The Bartlett School of Sustainable Construction

UCL

Advocacy Across Boundaries:

Co-Creating a Collaborative Framework for Mental Health and Wellbeing in Construction

Roundtable Event Summary,
2 July 2024

UCL Grand Challenge of **Human Wellbeing**

The construction industry is a major employer. In the UK, it employs 2.1 million workers, accounting for about 7% of the workforce. However, the industry reports a high suicide rate, more than three times higher than in other industries. Construction workers often contend with various pressures: tight schedules, heavy workloads, long hours, working away from loved ones, financial instability, limited access to primary healthcare, and rising living costs. This dominantly male workforce also tends to be reluctant to talk about their mental health. The mental health and wellbeing crisis in construction is a complex issue that demands systemic interventions.

Funded by UCL's Grand Challenge of Mental Health & Wellbeing, a collaboration between the Bartlett School of Sustainable Construction and UCL Division of Psychiatry, 'Advocacy Across Boundaries: Co-Creating a Collaborative Framework for Mental Health and Wellbeing in Construction', held on 2 July 2024, sought to

01 establish a network between researchers and industry experts;

02 exchange knowledge across organisations and disciplines;

03 co-create a collaborative framework guiding organisational actions for systemic interventions; and

04 seek further funding opportunities for research activities.

01 Presentations

The first session looked at mental health and wellbeing from organisational and sociological perspectives. Attendees heard from:

- Emeritus Professor Hedley Smyth, University College London
- Maisie Jenkins, PhD Researcher at the University of Edinburgh and Research Manager for Lived Experience at the Wellcome Trust

The presentation slides can be found in the post-event package.

02 Panel Discussion

The second session invited six experts to a panel. These were:

- Ruth Pott, Head of Workplace Wellbeing, BAM UK and Ireland
- Jim Senior, CMIOSH, Health, Safety and Environmental Consultant
- Dr Susanna Bennett, Research Follow, Suicidal Behaviour Research Lab, University of Glasgow
- Professor Billy Hare, Professor of Construction Management, Glasgow Caledonian University
- Maisie Jenkins, PhD researcher at the University of Edinburgh and Research Manager at the Wellcome Trust
- Emeritus Professor Hedley Smyth, University College London

The conversation was chaired by Dr Jing Xu and began with the question:

What do we mean by mental health and what do we mean by wellbeing in construction?

Professor Billy Hare recognised that wellbeing is a broader term than mental health. Despite this, the terms ‘mental health’ and ‘wellbeing’ are often used interchangeably in construction. The World Health Organisation (WHO) frequently mentions mental health and wellbeing in the same context.[i] The term ‘health and wellbeing’ captures a broader spectrum. He also suggested that ‘wellbeing’ indicates positivity, akin to happiness, while saying someone is ‘mental’ can imply negativity and mental illness.

Ruth Pott reflected on the meaning of wellbeing in an organisational context. Wellbeing is about an individual’s ability to cope with their life, to enjoy a joyful life and be happy. At the workplace, wellbeing encompasses four pillars: physical health, mental health, financial health and social health, including loneliness. It is important to create a culture where it is okay to not be okay and to provide the necessary support for individuals.

Jim Senior pointed to his experience as a builder. Mental health has not been well addressed in the past in the construction industry until something goes wrong. Mental health is often pigeonholed and not considered an extension of health in managing health and safety in construction projects. Mental health only becomes visible when it becomes mental illness. Larger construction companies have become more aware and are now introducing mental health programmes, but he does not believe this is reaching the smaller contractors and one-man brands.

Dr Susanna Bennett pointed out that talking about the differences between mental health and wellbeing is not about differentiating a sick person from a healthy one. She drew a connection between mental health and pain management. The level of pain every person can reach is different and different people use different tools to regulate the pain. Many men who die by suicide do not have access to the right tools to manage the pain. They can only access short-term solutions for temporary relief, such as drinking, drugs, gambling, and self-harming. But in the long term, these just compound the pain. These men do not get in touch with their feelings or have opportunities for intimacy or connection with other people. The sources of pain are often internal but also external, such as educational and work opportunities. She believed that we should talk about mental health and wellbeing for all; what we can do to improve it so that life can be dignified, purposeful and more peaceful.

