Addressing Mental Health in Construction

An alarming, and little-known statistic is that a construction worker is six times more likely to die from suicide than from a workplace accident.

For construction workers under the age of 24, that risk is 10 times more. The power of the social stigma that encapsulates suicide in particular and mental health in general, is so strong that this issue goes largely undiscussed. It's important for construction firms to explore the mental health risks and triggers on a construction site, as well as encourage mental health discussions and understand what they can do to support their employees.

But the crisis is emerging from the shadows, with the alarming statistics prompting construction organizations to take action. The AGC Michigan held its Annual Construction Safety Training Day earlier this year, with a focus on reducing workplace injuries and fatalities, and improving mental health.

"Suicides aren't talked about much--we're still in the dark ages," said keynote speaker David Anthony Opalewski, of Central Michigan University. "My guess is that the high rate of suicide in the construction industry was highly suspected, but not acknowledged. I'm not being judgmental. It's pretty scary stuff."

Opalewski found that it surprised him as well. "I talked to some construction workers and owners of companies and found that they agreed with the statistics. Construction is a high-pressure industry with budgets, deadlines, schedules, and quality and safety issues. It's a very high-stress job and stress is correlated with depression and suicide."

In addition, as workers grow older, their bodies wear down, they get arthritis and they can't perform on the job the way they used to. Many workers are also away from their families for long periods of time, especially true since the recession of 2008.

"If there was a job available 200 miles away, they took it," said Opalewski. "When I'm traveling, I often see construction workers having breakfast--some say they've been away from home for a month. And once the job is done, they don't know where they're going next. They may get laid off. There's no new job to go to or they may have another project away from home)

Owners of construction companies say quality control is very high stress with project deadlines affecting eating away at (customer satisfaction, profit margins, competitive bidding and future work) .

However, with the above said, there are many people in the construction industry leading happy and fulfilling lives. No industry is immune to suicide risk. I have been working in the area of suicide prevention since the late 1980s and have seen industries at the top of the list for suicide and a few years later are not in the top five for suicide deaths and attempts. Many of these industries have successfully addressed the problem by the following three strategies:

1) Promoting awareness and addressing the myths about suicide.
2) Changing the stigma of depression from a character flaw to what it really is; a medical condition. The human brain can fall ill just like any other organ of the body.
3) Making pathways for help more accessible for their employees.

Employee Assistance Programs (EAPs) can be very effective in reaching these three goals. Bob Vandepol and Cal Beyer in their article "*What Construction Unions are Doing About Suicide Prevention"* state "*Suicide prevention must become part of a 24/7 safety culture where it is discussed at work, at home with our families, and in our schools and communities."* I give a strong AMEN to this statement!!

In addressing the myths about suicide, I have included a sidebar titled "*The Ten Most Frequently Asked Questions About Suicide."* Within these ten questions many of the myths are clarified.

One of the biggest myths is that talking about suicide pushes people over the edge and it becomes a self-fulfilling prophecy. The stigma attached to suicide is a cultural taboo.

"There's lot of testosterone in the construction profession," observed Opalewski. "With men, the perception is that if they're depressed, it's a character flaw. But it's a medical condition. We need to educate people more about mental health issues and how they can access health professionals. Often, people think they're wimps if they ask for help--people in the construction industry aren't big on going to therapy and counseling. But it's a sign of strength, not weakness."

He says that families haven't wanted people to get the perception that they're dysfunctional so they just don't talk about any problems. In the past, families were also afraid they wouldn't be able to collect on an insurance policy if there was a suicide. Nowadays, insurance companies do pay, although there are restrictions.

Opalewski warns that the #1 cause of suicide is drug abuse. "Often, older workers are taking pain medication to help them get through the job. They're also drinking with their buddies after work--I've seen 10 construction workers sitting on the curb and

making beer can pyramids. Alcohol is a drug that affects the central nervous system. This is a recipe for disaster."

According to experts, if you take the number of suicides and multiply it by 4 1/2, that's probably the real number. "Mental health isn't an exact science, but it's better than it used to be," said Opalewski. "Education to get rid of the stereotypes-- and awareness--are really important."

