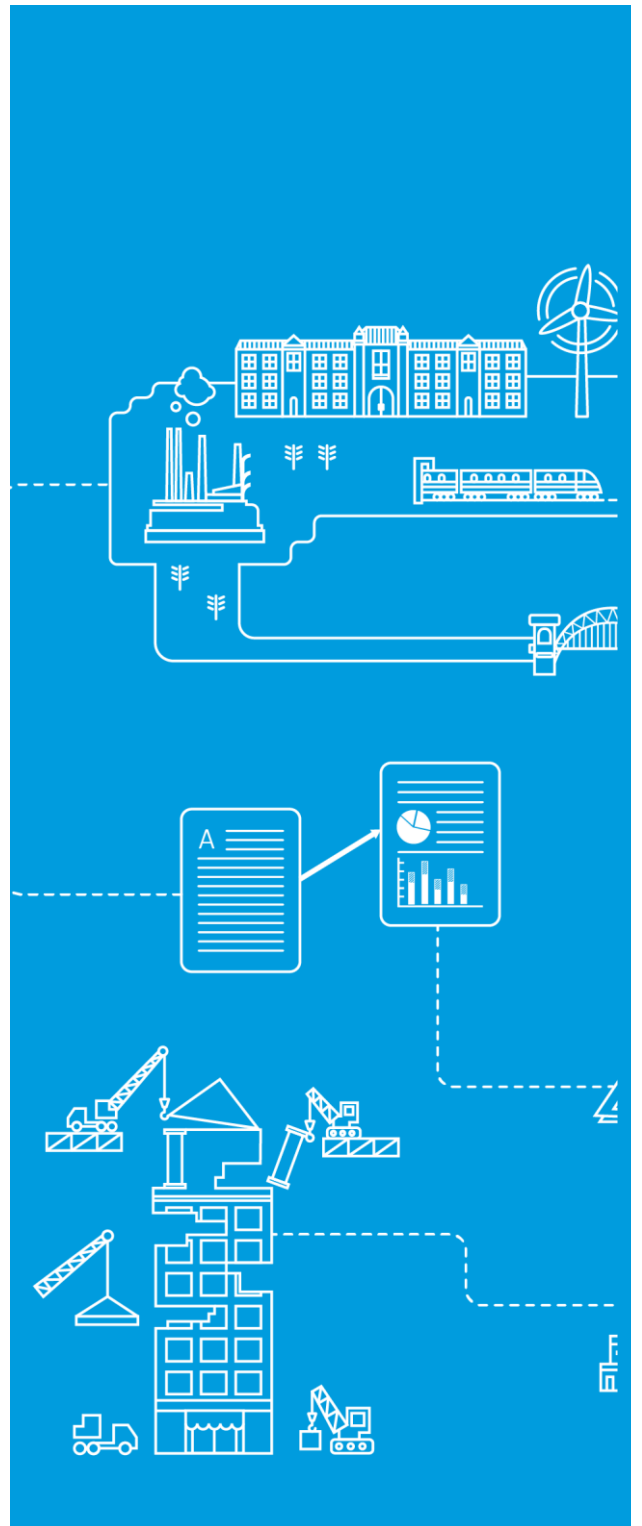




CONSTRUCTION INDUSTRY TRAINING BOARD

Mental Health and Wellbeing Research - Final Report

August 2021

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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made.

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KEY FINDINGS

Existing Mental Health and Wellbeing Supports



The majority of companies provide supports - 86.1% (n=107) of 124 construction company survey respondents indicated they provided one or more mental health supports



Most common supports were: online training, awareness raising activities / talks, mental health first aiders, toolbox talks, and sign-posting to information hubs or services



In the next 12 months, **49.6% (n=65) of principal contractor survey respondents were planning to offer new mental health supports or programmes to direct employees; only 16.8% (n=22) were planning to offer new programmes to their supply chain**

However.....

There is a lack of evidence regarding which mental health and wellbeing interventions are effective and in what circumstances – the **majority of construction company survey respondents (71.7%) stated they did not measure the mental health and wellbeing of employees**

Mixed views on the need for leadership and guidance in relation to mental health and wellbeing, **50% of construction company survey respondents (n=126) stated they felt more leadership or guidance in this area was needed**

42.2% of supply chain company survey respondents were unaware of supports or programmes provided by companies above them in the supply chain

Through a survey with construction sector companies and interviews with construction companies, general / mental health and well-being charities, representative groups and other key stakeholders we identified the need for future leadership with options and opportunities for delivery:



Leadership by CITB in collaboration with others could include:

- Setting up a working group
- Providing a 'centralised platform' for information and support
- Promoting work already ongoing in the sector
- Reviewing the specific needs of SMEs so they can access the resources they need from principal contractors / others
- Funding or promoting existing impact awards to recognise organisations performing well in relation to mental health and wellbeing in their workplace



Survey and Interviews Findings:

"As a SME we need a one stop shop to get information / procedures to put in place quickly to help our staff"

- Construction company survey respondent

"The biggest partnership is with other members of the industry as there a lot of people trying to do the same thing. There are a lot of opportunities to work together. However, everyone is doing things slightly differently. It would be best if everyone signed up to one approach, that would improve partnership working"

- Interviewee from construction company

Recommendations:

- (1) CITB establish a working group with key industry stakeholders to agree the best way to deliver an integrated support service and utilise existing work within the sector
- (2) Develop a mental health and wellbeing dashboard in conjunction with the working group above
- (3) Develop and make available to construction companies a risk / maturity matrix to measure mental health and wellbeing at an organisational level
- (4) Evaluations are completed for key schemes to assess effectiveness. Evidence from these should be used to showcase best practice through CITB funding or supporting awards and producing best practice case studies

EXECUTIVE SUMMARY

1.1 Introduction

RSM UK Consulting LPP was appointed by the Construction Industry Training Board (CITB) to conduct research on mental health and wellbeing initiatives and programmes currently in place within the construction industry in the UK.

1.2 Research Objectives

The objectives of the overall research are to report on the following¹:

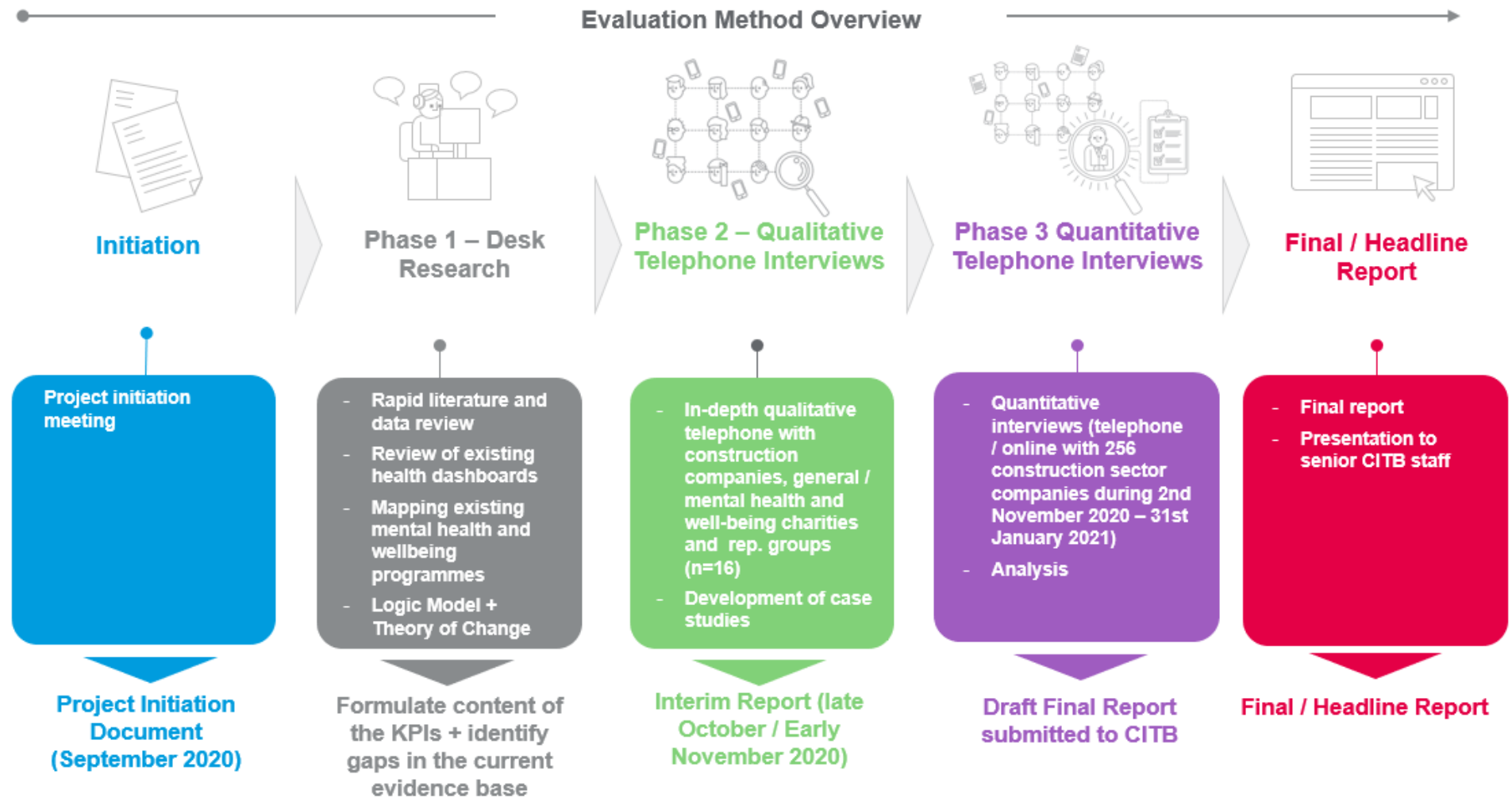
- In light of Covid-19, explore how this may have exacerbated emotional and mental stress, and the wider impact this will have – especially with regards to how it may constrain the recovery;
- Evaluate the effectiveness and uptake of existing wellbeing initiatives (including non-construction specific schemes), and whether these can be expanded across the industry or applied in a construction context;
- Explore the extent to which mental health and wellbeing problems are attributable to actions further up the supply chain;
- Evaluate the most efficient ways to effectively target small and micro construction companies to help them tackle the issue; be it through the wider supply chain or direct support for those outside the supply chain;
- Produce a scorecard of Key Performance Indicators to allow companies to benchmark and measure their progress;
- Identify pre-existing data that can be used as a benchmark for the industry, and which variables should be measured eg financial pressure, working hours, etc.; and
- Identify key players and stakeholders and explore how they can work together; as well as assessing the requirement for more leadership in this area.

1.3 Methodology

Our methodology involved 3 phases of desk research; qualitative telephone interviews with construction companies and industry stakeholders; and a quantitative telephone survey with construction companies.

