

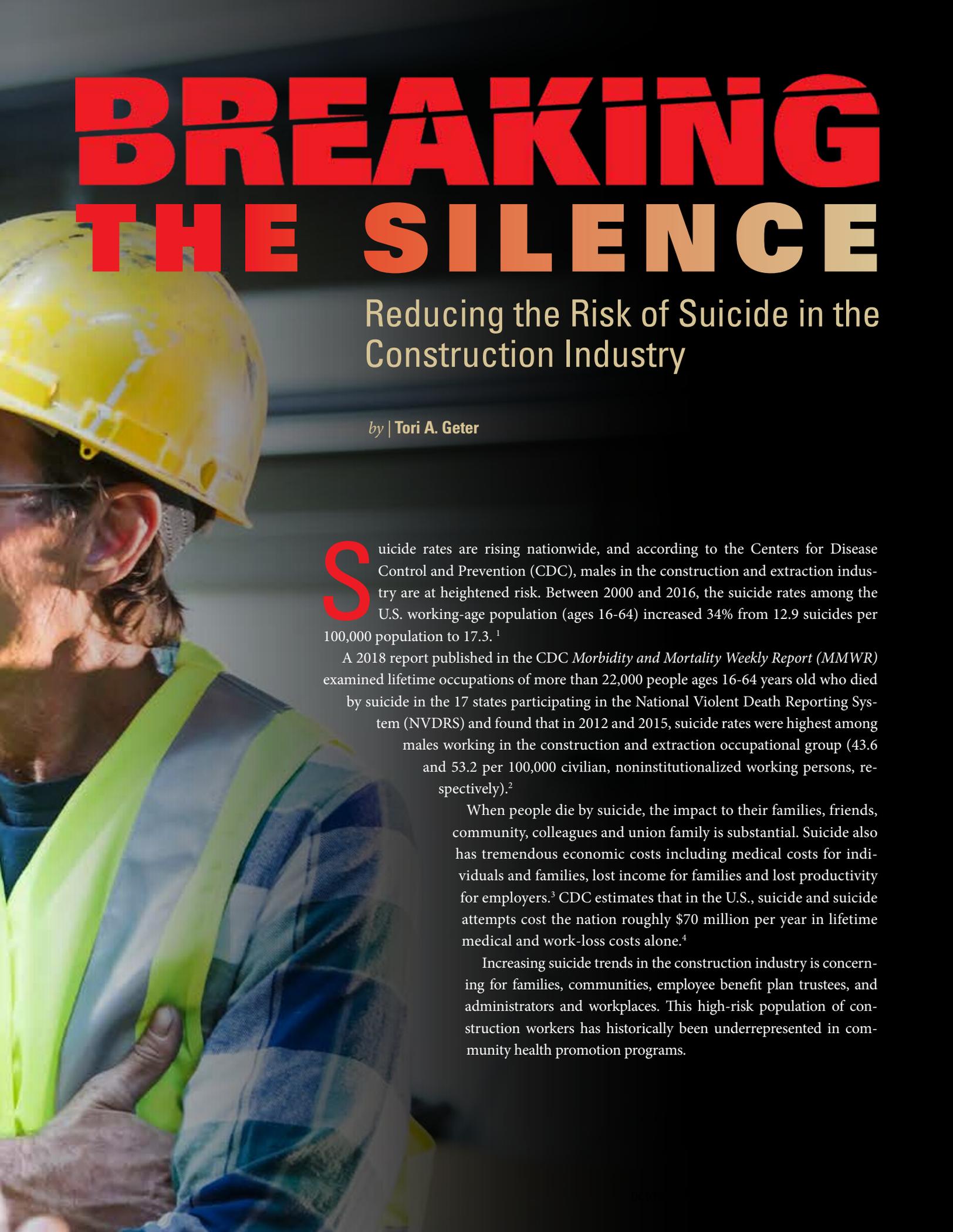


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Workers in the construction industry are at an increased risk for death by suicide. This article explores the industry-specific factors that may contribute to this trend and describes a multiemployer plan wellness program's suicide prevention program.



