

ADDRESSING SUICIDE IN CONSTRUCTION

By Cory Grimmer and Amber Grimmer Berg

According to a recent report on suicide rates by industry, male workers in the construction trades are substantially more likely to succumb to suicide than the national average (45.3 per 100,000 workers compared to the national average of 27.4; Peterson et al., 2020).

Those engaged in trades such as structural iron and steel, masonry and roofing report higher suicide mortality rates than the national average, with rates of 79.0, 67.6 and 65.2 per 100,000 workers, respectively (Peterson et al., 2020).

The question must be posed: Why are construction suicide rates so much higher than the national average?

There is no single cause of suicide; it is linked to mental health conditions and stressful life experiences. According to research by the Carson J. Spencer Foundation and the National Action Alliance for Suicide Prevention (2015), the construction industry risk factors include:

- Access to lethal means: People who have access to and familiarity with lethal means like firearms, pills and high places are often less afraid and more capable of self-inflicted harm by these means.
- Capability for fearlessness: When a workplace has a culture of recklessness, bravery and/or stoicism and people are rewarded for being tough, they are often less likely to reach out and ask for help.
- Culture of substance abuse: Workplaces that informally support a culture of self-medication to relieve stress can experience escalating substance abuse problems that also increase the risk of suicide.
- Fragmented community/isolation: When workers are often in transitory or seasonal employment, they can experience a lack of belongingness and a higher level of uncertainty that adds to a sense of isolation and lack of meaning.
- Humiliation/shame: When a humiliating job failure occurs and the employee's main source of identity is their work, this event can trigger depression and suicidal thoughts.
- Nature of the work: Cyclical work with regular periods of

layoffs and rehiring causes uncertainty about employment. Workforce and skill shortages result in laborers working overtime to complete projects. The combination results in a "pressure cooker" atmosphere that can overwhelm employees.

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Construction industry employers need to be better aware of the signs and symptoms associated with suicide. Attempts to address risk factors can only go so far without the knowledge and tools needed to address mental health problems as they emerge. National Institute of Mental Health (NIMH, 2019) identifies the most common signs that a person is in emotional distress. These include:

- feeling like a burden
- being isolated
- increased anxiety
- increased substance use
- looking for a way to access lethal means (e.g., firearm, pills)
- increased anger or rage
- talking or posting on social media about wanting to die

Prevention Is Key

We must take proactive measures to help individuals gain the knowledge needed to prevent both physical and psychological complications. Physical and psychological well-being are equally important when it comes to overall health, but as prevention measures are taken to protect physical safety in the workforce, safety measures to address mental health are often neglected.

As workers enter the construction trade, it is expected that they receive proper training on how to wear PPE ap-

propriately and the risks they may face if they fail to do so. While construction industry employers and OSH professionals often focus on the importance of safety in the workplace, how often do we consider managing workers' health, including mental health, when building, developing and managing a safety program? Rather than waiting for warning signs, we can address the issue before it starts. Just as a hard hat can prevent an employee from a head injury, knowledge and available resources can act as a protective shield against the causes of stress, anxiety, substance use, loneliness and more. Consider the following recommendations:

- Create a positive culture that facilitates inclusiveness. This includes creating and encouraging peer support networks between employees to help facilitate trusting relationships.
- Review company policies: Avoid zero-tolerance policies for failed drug screenings. Fear of losing one's job can prevent conversations from happening that may otherwise allow an employee to seek treatment. Try to utilize second-chance agreements to encourage individual progression.
- Provide access to mental health, drug and alcohol resources: Research insured mental health providers and educate employees on how to access these resources.
- Increase protective factors: Provide training to recognize risk factors and warning signs, and teach coping strategies to manage stress and burnout.

Intervention Is Necessary

If someone you know is showing signs or symptoms of a mental health crisis, taking the following suggested actions may be an essential step toward going through the healing process (American Foundation for Suicide Prevention, n.d.).

- Listen: According to National Council for Mental Wellbeing (2017), we possess one of the most effective tools to aid someone experiencing a mental health crisis: listening. Take the time to step outside of your normal pattern of thinking and imagine what it feels like to be the person in front of you. Having an empathetic listener can be calming and

CONSTRUCTION INDUSTRY SUICIDE STATISTICS

- Working-age white men have the highest suicide rates.
- For every suicide, there are 25 attempts.
- Among women, workers with the highest suicide rates are in construction and extraction (25.5 deaths per 100,000).
- The construction industry has the second-highest suicide rate of all industries.
- Suicides account for nearly 6% of workplace fatalities.

