprisingly, 89% of these companies who offer services to subcontractors are medium and large, with 77% providing some kind of counselling support. On the other hand, only 11% are small companies who provide MHFA support to their subcontractors. Most companies signposted contractors to the Lighthouse Charity's

through EAP's and health insurance, resulting in low uptake. Participants suggested that information about counselling services should be shared on sites to reach more employees and better promote the services that are available to them. Additionally, participants suggested that on-site project managers should be trained to spot signs of distress and deal with this appropriately by signposting them to the company's internal services.

"PEOPLE AREN'T EVEN AWARE THAT THEY HAVE ACCESS TO COUNSELLING SERVICES"

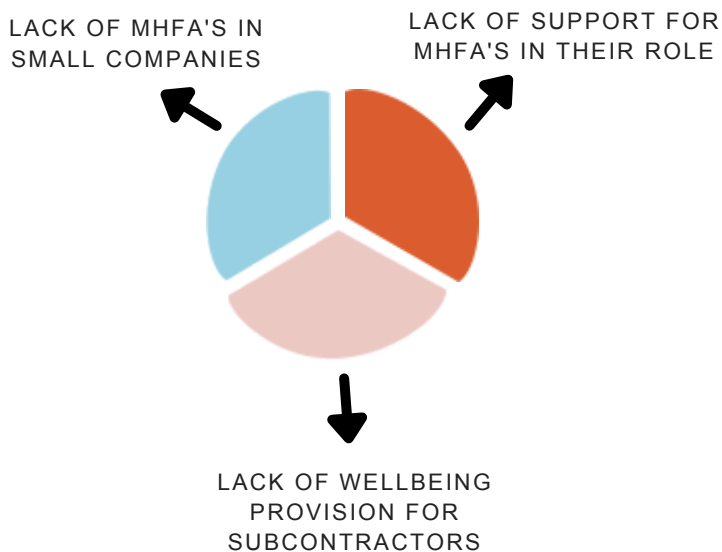


helpline and wellbeing apps, but recognised that the lack of formal support is a major gap in their mental health provision. Additionally, it was a common theme for SMEs to focus on a good work-life balance for all employees and subcontractors, offering a range of social work activities to "get the attitude right and nip it in the bud early", as stated by one participant.

When asked about the main gaps in mental health provisions at their company, a lot of participants reported that employees aren't even aware of their access to counselling

Further gaps in provision reported by participants included raising awareness of what mental health actually is. One participant stated that "a lot of people just shrug it off as being sad", meaning that some employees are unwilling to take up these services even if they are aware of them. However, this could also be due to stigma, which 35% of our sample reported as being a major barrier to the access of mental health services. The majority of participants recognised that "male employees aren't forthcoming when it comes to talking about feelings", emphasised by the macho culture and nature of construction work.

DISCUSSION



Based on our findings we identified 3 fundamental gaps in the current mental health provision in the construction sector: a lack of MHFA in small companies, a lack of support for MHFA's in their role and a lack of wellbeing provision for subcontractors.

Firstly, although the construction sector has been one of the key proponents of MHFA, this has not yet filtered down to the smaller companies in the industry. This is in line with previous research by the Construction Industry Training Board (CITB; 2021) who stated that "Mental Health as an issue is more easily addressed in the major contractors than smaller companies". Despite conflicting evidence on the effectiveness of MHFA training, individuals consistently report that their confidence and knowledge increased significantly after attending a MHFA two-day training course (Public Health England, 2016). As a result, having trained MHFA's in a company can be seen as a stepping stone to better quality provision, raising awareness of mental ill health and providing

reassurance to employees that they have someone to speak to. Although the construction sector has been particularly keen on the training, there is still a need for more trained MHFA's in small construction companies.

Secondly, regardless of the company size, there is a distinct lack of support for MHFA's in their role. As discussed previously, the role of a MHFA can be particularly challenging for some individuals which may put a strain on their own wellbeing. From speaking with interviewees it was clear that employees try to support each other informally, via Whatsapp Groups or quick meetings. MHFA England also offer top-ups and recommend regular refresher trainings, but there is still a noticeable gap in terms of formal support.

While it is clear that a Mental Health First Aider is not equivalent to having an in-house Counsellor or Psychotherapist, they are expected to hold space, keep confidentiality, and listen to the difficult and potentially traumatising experiences of their peers, all without the extensive training and professional supervision received by therapists. This type of Clinical Supervision is compulsory for Counsellors and Psychotherapists, and provides a confidential environment to reflect on and develop practice. Access to this professional support is essential in managing the personal and emotional toll of this kind of work and preventing burnout.

Finally, and one of the most prominent issues within the construction industry, is the lack of mental health support for subcontractors and self-employed workers. 53% of the 2.8 million people working in construction are self-employed, on an agency contract or on a zero-hours contract. It is very difficult to reach these people, especially as a lot of larger companies only apply their programmes to their own employees.

Recently companies have been trying harder to reach out to subcontractors, with a lot of our interviewees taking part in the Help Inside the Hard Hat campaign launched by Lighthouse. This campaign raises awareness of the mental health services it offers all construction workers, regardless of their employment status. For example, the charity has encouraged companies to place posters on sites and spread awareness of their free 24/7 Construction Industry Helpline which acts as “a safety net for people with no other support”, says chief executive Bill Hill. However, with financial issues hitting even harder after the COVID-19 pandemic, leading to higher levels of stress, anxiety and depression, it is vital that subcontractors and self-employed workers have access to better quality, ongoing support.

CONCLUSIONS

We'd like to firstly thank all those that took part for their honesty and interest in engaging with this research.

Regardless of the number of employees or turnover, all the participants we interviewed were trying to find cost-effective solutions to the mental health crisis within their company, and by extension, in the construction industry as a whole.

Take-up of the Mental Health First Aid scheme in this sector has been extensive, predominantly in the larger companies, and has been an important catalyst for conversations around wellbeing, and an increase in awareness of the issues that many face. It's efficacy, however, in terms of improving overall mental health remains unproven.

Thus far, there is little in the way of formal, ongoing support for those that elect to take on MHFA responsibilities alongside their professional roles. While many companies arrange internal colleague-to-colleague conversations, they do not have access to objective, external, or expert advice from mental health professionals.

Subcontractors and self-employed workers rarely have access to the wellbeing benefits offered to contracted employees, meaning that there is a huge proportion of the workforce without dedicated, personal and continuous mental health support. These individuals deserve and need more.



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