BREAKING THE SILENCE

Reducing the Risk of Suicide in the Construction Industry

by | **Tori A. Geter**

Suicide rates are rising nationwide, and according to the Centers for Disease Control and Prevention (CDC), males in the construction and extraction industry are at heightened risk. Between 2000 and 2016, the suicide rates among the U.S. working-age population (ages 16-64) increased 34% from 12.9 suicides per 100,000 population to 17.3.¹

A 2018 report published in the CDC *Morbidity and Mortality Weekly Report (MMWR)* examined lifetime occupations of more than 22,000 people ages 16-64 years old who died by suicide in the 17 states participating in the National Violent Death Reporting System (NVDRS) and found that in 2012 and 2015, suicide rates were highest among males working in the construction and extraction occupational group (43.6 and 53.2 per 100,000 civilian, noninstitutionalized working persons, respectively).²

When people die by suicide, the impact to their families, friends, community, colleagues and union family is substantial. Suicide also has tremendous economic costs including medical costs for individuals and families, lost income for families and lost productivity for employers.³ CDC estimates that in the U.S., suicide and suicide attempts cost the nation roughly \$70 million per year in lifetime medical and work-loss costs alone.⁴

Increasing suicide trends in the construction industry is concerning for families, communities, employee benefit plan trustees, and administrators and workplaces. This high-risk population of construction workers has historically been underrepresented in community health promotion programs.

Worksites, multiemployer benefit plans and labor unions are an important and underutilized infrastructure for implementing suicide prevention strategies. Implementing mental health promotion and suicide prevention among this group of workers is a timely and urgent issue. Developing employer- and union-based intervention programs is one way in which the construction industry can lead the way in suicide prevention strategies.

This article will discuss the risk of suicide in the construction industry and provide an example of a suicide prevention program implemented by a multiemployer wellness program.

Culture Matters

The causes of suicide are complex and multifaceted. There are several industry-specific risk factors that may affect the prevalence of suicide among construction workers, but there are also protective factors that can help decrease the risk of suicide. The goal is to reduce the factors that increase risk while fostering factors that are protective and promote resilience for individuals and communities. Identifying the risk and protective factors of a population is essential to knowing where to focus prevention and intervention efforts.

Effective prevention strategies promote awareness of suicide and encourage a commitment to social change.⁵ Distinct aspects of the construction industry culture that increase risk for suicide must be well-understood.

takeaways

- Industry-specific factors that may contribute to the increased risk of death by suicide among construction workers include the transitory and cyclical nature of the work, chronic pain and a strong ethos of self-sufficiency.
- Important protective factors that reduce risk of suicide among construction workers include a strong culture of safety and connectedness, access to insurance and mental health care services, and informal support and communication systems.
- Those active in suicide prevention efforts advocate for an approach that includes strong leadership commitment to prevention efforts, raising awareness, building a culture of well-being and promoting mental health resources to address the issue.
- United Association Local 290 Plumbers and Steamfitters has focused on reducing stigma and building internal capacity for addressing mental health and suicide prevention through its wellness program.

Industry-Specific Risk Factors

A variety of factors result in the construction industry being one of the most at-risk industries for suicide, addiction and other mental health issues.⁶