The following diagram provides a high level overview of our methodical approach:

¹ CITB (2020) ITT for Mental Health Research v2



1.4 Conclusions

Causes of poor mental health and wellbeing in the construction sector / impact of Covid-19

There is a prevalence of poor mental health within the construction industry. Between 2011 and 2015, of the 13,232 in-work suicides recorded 1,419 were within the skilled construction and building trades, despite construction accounting for little over 7% of the UK workforce.²

Physical health and safety are given significant priority in the construction industry however given that suicide often kills more people than falls from height³, there is a need for steps to reduce the stigma surrounding mental health and improve the support available to workers.

The literature review and the stakeholder consultations highlight several factors that increase the risk of poor mental health for construction employees, namely: **working away from home / frequent travelling; occupational stressors; heavy workloads and long working hours; and job insecurity.**

The onset of Covid-19 has had a mixed impact on the industry and the results are as yet still unknown. For example, many will have felt uncertainty regarding the security of their jobs as well as a loss of structure and routine, all of which are crucial for psychological wellbeing. However, due to Covid-19 and construction work being instructed to continue, the industry has seen greater time spent on planning work tasks, fewer workers on-site and improved housekeeping; leading to increased productivity and reduced health and safety risk,⁴ which in turn can reduce stress and anxiety. In addition, changes to induction processes and welfare and hygiene arrangements have the potential to improve safety, wellbeing and motivation for the workforce if maintained in the longer term.⁵

Existing Mental Health and Wellbeing Initiatives

There are a number of different mental health and wellbeing supports available from industry professional bodies, charities and employers across construction as well as those available to the general population. However, the focus is largely on awareness raising and online supports.

Evidence of the effectiveness of the supports available is limited and focuses mainly on measuring uptake levels. There is little evidence of the impact on mental health and wellbeing. **It is essential that the level and quality of evidence improves to provide employers with sufficient information to help them make informed decisions about the most effective supports and the Return on Investment that can be achieved from utilising these for their workforce.**

Supply Chain Companies

There is evidence that organisations are providing mental health and wellbeing support programmes and initiatives, to direct employees and to some extent, supply chain employees.

However key stakeholders and construction companies reported that supply chain employees are often not aware that they can access mental health and wellbeing resources from their principal contractor. This is also evident in the feedback received from supply chain companies that responded to the RSM survey, who suggested their employees could be most effectively reached through greater promotion of the mental health and wellbeing initiatives and resources available to them and via access to the mental health initiatives and programmes provided by companies further up the supply chain.

² Office for National Statistics: Suicide by occupation, England: 2011 to 2015

³ [Mental Health in the Construction Industry - UK Construction Online \(ukconstructionmedia.co.uk\)](https://www.ukconstructionmedia.co.uk/mental-health-in-the-construction-industry)

⁴ Jones, W., Chow, V., & Gibb, A. (2020) Covid-19 and construction: Early lessons for a new normal?

⁵ Jones, W., Chow, V., & Gibb, A. (2020) Covid-19 and construction: Early lessons for a new normal?

The most effective way to target small and micro construction companies is through principal contractors creating awareness with their supply chain of the importance of mental health and sharing effectiveness data once it becomes available.

Key Performance Indicators, Existing Data and Future Dashboard

Current mental health and wellbeing dashboards (n=12) reviewed vary in relation to the KPIs recorded, level of detail included, and data sources used. None measure all the key mental health and wellbeing indicators identified in the literature review.

There are several published data sources available relating to and measuring mental health and wellbeing and several indicators of mental health issues, for example the Office for National Statistics (ONS) Annual Population Survey and Labour Force Survey; Health and Safety Executive (HSE) summary statistics for Great Britain 2019; and Public Health England Mental Health and Wellbeing Joint Strategic Needs Assessment (JSNA). However only data on the suicide rate by occupation in England and Wales includes information that is specific to construction.

Limitations of the currently available data includes:

- **Lack of disaggregation** - for example, by industry, profession, age, or gender;
- **Frequency of data collection** - data specific to the construction industry is not collected on a consistent and frequent basis;
- **Representation across the sector** - there is currently no dataset or large scale, industry-wide survey that reaches the majority of construction professions; and
- **Coverage of key KPIs** - there are no consistently measured mental health and wellbeing KPIs across the industry.

Developing mental health and wellbeing KPIs for the sector will be challenging given:

- The transient nature of construction workers (as they can move from employer to employer based on contracts);
- Getting robust data from companies may be difficult when they are not legally required to provide it;
- The existing evidence that is available (eg via individual company / organisation surveys and datasets such as reports of ill health by doctors and specialist physicians (THOR GP) and ill health assessed for disablement benefit (IIDB)) only represent a small number of people in construction with mental health issues; and
- The variation in company size, sub-sector, location, level of maturity (regarding mental health and wellbeing). For example, a Small and Medium-sized Enterprise (SME) may not have the scope, resources or requirement for the same policies or supports as a large multinational or tier one company, meaning any dashboard should reflect these nuances in the collection and presentation of information.

Construction companies and industry stakeholders highlighted that any future dashboard should also measure the progression (ie the level 'maturity' of a company) regarding mental health and wellbeing as well as the level of signposting to appropriate sources of support to address any gaps or 'underperforming' areas.

Future Leadership

There is a need for leadership and partnership, amongst those already working in this area. Construction companies and industry stakeholders recognise the need for clear leadership to coordinate the development of an industry-wide dashboard and sector-wide strategy to improve mental health and wellbeing.

Many of the construction companies and industry stakeholders consulted suggested this should come from an organisation who could be considered 'neutral'; meaning it would not be 'owned' by any specific sub-sector.

There is existing work in this area such as the:

- Mates in Mind Maturity Matrix,
- Thriving at Work surveys; and
- Work commencing by the Lighthouse Club on an interactive dashboard that covers all of Construction in UK and Ireland to give insight into how resources and programmes the industry is undertaking are delivering against high level wellbeing indicators.

Therefore, there is an opportunity to build on this and not 'reinvent the wheel'. Leadership is needed with regard to:

- Setting up a working group to bring together the different stakeholders already involved and ensure coverage from all sub-sectors. The purpose will be to: (a) agree the relevant KPIs to be used across the sector to measure mental health and wellbeing in construction; (b) support benchmarking across the sector regarding performance against these measures; (c) highlight / showcase best practice; and (d) provide networking opportunities for construction companies to learn from each other;
- Providing a 'centralised platform' for information and support as companies do not wish to receive different and potentially conflicting information from different sources;
- Promoting work already ongoing in the sector (eg by the Lighthouse Club and Mates in Mind);
- Reviewing the specific needs of SMEs so that they can access resources they need from principal contractors / others; and
- Funding / promoting the existing Mates in Mind impact awards to recognise organisations who have performed well in relation to mental health and wellbeing in their workplace.

However, an 'authoritative' dashboard requires considerable buy-in of its use as larger companies could potentially produce their own, therefore buy-in via sector / industry representatives is critical. It will be essential that whichever organisation leads on this work needs to collaborate with the other stakeholders involved to ensure there is a 'one stop service' for employers. Furthermore, a number of charities are investing considerable time / resource in providing new tools and these could be promoted, once their effectiveness is evidenced.

Risk / Maturity

Construction companies surveyed highlighted they were at different stages in the development and implementation of their mental wellbeing and health policies. Therefore, it was felt that any dashboard needs to support employers with measuring their progression. A mental health and wellbeing maturity matrix can be used to assess risks, progression and the areas for investment. An outline maturity matrix

is provided in section 8. Industry can encourage the use of this tool to ensure a focus on the areas of greatest need, based on their individual contexts.

1.5 Recommendations

Recommendation 1:

Buy in and engagement from large organisations in the construction industry is key to having an impact.

We recommend that industry leaders engage with the other organisations already working in this area to agree the best way to deliver an integrated support service.

A working group with key industry stakeholders should be established to agree how best to utilise existing work within the sector, in particular by Mates in Mind (Maturity Matrix), Safer Highways (Thriving at Work surveys); and the Lighthouse Club (Construction Workforce Health and Wellbeing dashboard). Work should also include:

1. Measuring the baseline levels of mental health and wellbeing in the sector (and agreeing the priority indicators to focus on initially); and
2. Developing a shared vision for the sector regarding mental health and wellbeing.

Recommendation 2: Develop a mental health and wellbeing dashboard in collaboration with the working group above and established organisations already operating in this space. This should build on work already underway, for example the interactive dashboard in development by the Lighthouse Club (in conjunction with Caledonian University) that will cover construction in UK and Ireland.

The initial dashboard should contain a small number of 'core' KPIs that would be consistent across most, if not all, industry sub-sectors before developing and increasing KPIs over the next 3 years to include those focused on specific sub-sectors, sizes of companies and maturity. The core KPIs should focus on the most common mental health and wellbeing issues for construction workers as evidenced in the literature review and included below, as well as a definition to ensure companies are clear on the meaning of each. The dashboard should also promote and provide access to robust tools that employers can use to measure employee wellbeing for each of the conditions, as well as the 'core' KPIs, illustrative examples are included in the following table:

Mental Health Condition	KPI	Definition	Possible Tools* (Examples Only)
Anxiety	Percentage of construction workers who feel anxious at least some of the time during a typical week	A feeling of unease, such as worry or fear, that can be mild or severe ⁶	• Depression Anxiety Stress Scale (DASS21 (bristol.ac.uk)) • 7-item anxiety scale (GAD-7)
Depression	Percentage of construction workers who feel depressed as a result of their work or percentage of workers who experience depression annually / in the last year	Experiencing low mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration ⁷	• Depression Anxiety Stress Scale (DASS21 (bristol.ac.uk)) • Beck Depression Inventory (BDI)

⁶ [Signs and symptoms of anxiety | Mental Health Foundation](#)

⁷ [Depression | Mental Health Foundation](#)

Mental Health Condition	KPI	Definition	Possible Tools* (Examples Only)
Fatigue	Percentage of construction workers who experience fatigue as a result of their work or percentage of workers who experience fatigue annually / in the last year	When tiredness is overwhelming and is not relieved by sleep and rest ⁸	- Fatigue Assessment Scale for Construction Workers (FASCW) - Occupational Fatigue Exhaustion/Recovery Scale (OFER)
Stress	Percentage of construction workers who feel stressed at least some of the time during a typical week	The degree to which you feel overwhelmed or unable to cope as a result of pressures that are unmanageable ⁹	- Depression Anxiety Stress Scale (DASS21 (bristol.ac.uk)) - Work Stress Questionnaire (WSQ) - Work-Related Quality of Life Scale (includes a stress at work subscale)

**Note: permission should be sought from respective tool owners, where applicable, prior to use*

The dashboard could cross reference with national averages from the HSE on number of working days lost due to ill health for each of these conditions and / or the Chartered Institute of Personnel and Development (CIPD) Health and well-being at work survey on the proportion of working time lost per year and the level of work-related stress and mental health.

Recommendation 3: Develop and make available to construction companies a risk / maturity matrix to measure mental health and wellbeing at an organisational level and highlight areas for further development. This could include eg if they have a mental health policy in place; buy-in of the senior management team; initiatives provided and what data is collected etc. The Working Group should consider if and how the existing Thriving at Work survey could be utilised in this regard. Employers should be encouraged to progress, regardless of their starting point.