Maisie Jenkins asked if focusing solely on wellbeing might lead to missing opportunities to address more extreme distress and debilitating conditions that people might live with. These intimate health issues might be overlooked. If we do not engage with these severe issues, what we might lose, whether we alienate people who feel really isolated and assume that no one else is experiencing something as severe as they are. She believed it is crucial to capture those more difficult experiences of individuals.

Emeritus Professor Hedley Smyth used cold as the absence of heat as a metaphor for mental health and wellbeing. Mental health and wellbeing is about being normal. He emphasised that emotional and physical exhaustion, stress and burnout in the construction industry are induced by the environment. It is less about individual behaviour and more about structural issues within the industry. The way organisations and projects are designed contributes significantly to mental health and wellbeing issues. He concluded that it is important to have a systematic approach and address the structural factors to improve the overall wellbeing in the construction industry.

The second question was:

What sort of care can construction organisations provide to prevent suicide?

Dr Jing Xu explained that duty of care is often mentioned when it comes to health and safety, which is associated with legislation and regulations. But mental health and wellbeing are about happiness, connections with other people, meaningfulness and purpose, which go beyond legal obligations. She wondered whether there are other sorts of care that construction organisations could provide to address the high suicide risk in the industry.

Jim pointed out that the high suicide rate in the construction industry cannot be solved without systemic support from the whole society. Both the organisational culture and the work environment are critical. Not only the physical spaces but also the emotional environment is important. The key question is: what experience do people want to have when working in your organisation? Jim shared common answers from research within one particular construction company:

- People want the opportunity to reflect.
- Workers need to understand the organisational values, which need to be explained through the organisation and embedded in the organisation. During recruitment, it is important to select the right people who fit the organisation's culture. It is also crucial to ensure that the organisation is the right fit for the person.

Billy stressed the size of the suicide problem in the construction industry. Most construction work is done by the supply chain, and most suicides occur within the self-employed or subcontractors. Some tier-one contractors look after the health and wellbeing of subcontractors by extending relevant schemes to their supply chain. Reflecting on a case published in a construction magazine, Billy noted that subcontractors do not necessarily benefit from these schemes. He continued to describe how opportunistic behaviour by main contractors and the low level of trust in construction can exacerbate the wellbeing of the supply chain. He summarised that care is about being considerate to those working out there.

Jim also commented on issues within the supply chain. Large companies, mostly tier-one contractors, have resources and structures to consider the health, safety and wellbeing of workers. But they do not know the effectiveness of their schemes – something academia could help look into in the future. It is easier to engage with employees of large construction companies, but it is much more difficult to reach the small ones and the self-employed who lack the resources, people or time to consider their health and wellbeing.

Ruth drew attention to relationship management in construction organisations. Care starts with basic relationships with colleagues, supervisors and management. It is about genuinely knowing the people in the organisation. It is essential to ensure everyone in the business is equipped with the capability to care, such as having the right knowledge and skills to engage in considerate conversations if they are concerned about others. It is about creating a culture where people feel comfortable seeking help without fear of judgement or criticism. Fundamentally, it all comes down to relationships, ensuring people feel part of the organisation and can continue to get the support they need. Ruth pointed to her experience in BAM UK and Ireland. The organisation has promoted training on mental health and suicide awareness for over seven years. Everyone, including employees and the leadership team, should receive training to increase the competence.

The supply chain is also included in their employee assistance programme, although usage is low. By alluding to a suicide case from the supply chain this year, Ruth stressed the importance of continuing to promote the programme and engage the supply chain through toolbox talks, presentations and events to reach the workforce. She also mentioned suicide interventions with members of the public, which is common for many construction and engineering businesses due to the nature of the work with bridges, railways and waterways (these being places where people often choose to try and end their lives).

Hedley reflected on his research interviews with construction organisations. While a commercial manager initially talked extensively about health and wellbeing as the organisation's top priority, health and wellbeing did not feature when he later explained his role and his job. The same happened when interviewing someone from human resource management. Hedley pointed out the need for a more systematic approach to health and wellbeing within construction firms.