- **Nature of work:** With transitory or seasonal employment and cyclical work with regular periods of layoffs and rehiring, workers can experience a lack of belongingness, feelings of isolation and high levels of uncertainty about employment. This can lead to feelings of lack of meaning and life purpose as well as chronic stress, which can overwhelm workers.
- **Heavy substance use:** Industry cultures that informally support self-medication to relieve stress and chronic pain can experience high levels of substance abuse problems that also increase risk of suicide.
- **Access to lethal means:** People who have access to and familiarity with lethal means like pills and high places are often less afraid and more capable of self-inflicted harm by these means.
- **Strong ethos of self-sufficiency:** Among industry cultures that reward people for bravery, stoicism and toughness, people are less likely to reach out for help during times of challenge, believing they should be able to handle their problems alone.
- **Sleep disruption:** Working long, abnormal hours can disrupt sleep patterns and lead to mental and physical exhaustion. This affects performance and may exacerbate mental health concerns.
- **Chronic pain:** The construction industry exposes workers to repetitive motion injuries that can lead to chronic pain, increasing the likelihood of burnout, self-medication and overuse of pain prescriptions that can contribute to increased risk of suicide.
- **Burden of stigma:** Industry cultures that lack a commitment to worker mental health and well-being can reinforce stigma related to mental health issues, which can prevent people from seeking help.

Industry-Specific Protective Factors

Despite having a number of factors that increase worker risk of suicide, important protective factors are built into the culture of the industry that can be leveraged when designing intervention programs.

- **Strong culture of safety:** Industries that adhere to a strong culture of safety set a zero-incident goal; suicide

should be no exception. Building suicide prevention into safety goals and strategies can go a long way in raising awareness and building internal capacity for workers to identify warning signs and encourage each other to reach out for help.

- **Culture of connectedness:** Construction culture emphasizes teamwork, engagement and connection that provides a sense of brotherhood/sisterhood. Construction workers spend long hours working side by side with their colleagues. When properly trained to identify warning signs, a co-worker may be the first to notice changes in an individual's well-being. The union family is a supportive unit that looks out for and takes good care of its members; suicide intervention strategies are a natural extension of union values.
- **Access to insurance and mental health care services:** Industries that provide their workers with quality health plans and employee assistance programs (EAPs) that include mental health coverage increase worker access to important mental health services that may contribute to reducing the risk of suicide.
- **Informal support and communication systems:** With a focus on safety, many jobsite cultures have developed informal support and communication systems. Word of mouth is one of the best communication strategies in the construction industry. When new and important information

If you or someone you know needs help:

- **National Suicide Prevention Lifeline**
1-800-273-8255
Text "273TALK" to 839863
- **Veterans Crisis Line**
1-800-273-8255, press 1
- **Crisis Text Line**
Text "Hello" to 741741

is introduced to one set of workers, it has a tendency to be disseminated by word of mouth to other groups of workers.

The Role of Unions, Employers and Multiemployer Benefit Plans

Most working-age adults in the U.S. spend a large portion of their lives at work. Integrating mental health and suicide prevention into health and safety programs is a logical next step commitment to creating even safer and healthier work environments. According to the Construction Financial Management Association, one of the biggest obstacles that the construction industry faces is overcoming the stigma associated with mental health and suicide.⁷ Leveraging the built-in protective factors that exist in the industry, employers, unions and multiemployer benefit plans are uniquely positioned to play a vital role in reducing stigma and raising awareness through carefully designed suicide prevention strategies.

A comprehensive approach to prevention is required to address the multifaceted nature of suicide^{8,9} and should incorporate the following multilevel strategies:

- **Gain leadership commitment:** Culture change often begins

with leadership commitment. Prioritizing mental health and suicide prevention in health and safety programs and integrating suicide prevention in their zero-incident goals will send a message across the industry that suicide prevention matters.

- **Raise awareness:** Many people in the construction industry are not aware that workers are at high risk of suicide and other mental health conditions. Increasing mental health and suicide literacy and awareness not only sheds light on the issue but also starts important conversations that can lead to meaningful action steps.
- **Build a culture of well-being:** Building a culture that is smart about mental health and suicide can reduce stigma, encourage help-seeking behaviors and eventually lead to normalizing conversation about these important topics.
- **Promote resources:** Promoting a variety of local and national mental health, addiction, crisis and suicide prevention resources and talking about why mental health matters supports building a culture that is smart about mental health and suicide pre-

vention. Linking workers and members to EAPs and mental health services covered under their health plans can improve use of prevention services.