Recommendation 4: Data on the effectiveness of existing supports is very limited and focused mainly on measuring uptake levels. Therefore, we recommend that evaluations are completed for key schemes to assess effectiveness. Key measures and associated tools are set out in the table above. This is especially important to assess the effectiveness of any new interventions or approaches such as online support or apps.

This evidence should be used to showcase best practice through awards and producing best practice case studies where interventions have been effective and principal contractors have been effective in promoting the mental health and wellbeing supports they provide to companies in their supply chain. These could be shared to help develop the targeting of small and micro construction companies within the supply chain.

⁸ [10 medical reasons for feeling tired - NHS \(www.nhs.uk\)](https://www.nhs.uk/)

⁹ [Stress | Mental Health Foundation](https://www.mentalhealthfoundation.org.uk/)

1. INTRODUCTION / RESEARCH OBJECTIVES AND METHODOLOGY

1.1 Introduction

RSM UK Consulting LPP was appointed by the Construction Industry Training Board (CITB) to conduct research on mental health and wellbeing initiatives and programmes currently in place within the construction industry in the UK. This report presents findings from all phases of the research (see section 1.3) and includes:

- Proposed KPIs and data sources for the dashboard
- Delivery options assessment
- Existing mental health and wellbeing programmes / initiatives and their success with case studies
- Outline of gaps in the current evidence base

1.2 Research Objectives

The objectives of the overall research are to report on the following¹⁰:

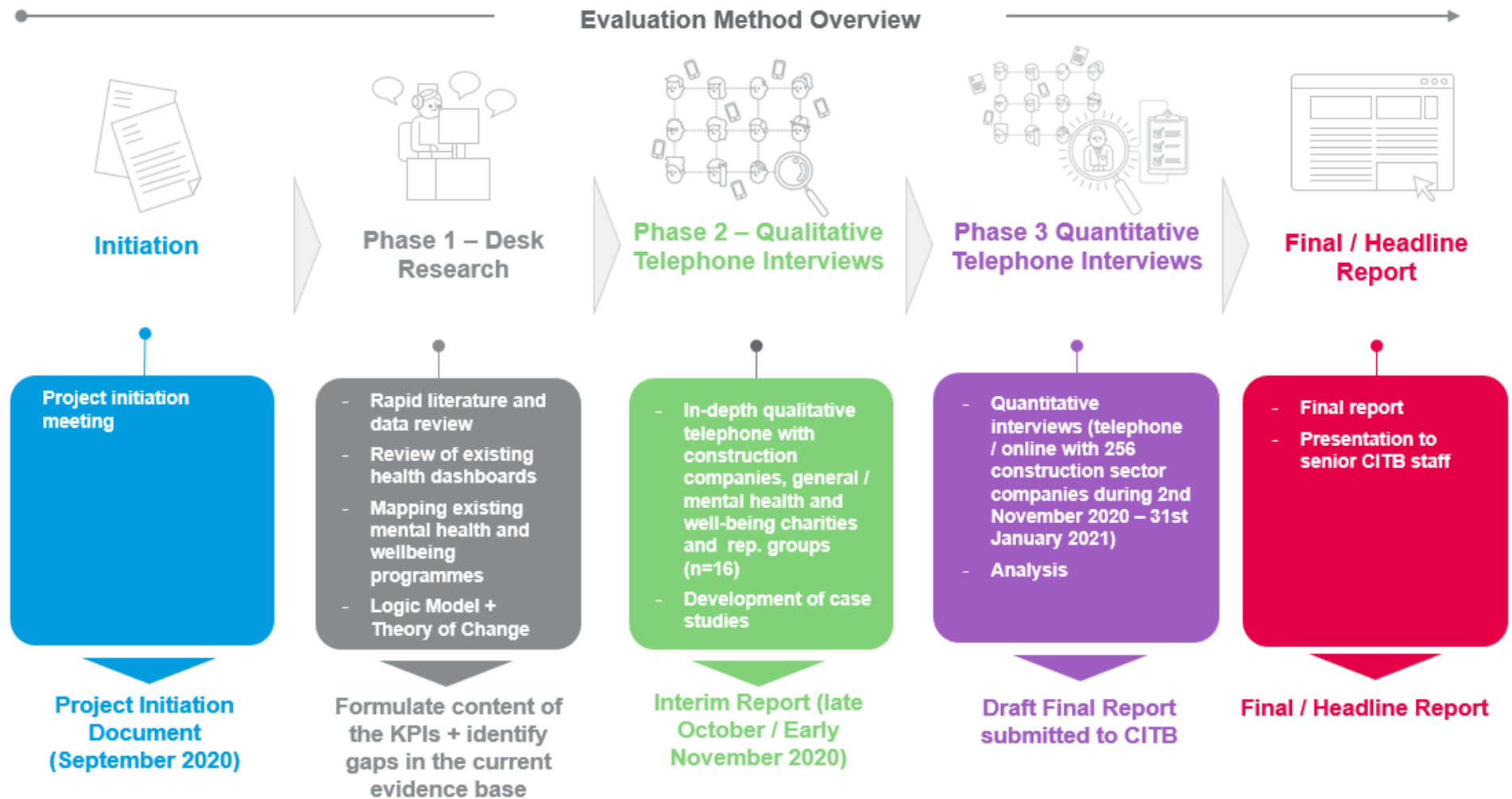
- Identify pre-existing data that can be used as a benchmark for the industry, and which variables should be measured eg financial pressure, working hours, etc.;
- Produce a scorecard of Key Performance Indicators to allow companies to benchmark and measure their progress;
- Explore the extent to which mental health and wellbeing problems are attributable to actions further up the supply chain;
- In light of Covid-19, explore how this may have exacerbated emotional and mental stress, and the wider impact this will have – especially with regards to how it may constrain the recovery;
- Identify key players and stakeholders and explore how they can work together; as well as assessing the requirement for more leadership in this area;
- Evaluate the effectiveness and uptake of existing wellbeing initiatives (including non-construction specific schemes), and whether these can be expanded across the industry or applied in a construction context; and
- Evaluate the most efficient ways to effectively target small and micro construction companies to help them tackle the issue; be it through the wider supply chain or direct support for those outside the supply chain.

1.3 Methodology

Method Overview

The following diagram provides a high level overview of our methodical approach:

¹⁰ CITB (2020) ITT for Mental Health Research v2



Method – Detailed Stages

Phase 1 – Desk Research

- **Rapid literature and data review** – review of recent literature on mental health and wellbeing between small / micro and larger companies in the construction sector to identify:
 - key indicators used to measure wellbeing levels; the use of validated tools etc. including the differences between small / micro and larger companies and the implications across the supply chain as well as the impact of Covid-19;
 - good practice in other sectors/ industries with similar characteristics to construction; and
 - published data sets used to measure mental health and wellbeing and the frequency, robustness, reliability and advantages / disadvantages of each.
- **Review of existing health dashboards and their applications** - review of existing mental health and wellbeing dashboards to identify the KPIs used, how they are measured and how this is presented
- **Mapping existing mental health and wellbeing programmes** – identification of existing mental health and wellbeing programmes / initiatives both within the construction sector as well as those targeted at the general population, including emerging wearables. Initial mapping was completed via desk research. This includes information on: name of the scheme; name of funders / company / organisation; target group (including if specifically targeted at the construction sector or the general population); type of support(s) provided; outputs recorded (eg engagement / sessions held etc.) / any published outcomes (will be added to via phase 2); and frequency of reporting (eg annual surveys) and what information is collected.
- **Design of a Logic Model and Theory of Change** – design of a logic model and theory of change in conjunction with CITB to identify the most relevant KPIs to be focused on and ensuring that the interventions are sufficient and effective at delivering the outcomes required. For example, if one of the objectives is to increase the wellbeing of site workers who have to live remotely or away from home the KPIs will reflect this specific group, and the factors that influence their specific wellbeing.

Phase 2 – Qualitative Telephone Interviews

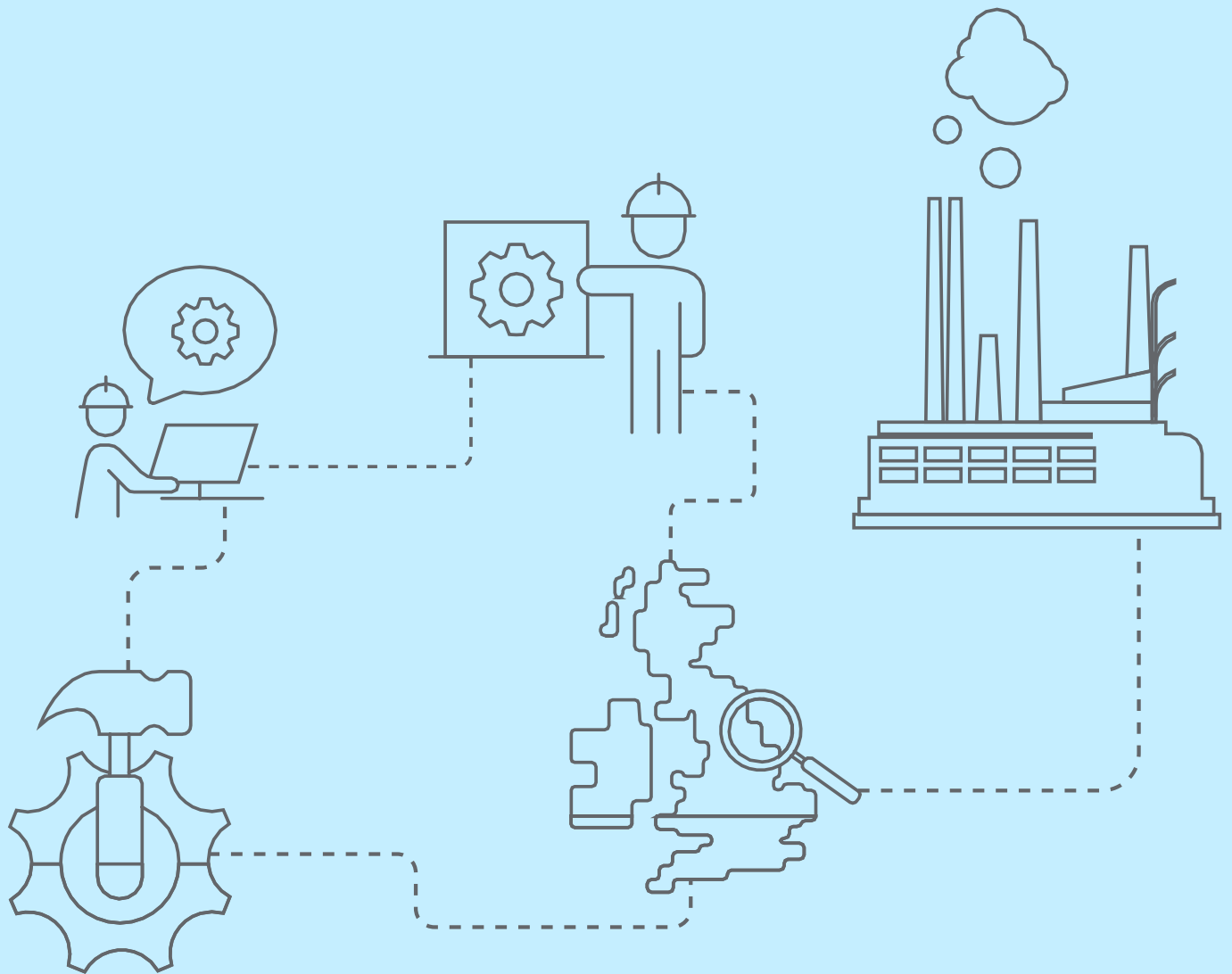
Completion of 20 in-depth qualitative telephone interviews with key stakeholders in the area of mental health and wellbeing. These included construction-specific charities as well as general wellbeing charities and construction companies (identified via phase 1), construction organisations / representative groups and those already collecting data in this area (eg Construction News).