Note. Data from "Suicide Is Taking Its Toll in Construction," by IUPAT, n.d.; "National Census of Fatal Occupational Injuries in 2019" [Press release], by BLS, 2019; and "Suicide Rates By Industry and Occupation — National Violent Death Reporting System, 32 States, 2016," by C. Peterson, A. Sussell, J. Li, P.K. Schumacher, K. Yeoman & D.M. Stone, 2020.

reassuring—even healing for those in a crisis (ASSP, 2019).

- Ask: While asking direct questions related to suicide may be uncomfortable, it is important to be direct about the topic and approach it in a way that is compassionate and empowering. Ask questions that will allow workers to vocalize their thoughts and talk through their challenges. Let them know that you care for them in their struggle and that they are not alone.

- Keep them safe: If the person says they are considering suicide, take them seriously. Stay with them and, if possible, help them remove lethal means. Reach out to a trained professional via the National Suicide Prevention Lifeline by calling toll-free at 1-800-273-TALK (8255) or texting the Crisis Text Line (text HELLO to 741741). Both services are free to anyone and available 24 hours a day, 7 days a week. All calls are confidential. If the person is in immediate danger, call the National Suicide Prevention Lifeline or dial 9-1-1.

- Help them connect: Once you have started the conversation and brought underlying issues to the surface, it is essential to encourage the person to reach out to someone who can help. Organizations such as The American Foundation for Suicide Prevention, Construction Working Minds, and the Substance Abuse and Mental Health Services Administration provide helpful tools and treatment resources for those in direct need of assistance. If the person does not feel comfortable reaching out to these groups, recommend that they contact their doctor or therapist.

- Stay connected: Staying in touch after a crisis or after an individual has been discharged from care can make a differ-

ence. Studies have shown that the rate of suicide deaths goes down when someone follows up with the at-risk person (Motto & Bostrom, 2001).

Conclusion

Given the identified risks, signs and symptoms within the construction trades, both prevention and intervention measures are necessary. Prevention measures include providing education and training to employees to prevent a crisis from occurring. As an example, if escalated substance use in your workplace is an issue, instead of looking at the problem with a discipline-first approach, consider educational and outreach options to assist in treating workers who are affected. By offering a positive, trusting workplace culture without fear of job loss, employees will likely feel more open to talk about their challenges at work and reach out for better solutions. Intervention measures aim at responding to an active crisis. Again, through creating a culture of trust and inclusiveness, relationships are built so that employees feel comfortable

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Need Help or Know Someone Who Does?

Contact the National Suicide Prevention Lifeline. Call 1-800-273-TALK (1-800-273-8255). Use the Online Lifeline Crisis Chat at <https://suicidepreventionlifeline.org/chat>. Both are free and confidential.

talking with peers or supervisors about a crisis. This opens the door for conversations that lead to resources with the potential to save a person's life. **PSJ**

References

- American Foundation for Suicide Prevention. (n.d.). What to do when someone is at risk. <https://afsp.org/what-to-do-when-someone-is-at-risk>
- ASSP. (2019, March 11). Suicide in the construction industry: Breaking the stigma and silence. www.assp.org/news-and-articles/2019/03/11/suicide-in-the-construction-industry-breaking-the-stigma-and-silence
- Bureau of Labor Statistics (BLS). (2020, Dec. 16). National census of fatal occupational injuries in 2019 [Press release]. www.bls.gov/news.release/archives/cfoi_12162020.pdf
- Carson J. Spencer Foundation & National Action Alliance for Suicide Prevention. (2015). A construction industry blueprint: Suicide prevention in the workplace. https://theactionalliance.org/sites/default/files/suicide_prevention_in_the_workplace_-_final.pdf
- International Union of Painters and Allied Trades (IUPAT). (n.d.). Suicide is taking its toll in construction. www.iupat.org/news/suicide-is-taking-its-toll-in-construction
- Motto, J.A. & Bostrom, A.G. (2001). A randomized controlled trial of postcrisis suicide prevention. *Psychiatric Services*, 52(6), 828-833. <https://doi.org/10.1176/appi.ps.52.6.828>
- National Council for Mental Wellbeing. (2017, July 28). The quiet power of empathetic listening. *Mental Health First Aid*. www.mentalhealthfirstaid.org/2017/07/quiet-power-listening
- National Institute of Mental Health (NIMH). (2019, March 26). Suicide: How you can make a difference. www.nimh.nih.gov/news/science-news/2019/suicide-how-you-can-make-a-difference
- Peterson, C., Sussell, A., Li, J., Schumacher, P.K., Yeoman, K. & Stone, D.M. (2020). Suicide rates by industry and occupation—National violent death reporting system, 32 states, 2016. *Morbidity and Mortality Weekly Report*, 69(3), 57-62. www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6903a1-H.pdf