- **Implement training:** In much the same way CPR has increased life-saving bystander intervention, dedicating time to mental health awareness and suicide prevention in health and safety training can teach important skills for how to identify warning signs, what to say when someone is struggling and who to contact for help.
- **Provide postintervention support:** When a workplace or union experiences a suicide death, it can place a major emotional burden on the survivors. It is important that employers and unions have a plan to manage crisis when it arises. Communicating safely and providing effective and compassionate grief and trauma support after a suicide death supports building a culture of well-being.

Case Study: Suicide Prevention Program

For the past five years, the United Association (UA) Local 290 Plumbers and Steamfitters Wellness Program, which serves members in California, Oregon and Washington, has focused on reducing stigma and building internal capacity for addressing mental health and suicide prevention. The Local 290 Wellness Program is funded by the UA Local 290 Educational Reimbursement and health and welfare multi-employer trusts. The wellness program serves union and

training center leadership and staff, retired members, journeyworkers and apprentices.

Starting at the leadership level, a team of union and training center leaders, benefit plan trustees and the author attended a full-day Adult Mental Health First Aid Training program to gain awareness about specific mental health challenges and warning signs, along with resources and services to support individuals who are experiencing a mental health crisis.

Following this introductory training, the team then focused on bringing awareness, education and suicide prevention training to the union hall, training center and jobsites. The team chose QPR, an evidence-based suicide prevention training model that stands for *question, persuade, refer*. The QPR method was developed specifically to identify and respond to suicidal warning signs and has practical application as a universal intervention for anyone experiencing emotional distress.¹⁰

Much like CPR and the Heimlich maneuver, the more people in a community who are trained in this intervention, the safer a community is. Local 290 has found QPR to be an effective training model that is well-suited for the membership. The training can be completed in less than 90 minutes, the fundamentals are easy to learn, and the training teaches participants specific, practical tips on how to identify warning signs and simple steps one can take to intervene when someone is exhibiting signs of emotional distress.

Training is offered at the union hall and voluntary for retired members but is mandatory for apprentices and has been incorporated into the regular curriculum. Union/training staff, trustees and the executive team have been strongly encouraged to participate in training sessions that have been offered during a lunch break. It is not mandatory for journeyworkers, but training is made available at large jobsites at the end of the workday during which dinner is served.

To date, the Local 290 Wellness Program has trained more than 700 members, staff, instructors and leadership in the QPR suicide prevention model. In addition to suicide prevention training, the program has collaborated with local county health departments, organizations and professionals to offer educational programs and resources to members focused on raising awareness about mental health and addiction.

The program heavily promotes the National Suicide Prevention Lifeline and local and region-specific crisis hotlines and clinics. In 2018, the wellness program collaborated with

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Visit www.ifebp.org/apprenticeshipinstitute for more information.

Suicide Prevention: What About the Workplace?

On-Demand Webcast

Visit www.ifebp.org/webcasts for more information.

From the Bookstore

Mental Health and Substance Abuse Benefits: 2018 Survey Results

International Foundation. 2018.

Visit www.ifebp.org/books.asp?8058E for more details.

Oregon Safe Build Alliance on a grant funded by the Oregon Occupational Safety and Health Administration to develop materials such as hard hat stickers, toolbox safety talks and wallet cards promoting the National Suicide Prevention Lifeline to raise awareness about mental health and suicide in the construction industry.

In 2019, the wellness program funds teamed up with one of their health plan vendors to create T-shirts focused on raising awareness about depression and mental health that were distributed to members and their families. When the union or training center experiences the death of a member by suicide, individuals are connected with local professionals and resources that provide grief support services.

The wellness program has relied heavily on the social support and connectedness of the Local 290 union family to change the way members think and talk about mental health and suicide.

Mental health stigma and the difficulty people have with talking about suicide creates a significant barrier for individuals to reach out for help. The QPR training model emphasizes that even though it is difficult, talking about mental health, addiction and suicide saves lives. Starting conversations among union members and in the workplace about the importance of destigmatizing mental health and suicide is the first step in normalizing new behavior.