Phase 3 Quantitative Telephone Interviews

Computer-assisted telephone survey of 500 construction sector employers to collect evidence of the programmes, processes, and procedures they have in place to support employee mental health and wellbeing / how the core standards¹¹ are being implemented by different sized companies. In agreement with CITB, an online option was offered for completion if desired by the respondent.

¹¹ Farmer, P., Stevenson, D., (2017) Thriving at Work: The Stevenson / Farmer review of mental health and employers (recommends that all employers adopt a set of "mental health core standards" which all employers should be capable of implementing)

2. LITERATURE REVIEW



2.1 Introduction

This section of the report presents the findings from a rapid review of recent literature on the factors influencing mental health and wellbeing for employees within the construction sector; differences between small / micro and larger companies and the implications across the supply chain as well as any recent evidence on the impact of Covid-19 on wellbeing of construction workers.

2.2 Methodology and Key Findings

2.2.1 Search Strategy

Search terms included: mental health and wellbeing; construction sector / industry; construction supply chain; challenges for micro/ small companies; contracting; financial pressures; Covid-19; tools for managing and improving mental health and wellbeing in the workplace; construction mental health; construction stress; construction wellbeing.

Databases used included: International CONstruction DAtabase (ICONDA); ScienceDirect (Elsevier); Google Scholar; Web of Science; Scopus; Association of Researchers in Construction Management (ARCOM) and grey literature from Google searches and sector or government websites (eg Health in Construction Leadership Group, Mates in Mind as well as sector 'news' websites such as Planning, BIM & Construction Today etc.)

Search criteria: we focused on existing research and surveys that have examined / assessed / evaluated health and wellbeing in the construction industry and other high pressurised working environments involving tight project deadlines and multiple partners.

Screening criteria included: English-language; within the last 10 years (to ensure relevance and applicability to present day); focused on the UK or similar countries (eg EU/OECD) and excluding studies on mental health that had no findings relevant to the construction industry.

2.2.2 Mental Health and Wellbeing within the Construction Sector

While mental health is an issue of growing relevance in today's society and within the labour force, the construction sector is one in which mental health is of particular importance. In 2017, the Office for National Statistics (ONS)¹² produced its first report on suicide by occupation in England. This revealed that the construction industry accounted for more suicides than any other industry between 2011 and 2015, with 1,409 men and ten women dying by suicide during that period. The risk of suicide in low-skilled male construction workers was three times the national average and skilled finishing trades, such as painters and plasterers, were twice the national average.

Those working on-site may also experience greater stress and therefore poorer mental health than consultants.¹³ Moreover, a recent Chartered Institute of Building (CIOB) report¹⁴ found that 26% of construction workers who responded to their survey (n=2,081) had experienced suicidal thoughts and 97% had experienced stress over the past year, with more construction workers dying from suicide than on-site accidents. However, it is important to note that CIOB survey respondents are not representative of the sector as it consisted of members of the CIOB worldwide (UK as well as others) and other construction workers from the industry – from those who worked in manual labour positions, through to those at director and senior management level (80% came from Great Britain¹⁵ and 5% worked in

¹² ONS (2017) Suicide by occupation, England: 2011 to 2015

¹³ Love, P., Edwards, D. & Irani, Z. (2010). Work Stress, Support, and Mental Health in Construction, *Journal of Construction, Engineering and Management*, 136(6), 650-658

¹⁴ CIOB (2020) Understanding Mental Health in the Built Environment

¹⁵ Other respondents coming from the Republic of Ireland, Hong Kong, United Arab Emirates, Australia, United States, and Qatar

manual labour, 50% stated their job role as middle management, and 34% responded they were at director/senior management level). Such statistics have led the industry to expand their occupational safety and health remit beyond the physical to also incorporate psychological health and general well-being, recognising their importance to the industry overall. The factors that influence these high levels of poor mental health include: working conditions of construction workers such as long working hours, temporary work contracts and lack of job security.¹⁶

2.2.3 Differences between small/micro and larger companies and the implications across the supply chain

SMEs and sole traders make up the majority of the construction industry¹⁷, and experience high stress, work uncertainty, long hours and financial pressures more commonly than larger companies.¹⁸ Smaller companies may find it more difficult to support the mental health and wellbeing of employees as they are said to be less likely to have the structures and policies in place to address these issues. In the 2019 CIOB survey¹⁹, the majority of the 56% of survey respondents who said that their business had a policy in place for mental health came from larger businesses. In contrast, 49% of employees from microbusinesses (fewer than 10 employees) and 40% of employees from small-sized businesses (10-49 employees) reported that their business **did not have** a mental health policy. Smaller companies' approach to supporting the mental health and wellbeing of employees is said to be very reactive²⁰ due to a lack of resources available to take a proactive approach to mental health and wellbeing.

However, some smaller companies are believed to potentially benefit from closer support networks between employees, greater control over workload and shorter commuting distances than larger companies, therefore leading to reduced stress²¹. In this way, smaller companies are also able to provide tailored plans to help employees manage their mental health²² as opposed to the more generalised and policy-led support offered by larger companies. As construction is a project-based industry, larger companies employ smaller companies to carry out projects and may share their mental health initiatives with them. However, larger companies that implement health and wellbeing policies across their supply chains may find these do not appropriately consider the operational context of each provider and therefore not always suitable due to the 'divergence of explicit and implicit wellbeing definitions used in and across firms in the supply chain'.²³ Small companies with good working cultures and relationships can meet the needs of employees more than organisations with systems and processes in place, but who are lacking the supportive culture needed to support openness and teamwork.

2.2.4 Key Performance Indicators

In order to tackle mental health and wellbeing within the construction industry, it is important to identify and measure the key mental health and wellbeing indicators. Findings from the literature review suggest the following are the most common mental health and wellbeing issues for construction workers:

¹⁶ Sherratt, F (2017) Shaping the Discourse of Worker Health in the UK Construction Industry

¹⁷ CIOB (2020) Understanding Mental Health in the Built Environment

¹⁸ CIOB (2020) Understanding Mental Health in the Built Environment

¹⁹ CIOB (2020) Understanding Mental Health in the Built Environment

²⁰ Farmer, P., Stevenson, D., (2017) Thriving at Work: The Stevenson / Farmer review of mental health and employers

²¹ HSE (2019) An analysis of the prevalence and distribution of stress in the construction industry.

²² CIOB (2020) Understanding Mental Health in the Built Environment

²³ Smyth, H., Roberts, A., Duryan, M., Sherratt, F., Jing, X., Toli, A.M. (2019) Occupational Health, Safety and Wellbeing in Construction: Culture, Systems and Procedures in a Changing Environment, Bartlett School of Construction and Project Management, UCL.

Stress: Levels of stress are highlighted in research as a key indicator of mental health and wellbeing in the construction industry. Occupational stressors included dangerous work, production pressures, rapid and complex decision making and the responsibility for the safety of others²⁴;

Anxiety: Anxiety is closely related to stress and work-related stress can often be the cause of anxiety²⁵, however anxiety is a longer-lasting phenomenon than stress as it remains when occupational stressors are no longer present. In CIOB's Understanding Mental Health in the Built Environment survey²⁶, 87% of respondents said they had experienced anxiety over the past year;

Depression: Depression as an indicator of mental health is often grouped together with stress or anxiety, as it can often be associated with these. However, depression is slightly different in being characterised by a feeling of low mood that lasts for an extended period of time²⁷. Lack of job security can lead to psychosocial harm, which in turn can lead to stress related disorders such as depression²⁸. As depression is frequently associated with stress and anxiety, many of the factors causing stress and anxiety may also lead to depression, such as working conditions; and

Fatigue: Fatigue is an indicator of mental health that can come about from heavy workloads and long working hours and can affect individuals' performance and safety on site and on the roads.²⁹

There is currently no standardised measure of the scale of the problem and its wider effects on the industry.

2.2.5 Construction Sector Internationally

This section details work being completed to address mental health and wellbeing in the construction sector internationally. It focuses on looking at countries with construction sectors that are comparable to the UK (namely EU and OECD countries) to help ensure any learnings are transferable.

Australia - Mates in Construction (MATES), is a charity established in 2008 to reduce the high level of suicide among Australian construction workers. To date, training has been delivered to over 135,000 workers. The core component of the MATES training is the General Awareness Training (GAT), a 45-minute face-to-face awareness session provided to all construction workers on site. GAT promotes awareness of and risk factors for suicidality. It aims to reduce stigma and encourage help-seeking and help-offering behaviour ('help offering' refers to workers offering active support to co-workers who display any suicide warning signs). Workers completing GAT are provided with a white sticker to wear on their hard hat identifying them as 'GAT-trained'. **For a site to be designated 'compliant', all workers on that worksite must receive GAT, with an 80% training level maintained despite staff turnover.** GAT is also a component of a training programme specifically for apprentices. Other components of MATES that support GAT include³⁰:

- "Connector training" for volunteer "gatekeepers" - Connectors help an at-risk worker access help via a trained worker, MATES Field Officer, Case Manager or other local community supports. Those who

²⁴ Sherratt, F (2017) Shaping the Discourse of Worker Health in the UK Construction Industry

²⁵ CIOB (2020) Understanding Mental Health in the Built Environment

²⁶ CIOB (2020) Understanding Mental Health in the Built Environment

²⁷ Laing O'Rourke (2019) Workplace Mental Health in the Construction Industry

²⁸ Sherratt, F (2017) Shaping the Discourse of Worker Health in the UK Construction Industry

²⁹ Smyth, H., Roberts, A., Duryan, M., Sherratt, F., Jing, X., Toli, A.M. (2019) Occupational Health, Safety and Wellbeing in Construction: Culture, Systems and Procedures in a Changing Environment, Bartlett School of Construction and Project Management, UCL.