Maisie recognised the importance of training at different levels of the organisation. She further asked if there are other innovative approaches to address mental health issues, such as cash transfer programme and its effect on suicide rates.

Susanna stated there is a real crisis in access to care in the whole society. There are systems that are on their knees. She emphasised that the workplace has more legitimacy and access to the workforce than other services. Construction organisations have the opportunity to create the conditions for caring for their workers. There are moments when what the organisation says is not aligned with how the system actually works – you cannot punch me with one hand and offer support with the other. Care needs to be deeply embedded through a systematic way to understand the challenges construction workers and employees face. She concluded that organisations need to make uncomfortable changes because there are people in pain and desperate for things to change.

Ruth discussed care that extends beyond the employment relationship, particularly in situations involving redundancy or dismissal where the process can sometimes overshadow the human aspect. Speaking from an HR perspective, Ruth highlighted the importance of considering how people feel in these situations, finding ways to better support those affected and demonstrating genuine care. It is challenging in situations, "We are letting you go, but we still care about you" but it is crucial for construction organisations to improve this aspect. Ruth continued to share the story of a senior manager supported by the company after his brother's suicide. The brother's death was related to the dismissal, having a long history of mental health issues and the brother's employer's neglect of care after dismissal.

The panel discussion session finished with audience comments and questions. Some highlighted points were:

- Organisational support for immigration issues and housing accessibility is helpful in addressing high suicide rates. This is particularly beneficial for less skilled workers or those in lower positions.
- The construction industry can lobby for change. The industry needs investment not only in housing, but also in welfare, healthcare, and social work. It is crucial that the industry advocates for more support and better services.
- Suicide, mental health and wellbeing issues are multilayered: societal, corporate and individual. A systemic intervention is needed but very challenging. Large organisations might have the resources to address these issues, such as offering advice on immigration and housing issues, wellbeing programmes, and training. Small organisations could get support from organisations that already have the expertise in managing health and wellbeing. However, large contractors might lack the motivation to support lower-tier operators several tiers away. At the project level, the effectiveness of interventions within and across different sites is unclear. At the societal level, unions have an impact in other sectors. However, the UK construction industry is not heavily unionised.
- There is a need for an evidence-based approach to address work-related stress and other mental health risks in planning and design. Currently, mental health is not sufficiently considered when designing out risks. One way to create a link between planning/design and mental health may be to demonstrate through evidence that a particular design, procurement method, technology or management system can reduce stress by comparing variables such as workload and physical dangers.
- There is a significant disparity between the number of suicides among male and female workers in construction. According to Professor Billy Hare's analysis[ii], in 2021, there were 507 suicides attributable to construction occupations, with only 4 being female. Unskilled workers have the highest suicide rates among other construction occupations, suggesting a socioeconomic factor at play. This analysis supports the need for targeted government policy and industry innovation based on suicide statistics to address the concerning trends.
- There is a lack of understanding of the stories behind the suicide rate, who these people are and what problems they were facing. It is very hard research to do due to restrictions on the data researchers can access. Coroners are the only ones with real access to most of the information about suicides. But it is important to conduct qualitative research on suicide, for example, by interviewing relatives and people who have overcome suicidal attempts, to better understand these individuals, their experiences, and to propose interventions.
- Qualitative research using a psychological autopsy approach is also recommended for future studies on suicide.
- Preventative measures are crucial. Due to the high level of turnover in construction, organisations spend a large amount of money unproductively on wellbeing. The number of workers using health and wellbeing programmes and services provided by the organisation is large. On the one hand, it is good to see workers utilising the support; on the other hand, it indicates significant health and wellbeing issues within construction companies and projects. Although costs associated with suicides are mostly covered by insurance, there are still significant direct costs to the business. Beyond the financial impacts, there is a huge emotional impact on colleagues, friends and family members involved in such incidents.
- Quantitative research is recommended to analyse the cost-effectiveness of improved mental health, such as reduced absence, sick leaves and early retirement. It was also noted that economic analysis tends to be short-term focused. It is crucial to conduct more long-term analysis.