As a society and culture, we are taught to not talk about mental health and suicide. Bringing mental health awareness and suicide prevention training in-house changes member perspectives and essentially gives everyone permission to talk about their

Resources for Employers, Unions and Multiemployer Plans

- **Center for Disease Control Preventing Suicide Technical Package**
www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf
- **Construction Financial Management Association Suicide Prevention in Construction**
www.cfma.org/news/content.cfm?ItemNumber=4573&navItemNumber=4643
- **Man Therapy**
www.mantherapy.org
- **Mates in Construction (Australia)**
<http://matesinconstruction.org.au>
- **Mental Health First Aid**
www.mentalhealthfirstaid.org
- **National Action Alliance for Suicide Prevention**
<https://theactionalliance.org/communities/workplace>
- **Safe Build Alliance Mental Health & Suicide Prevention**
<http://safebuildalliance.com/resources/mental-health-suicide-prevention>
- **QPR Institute Suicide Prevention Gatekeeper Training**
<https://qprinstitute.com>
- **Working Minds Suicide Prevention in the Construction Workplace**
www.constructionworkingminds.org/index.html

experiences and reach out for help when needed.

Local 290 has found that any suicide prevention training model should be taught by a skilled instructor whose personality and teaching style fits the culture of the workplace or union and should include data about the scope of the problem, risk and protective factors, how to identify warning signs, what to do if you think someone is experiencing emotional distress or having thoughts of suicide, and information about resources and services.

Local 290 has found that it takes very little time to overcome the discomfort of a difficult topic like suicide prevention. Because suicide, mental health and addiction impact every single individual in some capacity

or another, the union has found that when given awareness, language and a platform, members want to talk about these difficult topics. At every training event held, long lines of people have waited afterward to talk to the instructor either to learn more about getting help for themselves or a loved one or to share stories of their own personal struggles and tragedies. Conversation among members, leadership and staff has continued beyond the trainings, and members have shared how much the training helped them and, in several instances, provided awareness, skills and resources to actively support colleagues and loved ones and seek professional help themselves.

A pretest/posttest survey taken at the apprentice training demonstrat-

bio



Tori A. Geter serves as the wellness program coordinator for United Association Local 290, a large multicraft union of highly skilled piping professionals in Southwest Washington, Oregon and Northern California with more than 4,000 active and retired members. For the past six years, Geter has worked with Local 290 union leaders, trustees and members to design and implement union-based health promotion programs that meet the unique needs of their member population. She holds a B.A. degree in cultural anthropology from Southern Oregon University and a master's degree in public health from Oregon State University and is currently pursuing a master's degree in social work from Portland State University.

ed a significant positive change in knowledge, attitude and skills around suicide prevention following the QPR training.

Conclusion

Suicide touches everyone in one capacity or another. Mental health issues are widespread, and yet we as a society are still reluctant to talk about it within places of employment and unions. We are a culture that will set up a meal tree for colleagues when they are experiencing illness or injury, but when it comes to mental health, our typical response is avoidance and silence, leaving individuals feeling isolated and alone.

Talking about suicide is difficult but life-saving. It is the very way to start breaking the stigma around these issues. Having real conversations about mental health, the same way we do about other aspects of our health, will change our relationship to mental health, and breaking down those walls will make it possible for more people to reach out and get the help that they need.

The experience of Local 290 has demonstrated that people want to talk and share their experiences and they don't want to remain silent about the hard things; they just need to be given the permission to share.

Creating an environment in which people feel safe and comfortable to talk about the hard things demands changing the culture of workplaces and unions. Building a culture of well-being by integrating community-based health promotion and suicide prevention strategies will ensure that a new generation of workers gains awareness, skills and action steps to bring to their jobsites and will set a precedent for changing the way the construction industry addresses the challenges of keeping workers safe and healthy in all aspects of their life. 6

Endnotes

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