³⁰ Milner A, King TL, Scovelle AJ, Batterham PJ, Kelly B, LaMontagne AD, Harvey SB, Gullestrup J, Lockwood C. A blended face-to-face and smartphone intervention for suicide prevention in the construction industry: protocol for a randomized controlled trial with MATES in Construction. BMC Psychiatry. 2019 May 14;19(1):146.

participated in connector training reported they felt prepared to intervene with a suicidal person and knew where to seek help;

- Mates in Construction Awareness Training (MAT) - similar to GAT but shorter in duration (about 15-20 minutes), and delivered using an informal, conversational structure. Both MAT and GAT have similar content, which introduces workers to the problem of suicide in the construction industry and provides practical guidance on how they can assist co-workers in need. A recent evaluation³¹ of MAT found positive and statistically significant changes in workers' suicide prevention awareness, knowledge and attitudes following training;
- Suicide First Aid - in which Applied Suicide Intervention Skills Training (ASIST) trained workers provide suicide first aid interventions for at-risk workers identified by Connectors;
- Field Officers - Field Officers are employed directly by MATES. Their job is to increase awareness, recruit new construction sites, and provide ongoing support to MATES sites through fortnightly site visits, establishing and maintaining relationships with workers on-site, and debriefing Connectors;
- Case managers - suitably qualified case managers are employed to assist troubled workers with a plan to effectively address their issue(s). This could include connecting workers with such services as their EAP, financial counselling, drug and alcohol services, grief counselling, or family and relationship counselling; and
- MATESmobile – a new electronic platform which was designed to follow MATES face-to-face GAT training. MATESmobile seeks to enhance and sustain the effectiveness of MATES through a smartphone approach. MATESmobile will focus on two main elements: 1) reinforcing face-to-face training messages over time, and; 2) enabling links to mental health support should people need it.

MATES aim to provide an integrated health service model aimed at prevention, early intervention, and recovery (ie, primary, secondary and tertiary prevention). However, there is limited evidence on whether training effects persist over time, and whether the programme has effects on proximal risk factors for suicide, such as suicide ideation, suicide attempts and psychological distress.³²

³¹ Ross, V. L. & Caton, N. (2018) A quantitative evaluation of the effectiveness of Mates in Construction training. Australian Institute for Suicide Research and Prevention: Brisbane

³² Milner A, King TL, Scovelle AJ, Batterham PJ, Kelly B, LaMontagne AD, Harvey SB, Gullestrup J, Lockwood C. A blended face-to-face and smartphone intervention for suicide prevention in the construction industry: protocol for a randomized controlled trial with MATES in Construction. BMC Psychiatry. 2019 May 14;19(1):146.

Construction Sector International Case Study 1: Universal General Awareness Training (GAT) was part of a multi-component suicide prevention program in the Australian construction industry. The program's aims were to increase awareness of mental health and suicide, reduce stigma, and encourage help-seeking and help-offering behaviours. Research examining the effectiveness of the GAT program in shifting suicide beliefs found that it produced significant and positive shifts in beliefs about suicide and mental health. This was observed for all beliefs except 'talking about suicide can cause suicide', for which there was relatively strong resistance to change. It is also indicated that occupational groups identified in other research as being at higher risk of suicide (labourers, machinery operators and drivers) show poorer understanding of suicide and are less amenable to belief change. This highlights the importance of workplace intervention programmes and the need for further work in understanding how to tailor interventions to these vulnerable groups.

Source: King, T. L., Gullestrup, J., Batterham, P. J., Kelly, B., Lockwood, C., Lingard, H., Harvey, S. B., LaMontagne, A. D., & Milner, A. (2018). Shifting Beliefs about Suicide: Pre-Post Evaluation of the Effectiveness of a Program for Workers in the Construction Industry. *International journal of environmental research and public health*, 15(10), 2106. <https://doi.org/10.3390/ijerph15102106>

Construction Sector International Case Study 2: Lendlease, a multinational construction, property and infrastructure company. Lendlease's Wellness Hub, a preventative care facility that occupies two floors of its corporate headquarters, offers employees the use of dedicated rooms—the "Consultation Room," the "Contemplation Room," the "Carer's Room," and the "First Aid Room"—as well as adjoining areas for physical activity and training. A highlight of the Wellness Hub is a six-meter-high breathing wall, which contains about 5,000 plants that accelerate the removal of air pollutants and cools the surrounding space—while also improving energy efficiency and reducing air conditioning costs.

The company's leave policy includes two days during which employees can volunteer their time to a charity of personal interest. Across its international regions, Lendlease rolls out well-being initiatives, including three annual well-being days and extensive health initiatives around diet and exercise that incorporate inclusive and supportive health assessment approaches.

Lendlease believe that well-being benefits are particularly important to younger employees. Millennials, who now make up more than half of the workforce in many countries, spend almost twice as much on "self-care" as baby boomers do. This has fed the growth of consumer apps for mindfulness, cognitive-behavioural therapy, and online personal and professional coaching all of which are also available.

Source: Deloitte Insights (2018) *Well-being: A strategy and a responsibility*

Research suggests that a large number of millennial and Generation Z workers, even prior to Covid-19, frequently suffer from stress and anxiety which are common factors that contribute to mental health.³³ The level of stress and anxiety amongst millennial and Generation Z workers³⁴, and the support they require, is a particularly salient issue for the construction sector given its ageing workforce and the need to attract younger workers (as of 2021, 35% of the of the total workforce are aged over 50 compared to 20% aged under 30).³⁵ Employee health and wellness supports are an important factor in attracting a younger generation as research indicates millennials and Generation Z value a rewarding and meaningful culture when choosing their workplace. Specifically, they tend to be interested in physical fitness, healthy eating, and mental well-being and are therefore enticed by health-related benefits such as wellness programs.³⁶

2.2.6 Other Sectors

This section presents the mental health and wellbeing supports used in the Transport and Oil / Gas / Nuclear sectors, as these are sectors comparable to the construction sector, given that employees often have to work away from home in difficult working conditions.

Transport Sector

Support offered to small contractors

- DfT has qualified Mental Health First Aiders (MHFAs) who provide support to those in immediate distress, as well as an in-house Wellbeing Buddy Network of trained volunteers with personal experience of mental health issues, who provide long term peer support.
- DfT operated regular blogs written by staff sharing their experience with mental health and wellbeing, to educate other employees and normalise issues related to this. They also actively involve staff in their wellbeing agenda, consulting them on new initiatives.

Source: Department for Transport (2019) *Disability, mental health and wellbeing: DfT staff report 2019*

Oil / Gas / Nuclear sectors

Help provided to employees working away from home

- OGUK (the UK Oil and Gas Industry Association) has measured the extent to which organisations in the offshore oil & gas industry have implemented the core and enhanced mental health standards identified in the Stevenson/ Farmer review of mental health. A survey found that the majority of respondents had either implemented or partially implemented all six of the core standards: routinely monitoring employee health and wellbeing, promoting effective people management, providing good working conditions, encouraging open conversations, developing mental health awareness, and implementing a Mental Health at Work Plan or Policy.
- In November 2019, OGUK also held its first combined Health, Safety and Environment Conference bringing together various stakeholders and partners to discuss a range of issues, such as mental health and fatigue. Some oil and gas companies have introduced video counselling for offshore workers, while others have referred employees to help through EAPs

Source: OGUK (2019) *Health & Safety Report 2019*

³³ Deloitte (2020) Millennials, Gen Z and mental health Managing mental health in the workplace

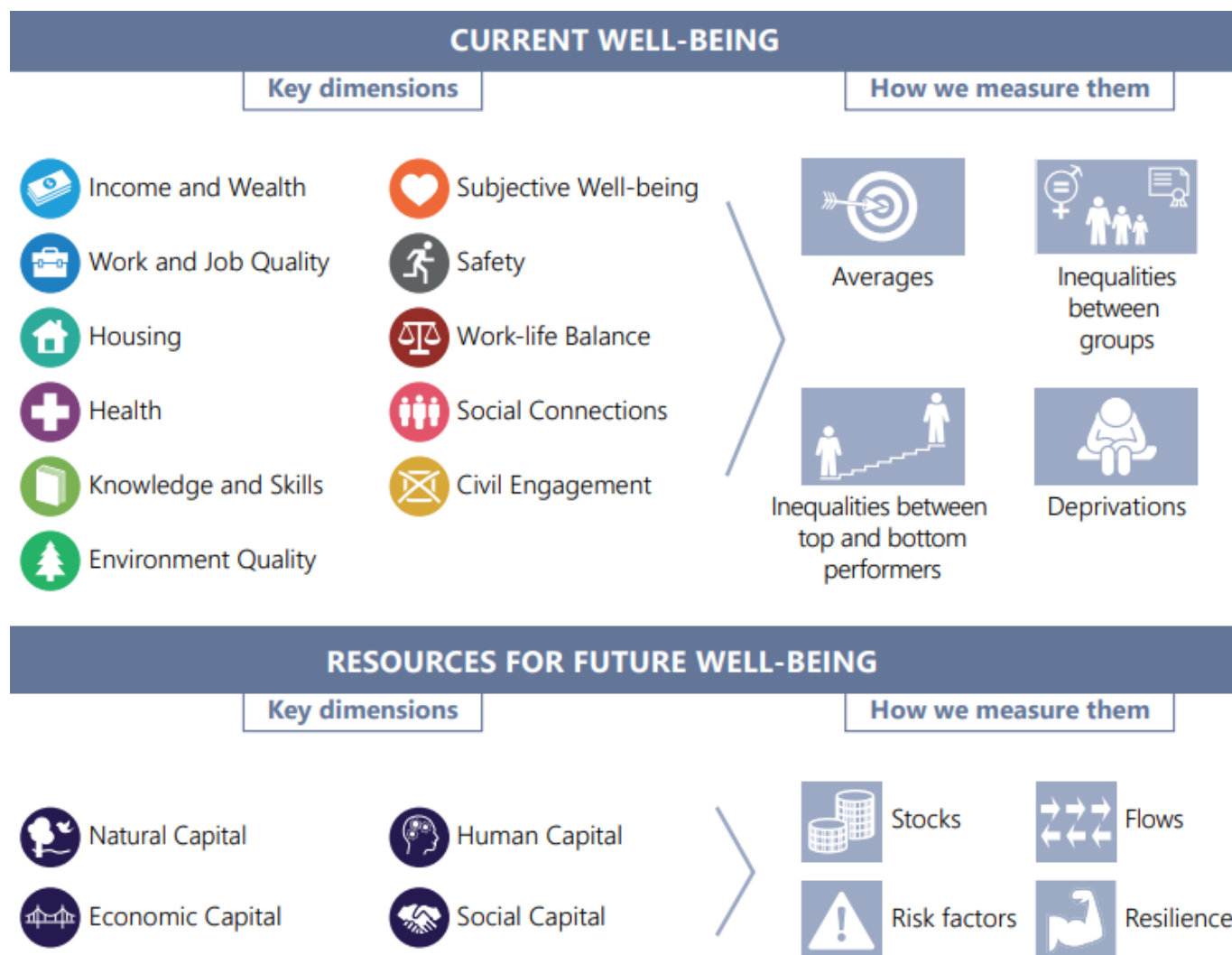
³⁴ Millennials – born between early 80s – mid 90s; Generation Z born mid-90s – c. 2010

³⁵ Institute for Public Policy Research (2021) Skills for A Green Recovery: A Call to Action for the UK Construction Sector

³⁶ [Employee benefits: is your firm keeping pace? | Howden UK \(howdengroup.com\)](#)

The OECD has developed a Well-being Measurement Framework which includes quality of life as one of its key indicator sets and highlights the importance of measuring outcomes rather than inputs and outputs. It provides a common language and therefore the ability to compare results across countries and sectors.