03 Workshop Discussion

The third session saw attendees break into smaller groups to identify challenges and opportunities for improving mental health and wellbeing in construction and to propose an integrated approach to transcend the boundaries between professional disciplines and organisations. Dr Simon Addyman chaired the group discussion feedback.

3.1. What are the specific challenges of managing mental health and wellbeing in the construction industry?

3.1.1. Lack of collaboration and knowledge transfer

- **Insufficient knowledge about mental health and wellbeing:** There is a lack of understanding of the diverse work experiences of construction workers across various demographics. Organisations also lack knowledge about the socio-economic and -psychological mechanisms that lead to workers' suicide and mental health issues.
- **Boundary between the construction sector and the welfare system:** There is minimal collaboration and knowledge transfer between the construction sector and the welfare system, making it difficult to access support services for health, wellbeing and social care.
- **Lack of collaboration within the construction industry:** Clients are disengaged. Construction organisations are having conversations in isolation. Small organisations and the self-employed at the bottom of the supply chain lack sufficient support and resources to care for workers' mental health and wellbeing.

3.1.2. Business model challenges

- **Transactional business model:** The construction business model focuses on cash flow, minimum expenditure, and cost efficiency, which does not help the wellbeing of workers, organisations and the industry. This contributes to the persistence of ill work practices and toxic cultures in the industry, leading to challenges in behavioural change.
- **Incremental change:** Business model changes need time to take effect, often outlasting the tenure of CEOs. This can demotivate senior management from making fundamental changes and committing to long-term investments to enhance workforce mental health and wellbeing.
- **Workforce mental health and wellbeing not embedded in the business model:** If workers' mental health and wellbeing are not treated as valuable assets, relevant policies, initiatives and processes are regarded as a bolt-on extra to project costs and time. Economic models that demonstrate the cost/efficiency advantages of addressing wellbeing have the potential to be more persuasive in terms of changing work culture for large companies as well as SMEs.

3.1.3. Project management practices

- **Time and cost as the top priority:** Project management often prioritises time, deadlines and commercial aspects over workforce mental health and wellbeing. Pressure to meet deadlines can be transmitted down the management line, due to the financial penalties of not hitting deadlines, creating stress for all those involved in the project.
- **Mental health and wellbeing not fully considered in procurement, design and planning:** Wellbeing is often assessed in procurement as a static and isolated criterion. Mental health risks are not considered in project design and planning.
- **Adversarial contracting behaviour:** The threat-based purchasing, emphasising accountability over responsibility, and shifting risks down the supply chain adds pressure and stress among subcontractors, suppliers and ultimately the workers.

3.1.4. Toxic cultures

- **Macho culture:** The macho culture promotes values such as competitiveness, self-reliance and stoicism, which discourages openness about vulnerability and mental health struggles.
- **Silent culture:** There is a culture where discussing mental health issues is stigmatised. This is further exacerbated by the macho culture of the construction industry. Note that Professor Billy Hare's research[ii] identified that unskilled workers were more likely to hide their substance use than skilled workers, reducing the opportunities to address this.
- **Opportunism:** Adversarial contracting behaviour often leads to a lack of trust and collaboration in projects, strained relationships between workers and a hostile work environment.
- **Focus on financial gains:** Business reputation is more connected to financial gains/losses than to workforce experience and wellbeing. Delayed projects get sensationally reported, compounding the shame.

3.1.5. Nature of construction

- **Temporary work:** The temporary nature of construction jobs leads to instability and loneliness among workers, who might experience isolation from relationships.
- **Tough working conditions:** The physically demanding and often harsh working environment further exacerbates mental health challenges, especially when workers are away from home.
- **Work control and autonomy:** Many construction workers experience a lack of control and autonomy in their roles, contributing to stress, fatigue and burnout.
- **Long supply chains:** The fragmentation and complexity of supply chains make it difficult to reach at-risk workers, especially those at the bottom, including the self-employed and migrant workers.
- **3.1.6. Psychological safety:** Construction workers do not feel safe or comfortable discussing mental health and wellbeing concerns openly, due to ill practices and toxic cultures within the industry. This leads to a lack of workforce engagement in mental health and wellbeing discussions, further perpetuating the existing problems.