Opalewski emphasized that suicide is preventable. "Remember--choosing to die is never a solitary decision. When you die, others do, too. Suicide doesn't just affect one person. On average, six people's lives will never be the same."

It is important for employers to recognize the problem and support their employees in offering guidance, raising awareness and ensuring that people do not feel ashamed or embarrassed to seek help.

Side bar

The 10 Most Frequently Asked Questions about Suicide

By Dave Opalewski

Excerpts from "Answering the Cry for Help"

As I travel the country to educate parents, educators, youth caretakers, and students about suicide prevention, I keep close track of questions and concerns of my audiences. I have compiled a list of 10 most frequently asked questions. Although the questions are sincere and may seem elementary, they need to be answered with careful thought. The following is a list of the questions and some suggestions to how they may be addressed if you are confronted with similar concerns:

1. **"When I hear you speak, you use the phrase "died by suicide" instead of "Commit" suicide. Why?"**
   I learned from my SOS (survivors of suicide) support groups that when they hear the word "commit" they related that to their loved one committing a crime. They tell me people "commit" murder, bank robberies, etc. They shared with me that they are offended when people refer to their loved one as "committing" suicide. Died by suicide is a more sensitive and appropriate way to say it.

2. **"Won't I put ideas in kids' heads by talking about suicide?"**
   The National Association of Suicidology adopted a statement at their 2001 national conference that "Suicide is a national health problem. The number one preventative measure is to talk about it." The willingness to address the issue is seen as admirable and is appreciated by most

teens. In this day and age, teens are under tremendous pressure. They appreciate caring adults who are willing to help them tackle the tough issues of life, and suicide is obiviously one of these issues.

3. **"If I am talking to a person who at the time seems to be suicidal, should I come right out and ask him if he is thinking about suicide?"**
   YES! In my experiences, whenever I asked a person if they were considering suicide, I sensed a great sigh of relief in the person. It was like they were saying "FINALLY, somebody is willing to talk with me about this." Even when I prefaced the question with "You know, I can't keep this confidential if you say 'yes'," it still did not stop them."

4. **"There are so many adolescent suicides. What is wrong with today's kids?"**
   You are asking the wrong question. It's not what is wrong with today's kids. It is what is wrong with society. Please don't lay the blame for the adolescent suicide epidemic on the adolescents. This is the wrong attitude. People with this attitude will most probably do more harm than good in working with people in crisis. Society isn't listening to their cry for help and doesn't know how to respond to this epidemic.

5. **"Isn't depression a result of a character flaw? Maybe if the person made better decisions they wouldn't be depressed?"**
   Although I agree that bad decisions have negative consequences and depression may be one of them, it is well documented that depression is a medical condition caused by an imbalance of brain chemistry. When we look at depression as a medical condition instead of a character flaw, we develop the proper attitude in dealing with the depressed individual. This individual may be depressed, but she is still very alert to our attitude**.** *A positive attitude will be of paramount importance as we interact with the individual.*
6. **"How is grief from suicide different than grief from death of other causes?"**
   Suicide is a sudden death which many times can induce trauma and traumatic reactions. It is in most cases a more violent death. There also tends to be more guilt and anger with the survivors of suicide than death from other causes. I call it the "I could of, should of, would of" syndrome. These issues compound the grief process.

7. **"Can I scare kids out of suicidal thoughts?"**
   NO!!! Reverse psychology id a ***BAD*** idea. Think about this: You are depressed and share your thoughts about suicide with a person who you think will help; he says back to you; "just go and kill yourself." Instead of scaring you out of the suicidal episode, he just convinced you that "I am right. Nobody does care." Think of the remorse you would feel if this person in crisis took your advice.

8. **"I have read claims that some medication meant to help depression can actually be a factor or cause of suicide. Is medication dangerous?"**
   I have seen medication as a positive component to treatment of depression and other behavior disorders. I don't have enough information to refute the claims of these reports, but medication has been critical for the treatment of many depressed teens I have worked with. These treatments have been proven effective when closely monitored under a doctor's supervision. I do want to emphatically state however, that medication is only one component of treatment. Counseling and therapy are also of critical importance as well as diet, activity, and exercise.