OECD Well-being Framework



Source: OECD (2020), *How's Life? 2020: Measuring Well-being*

The OECD produced guidelines on measuring the quality of the working environment based on different dimensions (ranging from physical risk factors and work intensity, through to task discretion, autonomy, and opportunities for self-realisation). They assess the statistical quality of measures in this field and provide guidance on methodological challenges. These guidelines also include a number of prototype survey modules that national and international agencies can use.

2.2.7 Challenges

The table below details the challenges that smaller companies and firms outside of supply chains may face in tackling mental health and wellbeing issues, as well as some of the supports available to address these challenges.

Table 1: Challenges faced by small firms and support available

Challenge	Support
Lack of time/ resource to devote to developing a health/ wellbeing plan	Charities such as Mind offer free guides to creating wellness action plans for teams ³⁷ . Smaller business will still need to have the resources to complete such plans, however it does give them a framework.
Lack of awareness of the issues	There are various campaigns aimed specifically at raising awareness of mental health issues, such as Time to Talk Initiative ³⁸ and Building Mental Health Initiative ³⁹ . These are not specifically for smaller firms but can help raise awareness of the issues.
Lack of awareness of best practice or supports available	Mental Health at Work ⁴⁰ (an organisation providing documents, guides, tips, videos, courses, podcasts, templates, and information from organisations across the UK aimed at helping organisations tackle workplace mental health), provide a list of resources available to SMEs to address employee mental health and wellbeing, which can be narrowed down to construction specifically ⁴¹ . These resources include Mental Health First Aid training, training on mental health issues and campaigns that SMEs can be a part of.
Concern that highlighting mental health will identify further issues	SMEs / other firms may have concerns that if they raise the issue of mental health, it may bring other issues to the fore that previously had not been mentioned. However, that concern needs to be balanced against the actual costs of poor employee mental health resulting in lower productivity and higher absenteeism. Case studies demonstrating how these costs can be measured should be promoted to increase awareness of the impact of not acting.
Concern about affordability of any supports	Taking action does not require huge investment as there are free supports available, however many businesses may not be aware of them. For example, Mental health at Work provide a free toolkit for smaller businesses to help address mental health in their workplaces⁴². This contains a handbook with advice and tips for small businesses, a free mobile app to encourage employees in taking care of their wellbeing, and tools businesses can implement to make a difference in their organisations. Mates in Mind also operate a Covid-19 relief fund that supports vulnerable workers in self-employment and small businesses by addressing gaps in workplace mental health provision⁴³.

³⁷ <https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-your-staff/employer-resources/wellness-action-plan-download/>

³⁸ <https://www.citb.co.uk/about-citb/news-events-and-blogs/blogs/2019/02/calling-the-construction-industry-its-time-to-talk-about-mental-health/>

³⁹ <https://www.buildingmentalhealth.net/>

⁴⁰ <https://www.mentalhealthatwork.org.uk/>

⁴¹ https://www.mentalhealthatwork.org.uk/resource/?resource_looking-for=ideas-to-improve-workplace-culture&resource_sector=property-and-construction&resource_workplace%5B%5D=office-based&resource_role%5B%5D=ceo-or-leadership-role&resource_size%5B%5D=small-10-49&order=relevance&orderby=relevance

⁴² <https://www.mentalhealthatwork.org.uk/toolkit/mental-health-for-small-workplaces/>

⁴³ <https://www.matesinmind.org/covid19-relief-fund.html>

2.2.8 Impact of Covid-19

Pre-existing issues relating to mental health and wellbeing within the construction sector have been exacerbated by the recent Covid-19 pandemic, including:

- Increased job insecurity, as 32% of direct employees in construction were furloughed (eg office staff), as well as 43% of apprentices⁴⁴;
- Smaller organisations are the most vulnerable, as they most often do not have access to the mental health support needed, exposing them to greater risk of stress, depression, and suicide⁴⁵; and
- The use of remote working and digital technologies is less likely in construction compared to many other industries (although change is underway through the CITB's Immersive Learning and Digital Leadership Commissions).

Government direction for construction to continue in England and Wales, when most were advised to stay at home, may also have increased anxiety for construction workers concerned about their health.⁴⁶ However, the industry has also seen greater time spent on planning work tasks, fewer workers on-site and improved housekeeping; leading to increased productivity and reduced health and safety risk,⁴⁷ which in turn can reduce stress and anxiety. Furthermore, changes to induction processes and welfare and hygiene arrangements are said to have the potential to improve safety, wellbeing, and motivation for the workforce if maintained in the longer term.⁴⁸

Key Points – Summary

The literature review findings show that mental health issues disproportionately affect the construction industry due to the nature of work, working conditions, long working hours, temporary work contracts and lack of job security.⁴⁹

Key indicators are stress, fatigue, anxiety and depression; however these are not universally used and therefore it is difficult to measure the scale of the problem.

Larger companies are generally better placed to identify and address the mental health and wellbeing of their employees due to greater resources available and being more likely to have a mental health and wellbeing policy in place. However, smaller companies have the ability to tailor support to the individual needs of employees, as opposed to the more generalised support provided by larger companies.

Moreover, while larger firms support their direct employees, much of the construction industry works in supply chains, and while some have access to supports via their principal contractor, it is more general support and not specific to the individual company context.

⁴⁴ <https://businessinthenews.co.uk/2020/07/07/covid-19-mental-health-and-job-security-in-construction/>

⁴⁵ <https://www.pbctoday.co.uk/news/health-safety-news/mental-health-workshops/76204/>

⁴⁶ <https://businessinthenews.co.uk/2020/07/07/covid-19-mental-health-and-job-security-in-construction/>

⁴⁷ Jones, W., Chow, V., & Gibb, A. (2020) Covid-19 and construction: Early lessons for a new normal?

⁴⁸ Jones, W., Chow, V., & Gibb, A. (2020) Covid-19 and construction: Early lessons for a new normal?

⁴⁹ Sherratt, F (2017) Shaping the Discourse of Worker Health in the UK Construction Industry

3. REVIEW OF EXISTING HEALTH DASHBOARDS AND PUBLISHED DATA



3.1 Introduction

This section analyses examples of existing mental health/ wellbeing dashboards and their applications

3.2 Construction Sector Dashboards

The following table summarises existing construction sector dashboards with a brief description, the key performance indicators used, how these are measured / data sources; what categories of data are included in the dashboards, the frequency of data collection, and any limitations.

In addition to these, some organisations provide tools and resources to allow companies to measure their performance in areas linked to mental health and wellbeing. For example, Mates in Mind completes an assessment for each company against key metrics based on the 'Thriving at Work' report⁵⁰, for example culture and attitudes as well as support interventions and infrastructures. Thereafter, they receive a dedicated Support Manager to help implement a tailored plan to address any gaps in their assessment results over a 3 year period (for a subscription fee⁵¹) as well as access to free resources such as e-learning training, advice and guidance.

⁵⁰ Farmer, P. And Stevenson, D. (2017) Thriving at Work: The Independent Review of Mental Health and Employers

⁵¹ Fees range from £300 for three years and include access to a hub of resources, start the conversation training, other services and support. The price may increase based on size/complexity of the organisation and any other support they want to build into a bespoke package. Self-employed, sole traders and micro businesses are offered free access to live online training and resources.

Table 2: Construction Sector Dashboards

Name of Dashboard	Description	KPIs used	How they are measured	Data Sources	Frequency	Limitations
Constructing Excellence – UK Industry Performance Report Based on the UK Construction Industry Key Performance Indicators ⁵²	Annual publication produced in partnership between Glenigan and Constructing Excellence which maps trends in a variety of categories (eg client satisfaction, profitability, respect for people) across the construction sector. Health and wellbeing KPIs are part of a wider set of indicators. ⁵³	Staff turnover - all companies	% staff turnover	Based on data from thousands of projects completed during the preceding year, the Construction Key Performance Indicators (KPIs) are collated by Glenigan from surveys of construction clients, contractors, sub-contractors and consultants.	Annual	Does not include the range of KPIs relating to mental health and wellbeing (eg anxiety, depression, fatigue, and stress)
		Sickness absence	Number of days lost			
		Safety	Accident incidence rate			
		Working hours	Hours worked			
		Staff loss	Median % direct employees who left employment			
Construction Leadership Council - Smart Construction Dashboard ⁵⁴	Smart Construction Dashboard demonstrates housing sector performance using a set of agreed KPI's and benchmarks. Health and wellbeing KPIs are part of a wider set of indicators that include maturity metrics for cost, digitisation, waste, energy, productivity, carbon, health, safety and wellbeing.	Safety on site	Injuries per million hours worked	- Health and Safety Executive (HSE) RIDIND data for workers⁵⁵ - ONS ASHE data⁵⁶ for hours worked	Annually (to date)	Does not include the range of KPIs relating to mental health and wellbeing (eg anxiety, depression, fatigue and stress)
		Health & Wellbeing	% of homes completed			
The Chartered Institute of Building (CIOB) - Understanding Mental Health	Measures the level of poor mental health in the construction industry, causes of stress (a mental health indicator) and methods	Mental health over the past year	- Experienced anxiety - Experienced depression - Experienced stress - Experienced fatigue - Experienced poor concentration	CIOB one-off survey of over 2,000 construction professionals , taken in October 2019, to understand the scale	One-off survey	Includes companies outside of the UK and the sample size is not representative of the sector.