3.2. What are the opportunities for addressing the mental health and wellbeing issues in construction?

3.2.1. Engagement of governments

- **Government funding:** Support for mental health initiatives, resources for small companies and the self-employed, and funding for events promoting mental health awareness.
- **Policy support:** Government policies and funding models to sustain engagement in both public and private sectors.
- **Set standards**: Establish quality standards and certifications that can be awarded to organisations that address wellbeing and accord these certifications as those that are essential/desirable as part of contracting.
- **Government procurement frameworks:** Ensure organisational responsibilities to take care of workers' mental health and wellbeing across all supply chain tiers. Engage with the local authorities to ensure policy consistency at the local level.
- **Local collaboration:** knowledge exchange between local authorities about processes and practices dealing with suicides, mental health and wellbeing issues, and use local councils to engage with businesses.

3.2.2. Collaboration between construction organisations.

- **Joint actions:** Consolidated efforts and knowledge exchange between organisations to improve mental health and wellbeing in the construction industry.
- **Industrial actions**: Advocacy for more government investment and support.

3.2.3. Engagement of client organisations and tier-one contractors

- **Workforce wellbeing as an integrative value of construction projects**: Including workers' wellbeing as a core value in construction projects and programmes. Promoting workforce experience and wellbeing as an important part of business reputations by highlighting relevant standards/certifications such as B-CORP.
- **Mental health and wellbeing in procurement frameworks**: using procurement frameworks to educate on the importance of mental health and wellbeing in construction. For example, mental health and wellbeing can be incorporated into the requirements and project assessment. Clients and tier-one contractors could highlight the mental health and wellbeing issues in Meet the Buyer events.
- **Incentive systems**: Create requirements and incentive systems to encourage lower-tier supply chains to prioritise wellbeing.
- **Resource sharing:** Supporting subcontractors and suppliers with necessary resources.

3.2.4. Organisational/structural interventions

- **Workforce wellbeing as an integrative value of construction businesses:** Valuing workers and viewing interventions as an investment in people rather than costs.
- **Corporate and project governance in mental health and wellbeing:** Providing strategic oversight of how mental health risks are managed, roles and responsibilities and assurance processes.
- **HRM restructure**: Focusing more on workers' wellbeing and increasing the in-house HRM capabilities, as opposed to HRM outsourcing and alternative practices.
- **Relationship management systems:** Improving the connections between departments and relational competence of managers and workers, increasing trust and fostering a culture of openness and mindfulness.
- **Mental health and wellbeing as a key performance indicator of construction businesses and projects**.
- **Investment in people:** Supporting skill development, for example, for older workers who are less fluent in digital technologies during digital transformation.
- **Preventative measures:** Focusing on identifying early signs of mental health and wellbeing issues, as opposed to corrective measures.
- **Active support for immigration, housing issues, addiction and working away.**
- **Community networks:** Creating a sense of community and belonging among workers.

3.2.5. Collaboration with other sectors and contexts

- **Research collaboration**: Understanding workers' experiences, the socio-economic/-psychological mechanisms of suicide and wellbeing, and the cost-effectiveness of improved mental health and wellbeing for organisations. This needs engagement with coroners to provide access to relevant files as well as with family members and suicide survivors.
- **Education:** Raising awareness and competence among the younger generation to cope with mental health and wellbeing issues and care for themselves and others.
- **Engage with the welfare system:** Linking up construction workers with supportive systems and services.
- **Platforms for more taboo and difficult topics:** Encouraging workers to discuss these issues.
- **Mental health and wellbeing facilities:** Offering on-site psychological services. On-site substance use service/worker.
- **Learn from others:** Identifying and learning successful practices from other sectors and countries.

3.2.6. Behavioural interventions

- **Behavioural programmes:** Focusing on relationship management, mental health and wellbeing to drive cultural changes (e.g., to foster norms of respect and trust).
- **Mental health and wellbeing champions and events**: Promoting awareness and knowledge through events and dedicated champions.