9. **"What are the most important things to teach teens while helping a friend in suicidal crisis?"** I believe that there are two extremely important principles we can teach teens to help a friend in suicidal crisis. First is to not keep the friend's crisis a secret. This being said, we need to teach the helping teen to either go with his friend to a responsible adult for help, or if the friend won't go with him, go to a responsible adult with the information and have them promise to get help immediately. Will the friend in crisis be upset? Probably. But he will be alive and when he recovers he will realize the courage it took for his friend to break confidentiality and seek out help. The second thing we can do is teach them that if their friend is in an acute crisis, don't leave her alone until she is in the care of a responsible adult.

10. **"What have been some of the worst things that could be said to a teen in suicidal crisis?"** The worst thing said would have to be the reverse psychology line of "just go and do it." The others include the following:

    "These are the best years of your life." When you tell a depressed person that they are currently in the best years of her life, what hope does she have for the future? You may very well be communicating that things will not get any better.

    "You have your whole life ahead of you." The depressed person may very well hear you saying that he has to be miserable his whole life. Once again, the depressed person is not given any hope, only continuing discouragement.

    "If you think you have problems now, wait to you become an adult and have the pressures of raising a family, a job to go to and bills to pay, etc." Once again, we give the depressed person no hope for things to get better.

I believe these ten questions are an accurate snapshot of the knowledge about suicide of our general society. Educating our society about these key issues is of utmost importance if we are to make a difference against the fastest growing killer of our most precious resources; our children.

A High-Risk Group

A new job safety study found that U.S. construction workers remain at high risk for on-the-job injuries to muscles, tendons, joints and nerves, despite significant improvements over the past 25 years.

Collectively known as work-related musculoskeletal disorders (WMSDs), these work-related injuries often occur because of overwork, excessive exposure to vibration, bending, twisting and adopting awkward body postures. The economic cost in lost wages among private wage-and-salary construction workers in 2014 was $46 million, according to the study.

"The average risk of WMSDs in construction is continually higher than all industries combined," study leader Xiuwen Sue Dong told Reuters News Agency. She is a

researcher with The Center for Construction Research and Training in Silver Spring, Maryland.

“Our study found that the major event and exposure of WMSDs among construction workers was overexertion, and (the) back was the primary body part affected, accounting for more than 40% of WMSDs,” she said.

The findings were reported in Occupational and Environmental Medicine. Source: AIL/NILICO Labor Letter & Agenda; March 2017, Vol. 49 No. 1

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Risk Factors Suicide is often the result of multiple risk factors. Having them, however, doesn’t mean that suicide will occur. Some of the risk factors researchers identified include the following:

-- History of previous suicide attempts. -- Family history of suicide. -- History of depression or other mental illness. -- History of alcohol or drug abuse. -- Stressful life event or loss, e.g., job, financial, relationship. -- Easy access to lethal methods. -- History of interpersonal violence. -- Stigma associated with mental illness and help-seeking.

Warning Signs -- Increased substance use (alcohol or drug). -- No reason for living; no sense of purpose in life. -- Anxiety, agitation, unable to sleep or sleeping all the time. -- Feeling trapped, like there’s no way out. -- Hopelessness. -- Withdrawl from friends, family and society. -- Rage, uncontrolled anger, seeking revenge. -- Acting reckless or engaging in risky activities, seemingly without thinking. -- Dramatic mood changes.

ACUTE RISK: Threatening to hurt or kill himself; talking of wanting to hurt or kill himself; looking for ways to kill himself by seeking access to firearms, available pills, or other means; talking or writing about death, dying or suicide, when these actions are out of the ordinary.

Talking to a Person in Crisis --Emphasize alternatives. -- Stay calm and understanding. -- Use constructive, open questions: How are you planning (open)? Are you thinking about killing yourself? (closed) -- Mention family as source of support. -- Emphasize tackling problems one at a time. -- Emphasize that if he completes it, there is no second chance. -- Encourage him to seek professional help

If you are hurting -- Allow yourself to heal. -- Create a positive action plan. -- Give others a chance to help you. -- Get professional help.

If warning signs are observed, seek help as soon as possible by contacting a mental health professional