⁵² Glenigan (2018) UK Industry Performance Report

⁵³ Includes KPIs for the industry relating to: economic indicators; client satisfaction; contractor satisfaction; profitability; predictability; respect for people; environmental indicators; and housing

⁵⁴ [7431 CLC Dashboard P7 \(constructionleadershipcouncil.co.uk\)](https://www.constructionleadershipcouncil.co.uk/7431-CLC-Dashboard-P7)

⁵⁵ Reported injuries by detailed industry

⁵⁶ Annual Survey of Hours and Earnings

Name of Dashboard	Description	KPIs used	How they are measured	Data Sources	Frequency	Limitations
in the Built Environment ⁵⁷	employed by the industry to promote good mental health. The survey records levels of experienced anxiety, depression, stress, fatigue and other mental health indicators. It also explores factors relating to the working and business environments that may contribute to poor mental health. The report explores three questions: • How prevalent is poor mental health in the industry? • What factors are causing people stress, and at which job level does this most frequently occur? • What is the industry doing to promote good mental health and wellbeing within its workforce?		• Felt overwhelmed • Lacked confidence • Had suicidal thoughts	and impact that mental ill-health is having on the construction workforce and the factors that are contributing to this.		It is not known if the survey will be completed on a recurring basis.
		The working environment	• Lack of adequate toilet facilities stressful • Noise levels stressful • Inadequate temperature control stressful • Uncertainty of working location stressful			
		Job demand	• Experienced stress due to unrealistic deadlines • Experienced stress due to time pressures • Experienced stress due to having too much work to do • Senior-level staff experienced stress due to cost pressures • Lack of involvement in decisions caused them stress			
		Business environment	• Experience of moderate to extreme level of stress due to poor communication • Stress due to bullying			
		What is the industry doing to help	• Offerings of helplines • Offer of mental health first aiders • Flexible working			

⁵⁷ CIOB (2020) Understanding Mental Health in the Built Environment

Name of Dashboard	Description	KPIs used	How they are measured	Data Sources	Frequency	Limitations
			- Policy in place for mental place - Formal mental health training - Employer treats mental health issues seriously			
Randstad – Taking down the walls around mental health in construction survey⁵⁸	A one-off survey of 3,400 construction, property and engineering workers.	The factors that are affecting the industry with regards to mental wellbeing.	Includes: - how employees rate their mental health - the impact poor mental health - the level of support available to them, and - ideal solutions for employees	One-off survey of 3,400 construction, property and engineering workers.	One-off survey	Respondent breakdown by type of progression (eg manual worker or management) is not known to assess representativeness however 3,400 would not be representative of the sector. It is not known if it will be completed on a recurring basis.
Construction News Mind Matters Survey	Measures the level of mental health issues for construction industry workers, contributors to poor mental health and support provided by companies	- If time is taken off work due to unmanageable stress or mental health issues - If received appropriate level of support from employer - Awareness and support for mental health issues / if this has improved - If they have considered taking their own life - If they have lost a work colleague to suicide - What is viewed as the major contributors to poor mental health	Measures the views towards mental health of employees in the industry and how mental health is dealt with in the industry.	Survey	Ad-hoc / not currently annual	May not be fully representative of the sector due to the small number of responses.

⁵⁸ Randstad (2017) Taking down the walls around mental health in construction

Name of Dashboard	Description	KPIs used	How they are measured	Data Sources	Frequency	Limitations
Safer Highways Thriving at Work Survey Report ⁵⁹	Survey based upon the individual company's implementation of the core and enhanced standards of the Government commissioned 'Thriving at Work' report. ⁶⁰ On completion of the questionnaire, the survey software then compares their responses to the recommendations of the Stevenson/Farmer report and produces a completely free and bespoke report that includes practical initiatives for companies to enhance their support of the workforce. It also gives the industry a collective benchmark to the recommendations of the Stevenson/Farmer Report.	Six core standards ⁶¹ : 1. Produce, implement and communicate a mental health at work plan 2. Develop mental health awareness among employees 3. Encourage open conversations about mental health and the support available when employees are struggling 4. Provide employees with good working conditions 5. Promote effective people management 6. Routinely monitor employee mental health and wellbeing Four enhanced standards ⁶² 1. Increase transparency and accountability through internal and external reporting 2. Demonstrate accountability 3. Improve the disclosure process 4. Ensure provision of tailored in-house mental health support and signposting to clinical help	Measures against the core and enhanced standards of the Government commissioned 'Thriving at Work' report, based on company survey responses. An annual Thriving at Work survey report is produced.	Survey - in June 2020 the survey was sent out to senior representatives of companies operating in the highways, rail, utilities, maritime, aviation and construction sectors.	Launched June 2020	Small sample size (the 2020 report ⁶³ is based on 134 responses)

Most recently, the Lighthouse Club has commissioned Caledonian University to produce an interactive dashboard that covers all of Construction in UK and Ireland to give insight into how resources and programmes the industry is undertaking are delivering against high level wellbeing indicators. Initially this will deliver suicide statistics by Construction Standard Occupational Classification (SOC) codes and country followed by occupational indicators and results of the Road to Wellbeing (Thriving at Work) surveys when it is rolled out nationally.

⁵⁹ Thriving at Work Survey Report 2020 ([Thriving at Work Report Launch.indd \(filesusr.com\)](#))

⁶⁰ Farmer, P. And Stevenson, D. (2017) Thriving at Work: The Independent Review of Mental Health and Employers

⁶¹ These standards are for all employers

⁶² These standards are for employers that can and should go further. They're designed for larger employers and the public sector, but any employer can put them into practice

⁶³ Thriving at Work Survey Report 2020

Of the dashboards reviewed, only the Understanding Mental Health in the Built Environment report includes the four KPIs identified in the literature review (stress; anxiety; depression; and fatigue).

The Constructing Excellence – UK Industry Performance Report covers surveys of clients, contractors, sub-contractors and consultants⁶⁴ however HSE RIDIND (injury frequency rates) and ONS Annual Survey of Hours and Earnings data are available across all industries and companies.

Respondents of the CIOB survey consisted of members of the CIOB worldwide (UK and others), as well as other construction workers from the industry – from those who worked in manual labour positions, through to those at director and senior management level (80% came from Great Britain⁶⁵ and 5% worked in manual labour, 50% stated their job role as middle management, and 34% responded they were at director/senior management level). The majority (50%) responded that they were a main contractor, 21% were part of a consulting business, 9% were sub-contractors, and 20% responded other. In relation to size of company, 47% of CIOB survey respondents were SMEs (41% responded that their business employed over 500 people, 11% belonged to a business with 250-499 employees, **24% worked in a business with 50-249 employees, 14% had 10-49 employees and 9% worked for a micro business of 0-9 employees**).

The previous table shows that data sources for health and wellbeing KPIs include annual surveys (Constructing Excellence – UK Industry Performance Report); published data (Construction Leadership Council - Smart Construction Dashboard); and one-off surveys (CIOB)

3.3 Construction Sector Employers

Some construction sector employers conduct annual or ad hoc health and wellbeing surveys with employees. The following table summarises survey information collected by some construction companies as an illustration of the data being collected.

⁶⁴ Respondents to the questions of interest largely consisted of contractors and generally excluded any consultants, however no further breakdown was available

⁶⁵ Other respondents coming from the Republic of Ireland, Hong Kong, United Arab Emirates, Australia, United States, and Qatar

Table 3: Construction Sector Employer Surveys (Examples)

Name of Company	Description	KPIs used	How they are measured	Data Sources	Frequency	Limitations
Mace	Mace partnered with business psychologists and well-being experts to gain a baseline understanding of well-being in the organisation. The Mace online platform records health and well-being activities. The platform is used throughout its operations and supply chain. Guidance has been provided so that work sites can implement activities based on their local health and well-being data from Mace surveys and risk assessment.⁶⁶ It is suggested that <i>'The tool produces a consistent global platform where all stakeholders throughout Mace and the supply chain add data. Gaining information across all contractors and subcontractors enables Mace to report and analyse key safety data and then to find opportunities for improvement more easily. A mobile app also allows employees and contractors to easily input information on location, in real time'</i>	KPIs help to track health and well-being (on physical and mental wellbeing, productivity, engagement, job satisfaction, resilience, motivations, stressors and healthy behaviour habits). Those relating to mental health and wellbeing include: • Mental health and wellbeing: Comfortable having conversations about mental health; Responsibility for wellbeing; Physical work environment • Resilience: Confidence; Adaptability; Purposefulness; Social Support • Psychological Wellbeing: Sense of Purpose; Positive Emotions	The survey collects information on physical and mental wellbeing, productivity, engagement, job satisfaction, resilience, motivations, stressors and healthy behaviour habits and information. The YellowJacket reporting feature provides Mace insights into trends of accidents and observations across its portfolio of projects, and down into the supply chain. Based on health, safety, environmental and quality data.	Survey: annual engagement and wellbeing survey – uses validated tool 'Robertson Cooper ASSET' which provides a personalised 'Resilience Snapshot' report for all employees and 'Core' results benchmarked against General Working Population Platform: Health, safety, environment and quality (HSEQ) data.	Annually	Does not include the range of KPIs relating to mental health and wellbeing (eg anxiety, depression, fatigue and stress). Only relates to one company – not representative of the sector.

⁶⁶ <https://www.bresmartsite.com/case-studies/helping-mace-stay-safe/>

Name of Company	Description	KPIs used	How they are measured	Data Sources	Frequency	Limitations
		Productivity: Absence; Presenteeism Health behaviours: Smoking; Diet; Exercise; Sleep				
Laing O'Rourke ⁶⁷	Laing O'Rourke use a range of approaches to measure the outputs of their mental health strategy, programmes and services. They also ask employees to provide feedback on their training and support services. This is used to complete a trend analysis to understand the key areas of wellbeing that are having the most impact for employees. The trend analysis is also used to shape future wellbeing strategy and support services.	Measures relating to: - Clinical health - Health assessments - Employee Assistance Programme - Peer support - Mental health training - Energy project training - Wellbeing events - Wellbeing hub - Engagement - Diversity & Inclusion	Internal data collection			Does not include the range of KPIs relating to mental health and wellbeing (eg anxiety, depression, fatigue and stress). Only relates to one company – not representative of the sector.
				KPI Area	Measurement	
				Clinical	No of appointments	Monthly
					No of appointments	Monthly
				Health assessments	No of subscriptions to Bupa	Annually
					No of health assessments	Quarterly
				EAP	No of visits/calls to EAP helpline/website	Quarterly
					No of people actively using the App	Quarterly
				Peer support	No of people trained in MHFA	Quarterly
					No of mental health conversations recorded	Monthly
				Mental Health Training	No of people who have completed the training	Quarterly
				Energy Project Training	No of people who have attended the training	Quarterly
					No of people who have completed the training	Quarterly

⁶⁷ Information provided by Laing O'Rourke to RSM (May 2021)



Name of Company	Description	KPIs used	How they are measured	Data Sources	Frequency	Limitations	
					No of energy champions	Annually	
				Wellbeing Events	No of users	One off	
					No of kids that attended kids club	One off	
					No of people who attended the event	One off	
				Wellbeing Hub	No of monthly visits to the hub	Monthly	
				Engagement	No of people who completed the survey	Biannually	
				D&I	No of D&I subcommittees	One off	
					No of subcommittee members	Half year / annually	

3.4 Other Dashboards

There are existing dashboards used by other sectors and employers to measure wellbeing. These are summarised in the following table with a brief description, the key performance indicators used, how these are measured / data sources; what categories of data are included in the dashboards, the frequency of data collection and any limitations.

Some organisations also provide tools and resources to allow companies to measure their performance in areas linked to mental health and wellbeing. For example, the HSE Management Standards survey tool⁶⁸ is free for companies to use with their employees and consists of 35 items that ask about working conditions known to be potential causes of work-related stress. In addition, Jacobs⁶⁹ and mental health professionals have developed a free mental health check-in tool incorporating the Kessler Psychological Distress Scale (K10) to help users assess their current state of mind and provide suggestions for growth.