3.3. How to transcend the boundaries between professional disciplines and organisations for a more integrated approach to mental health and wellbeing in construction?

3.3.1. Boundary between construction and other disciplines/sectors

- **Engage with the welfare system:** Provide in-house support for immigration, housing, addiction and working away. Improve access to welfare systems and public services.
- **Engage with professional bodies:** Develop workplace standards that offer guidance for suicide prevention and mental health and wellbeing management in construction workplaces (British Standards Institution is working on this).
- **Research collaboration:** Enhance knowledge and evidence on mental health and wellbeing in the construction industry, particularly in characterising those who die by suicide, gathering qualitative data from those who have experienced suicidality, and establishing the cost-effectiveness of mental health interventions for those in the construction industry. This will inform decision-making, promote investment and guide changes in practice.

3.3.2. Boundary between clients, tier-one contractors and the supply chain

- **Establish project governance in mental health and wellbeing.**
- **Public client organisations provide strategic guidance and incentives**: Use procurement frameworks to integrate mental health and wellbeing into project design, planning and control.
- **Tier-one contractors offer incentives and resources to the supply chain to prioritise wellbeing issues**.
- **Government provides common facilities, resources and policy supports**: Companies especially the small ones and the self-employed could access these supports to build the capacity.
- **Convening and events:** Maintain ongoing dialogues between construction organisations to keep mental health and wellbeing at the forefront of industry discussions. Involve key industry bodies to lead the convening and champion mental health initiatives.

3.3.3. Boundary between functions within construction firms

- **Establish corporate governance in mental health and wellbeing.**
- **Change the transactional business model**: Integrate wellbeing management roles, responsibilities and practices into the business model in a way that demonstrates their intrinsic value to productivity and a positive workforce culture, rather than simply appointing a manager to remedy the issue.
- **Include mental health and wellbeing matrix to the KPI of the projects and firms** such that it demonstrates their intrinsic value.
- **Create inter-professional working teams:** Exchange knowledge, design interventions, monitor implementation and evaluate performance in projects and firms.

To finish, Dr Jing Xu provided several channels to maintain this network:

- UCL Centre for Construction Project Organising;
- The Project Hub;
- UCL SIG in Self-Harm and Suicide.

Notes

i The WHO defines mental health as “an integral and essential component of health, a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community… Mental health is more than the absence of mental disorders” (Source: https://www.who.int/data/gho/data/major-themes/health-and-well-being)

Wellbeing is defined by the WHO as “a positive state experienced by individuals and societies…Well-being encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose” (Source: https://www.who.int/activities/promoting-well-being#:~:text=Well%2Dbeing%20is%20a%20positive,social%2C%20economic%20and%20environmental%20conditions).

ii For more details about the analysis, see Hare, B., Lawani, K., & McEwen, G. 2023, ‘Suicides among construction occupations in the UK’, *Journal of Engineering, Project, and Production Management*, vol. 14, no. 2, 0017. https://researchonline.gcu.ac.uk/ws/portalfiles/portal/82283223/82274781.pdf

Challenges

- **Lack of collaboration and knowledge transfer**
- **Business model challenges**
- **Project management practices**
- **Toxic cultures**
- **Nature of construction**
- **Psychological safety**

Opportunities

- **Engagement of governments**
- **Collaboration between construction organisations**
- **Engagement of client organisations and tier-one contractors**
- **Organisational/ structural interventions**
- **Collaboration with other sectors and contexts**
- **Behavioural interventions**

This event is funded by UCL's Grand Challenge of Mental Health & Wellbeing and supported by UCL Centre for Construction Project Organising (CCPO) and The Project Hub.

Project team:
Dr Jing Xu, Dr Simon Addyman, Dr Alexandra Pitman, Andrea Gonzales Lazo and Fei Yuan.

The Bartlett School of Sustainable Construction
University College London
1-19 Torrington Place
London WC1E 7HB

ucl.ac.uk/bartlett/construction
+44 (0)20 3108 3220
bssc.enquiries@ucl.ac.uk

The Bartlett School of Sustainable
@UCL_BSSC