⁶⁸ [HSE management standards indicator tool](#)

⁶⁹ <https://www.jacobs.com/>

Other Sectors / Employer Dashboards

Name of Dashboard	Description	KPIs used	How they are measured	Data Sources	Frequency	Limitations
ONS - Measures of National Well-being Dashboard	Monitors and reports how the UK is doing by producing measures for the different areas of life that matter most to the UK public. It supports the Measuring National Well-being programme which provides a more detailed look at life in the UK.	Personal Well-being	1) Life satisfaction 2) Worthwhile: how worthwhile the things they do are 3) Happiness 4) Anxiety 5) Mental well-being	• Annual Population • Understanding Society: UK Household Longitudinal Study • Community Life Survey, DCMS • Health analysis and reporting, ONS • Labour Force Survey, ONS • Taking Part Survey, DCMS • Active Lives Survey, Sport England • Crime Survey for England and Wales, ONS • Monitor of Engagement with the natural environment, Natural England • Journey Time Statistics, Department for Transport • English Housing Survey, Ministry of Housing, Communities and Local Government	Annually	No construction specific figures
		Our Relationships	1) Unhappy relationships 2) Loneliness 3) People to rely on			
		Health	1) Healthy life expectancy 2) Disability 3) Health satisfaction 4) Depression or Anxiety			
		Work and leisure activities	1) Unemployment rate: 2) Job satisfaction 3) Satisfaction with leisure time (Amount) 4) Volunteering 5) Art and culture participation 6) Sports participation			
		Where we live	1) Crime rate 2) Feeling safe 3) Accessed natural environment (eg parks) 4) Belonging to neighbourhood 5) Access to key services: (minimum travel time) 6) Satisfaction with accommodation			
		Personal Finance	1) Low income households (less than 60% of median income) 2) Household wealth (median) 3) Household income (media) 4) Satisfied with household income 5) Difficulty managing financially			

Name of Dashboard	Description	KPIs used	How they are measured	Data Sources	Frequency	Limitations
		Economy	1) Disposable income 2) Public sector debt 3) Inflation	• Family Resources Survey, Department for Work and Pensions • Wealth and Assets Survey, ONS • National Accounts, ONS • Consumer Prices, ONS • Human Capital estimates, ONS • Labour Market, ONS		
Good Finance – Mental Health and Wellbeing Outcomes Matrix	A tool to help organisations develop a dashboard with outcome metrics related to mental health and wellbeing	Managing mental health problems	1) Reductions in mental health problems 2) Able to sustain a good level of mental health 3) Is able to manage their condition	Not applicable – Good Finance do not collect data; it is an online resource to help companies / others develop their own dashboard	Not applicable – is a tool	Does not provide data (only guidance on developing a dashboard)
		Informed about own mental health and emotional well-being	1) Access to and uses mental health-related information 2) Ease to find the necessary information 3) Information about matters relating to their mental health and emotional well-being			
		Stigma and discrimination associated with mental health	1) Anti-discrimination trainings given in workplaces and educational institutions 2) Reported bullying relating to mental health problems and/or social exclusion relating to mental health problems			
		Sectoral understanding as to how best to optimise	1) Research and evidence relating to the problem and interventions 2) Innovation of new ideas,			

Name of Dashboard	Description	KPIs used	How they are measured	Data Sources	Frequency	Limitations
		mental health and well-being	technologies and approaches 3) Uptake of new ideas 4) Retirement of previous methods shown by research to be ineffective 5) Funding for research – 6) Support through quality umbrella bodies			
Rochdale Borough Council Health and Wellbeing Dashboard⁷⁰	A tool to help organisations develop a dashboard with outcome metrics related to mental health and wellbeing.	Sickness absence in days per employee Staff turnover Occupational health referral Accidents and injuries Private medical insurance claims Cycle to work scheme Gym participation EAP utilisation Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) score ⁷¹ Staff survey participation Employee engagement Health risk assessment ⁷² Health event participation		Not applicable – this is a tool for dashboards	Not applicable – is a tool	Does not provide data (only guidance on developing a dashboard)
HSE – Health and Safety at Work⁷³	HSE provide statistics on: - Work-related ill health and disease - Workplace injury	People with work-related ill health Fatal injuries to workers	Cases (new or long-standing) Working days lost by type of ill health Deaths each year estimated to be linked to past exposure at work, primarily to chemicals or dust	- Labour force survey - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) - HSE	Annually (HSE commissions annual questions in the Labour Force	Does not include the range of KPIs relating to mental health and wellbeing (eg anxiety, depression, fatigue and stress) individually

⁷⁰ [Health Wellbeing Dashboard \(rochdale.gov.uk\)](https://www.rochdale.gov.uk/health-wellbeing/health-wellbeing-dashboard)

⁷¹ The Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS) was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. The WEMWBS is a 14-item scale of positively worded statements covering feeling and functioning aspects of mental wellbeing. The 14-statements have five response categories from 'none of the time' to 'all of the time'.

⁷² A health risk assessment (HRA) is a screening tool that helps individuals identify and understand their health risks and monitor health status over time

⁷³ [Health and safety at work Summary statistics for Great Britain 2020 \(hse.gov.uk\)](https://www.hse.gov.uk/statistics/health-safety-at-work-summary-statistics-for-great-britain-2020)

Name of Dashboard	Description	KPIs used	How they are measured	Data Sources	Frequency	Limitations
	- Enforcement of health and safety legislation - Working days lost and costs as a result of health and safety incidents - Working conditions and management of health and safety in the workplace	Work-related stress, depression or anxiety cases	Cases (new or long-standing)		Survey (LFS) to gain a view of self-reported work-related illness and workplace injury based on individuals' perceptions)	No construction specific figures
		Annual costs of new cases of work-related ill health	Monetary cost to government, employers and individuals			
		Work-related musculoskeletal disorder cases	Cases of breathing or lung problems caused or made worse by work			
		Workers sustaining a non-fatal injury	Number of cases			
		Absenteeism	Annual absenteeism rate	Employer data, Labour Force Survey		
CIPD (2020) UK Working Lives Survey / CIPD Good Work Index 2020⁷⁴	Measures job quality and asks workers to consider the work / jobs they do against the key dimensions of good work, including job design and the nature of work relationships at work and health and wellbeing.	Measures the extent to which employees experience 'Good work'.	Seven dimensions of good work: 1. Pay and benefits 2. Contracts 3. Job design and nature of work 4. Work-life balance 5. Relationships 6. Voice and representation 7. Health and well-being Within health and wellbeing, this measures the positive and negative impacts of work on physical and mental health. Some of the mental health indicators included are stress, anxiety and depression.	Annual survey of workers The 2020 survey involved a sample of 6,681 workers. The sample is representative of the UK workforce in terms of gender, full- or part-time work status, organisation size within each sector, and industry. However only 6% are from the construction industry.	Annually	Focused only on if individuals felt miserable, stressed, anxious or depressed as a result of their work

⁷⁴ [CIPD Good Work Index 2020 Report](#)

Name of Dashboard	Description	KPIs used	How they are measured	Data Sources	Frequency	Limitations
Business in the Community mental health at work survey ⁷⁵	National Employee Mental Wellbeing Survey providing an assessment of workplace mental health in the UK.	Prevalence and causes of mental health problems a work-related poor mental health, as well as the role of the employer in mental health	Includes: - Percentage of employees that have experienced poor mental health where work was a contributing factor in the last year - Causes of work-related poor mental health - Barriers to providing mental health support - Percentage of employees who received support in the workplace / changes had been made - Percentage of managers who have received training on mental health	YouGov panel survey of full and part-time employees across all UK sectors.	Annually	No construction specific figures
Britain's Healthiest Workplace Survey ⁷⁶	The UK's largest workplace wellbeing survey. It was launched in 2012 to help businesses understand employees' health and how it links to their productivity	Employee health and wellbeing and impact on performance	Measures levels of mental health issues, such as depression, work-related stress and financial concerns. Also work engagement and productivity.	A 40 minute online assessment completed by a company representative A 20 – 25 minute online assessment completed by employees	Annually	No construction specific figures
CIPD (2020) Health and well-being at work survey ⁷⁷	Annual CIPD survey that explores issues of health, well-being and absence in UK workplaces	Records drivers of employee absence, attendance and behaviour, as well as how employers support	Measures the proportion of working time lost per year and the level of work-related stress and mental health, as well as methods used by employers to identify and reduce stress, manage mental health at	The survey was sent to HR and L&D professionals (CIPD members and non-members) .	Annually	Sample size is not representative of the construction sector (the construction industry)

⁷⁵ Business in the Community (2019) Mental Health at Work 2019: Time To Take Ownership ([Mental Health at Work 2019: Time To Take Ownership \(bitc.org.uk\)](https://www.bitc.org.uk/mental-health-at-work-2019))

⁷⁶ [Findings | Britain's Healthiest Workplace | Vitality](#)

⁷⁷ [health-and-well-being-2020-report_tcm18-73967.pdf \(cipd.co.uk\)](#)



Name of Dashboard	Description	KPIs used	How they are measured	Data Sources	Frequency	Limitations
		the health and well-being of their staff.	work and promote positive mental health.	Most respondents (79%) answered the questions in relation to their whole company/ organisation, although 13% answered in relation to a single site and 7% in relation to a single division. A small minority responded for specific regions or departments.		made up 3% (33) of responses to the survey). CIPD suggested their survey could be used as an overall benchmark of all sectors rather than a representation of what is happening in construction.

3.5 Effective Dashboards

An effective dashboard should include:

- Priority / objectives (ie outcome area such as depression, stress, fatigue and anxiety or objective for ‘more workers with better mental health’);
- KPIs (how the priorities are measured, could include validated tools);
- Data sources (evidence on performance against the KPIs);
- Frequency (how often the data is collected / the KPIs reported on);
- Purpose (reason for monitoring the KPI);
- Performance (key facts / statistics on how the sector is performing against each of the KPIs); and
- Trends (change from the previous data recorded).

3.6 Published Data Matrix

This section presents a matrix of published data relating to mental health and wellbeing both in the construction industry and wider sectors. This shows what data is currently available, who is using the data, frequency of publication and limitations of the data.

Table 4: Published Data Matrix

KPI	Description	Data source	Frequency of publication	Limitations
Depression (suicide)	Provides the number of suicides by sex, country and occupation, deaths registered 2011 to 2019.	Office for National Statistics (ONS) Suicide by occupation, England and Wales, 2011 to 2019 registrations	Ad hoc	Not recurring
Personal well-being of adults, measured using four indicators: life satisfaction, feeling that the things done in life are worthwhile, happiness and anxiety	Measures individual / subjective wellbeing for adults (aged 16+) - at the UK, country, regional, county and local authority level.	ONS Annual Population Survey	Annually	No construction specific figures
Working days lost due to sickness absence related to mental health conditions	Records number of days lost due to sickness absence because of common mental health issues (namely stress, depression, anxiety).	ONS Labour Force Survey	Annually	No construction specific figures
Work-related stress Anxiety Depression	The level and causes of work-related stress, anxiety or depression in the UK labour force. Presents these figures by occupational group; construction would fall under skilled trades.	Health and Safety Executive summary statistics for Great Britain 2019	Annually	No construction specific figures
Depression Anxiety	Records data on mental health conditions from across the health and care system including metrics on prevalence, risk and protective factors, and care provision (activity volumes and quality and outcome metrics).	Public Health England Mental Health and Wellbeing JSNA	Annually	No construction specific figures

Key Points – Summary

The mental health and wellbeing dashboards reviewed vary in relation to the KPIs recorded, level of detail included, and type of data used.

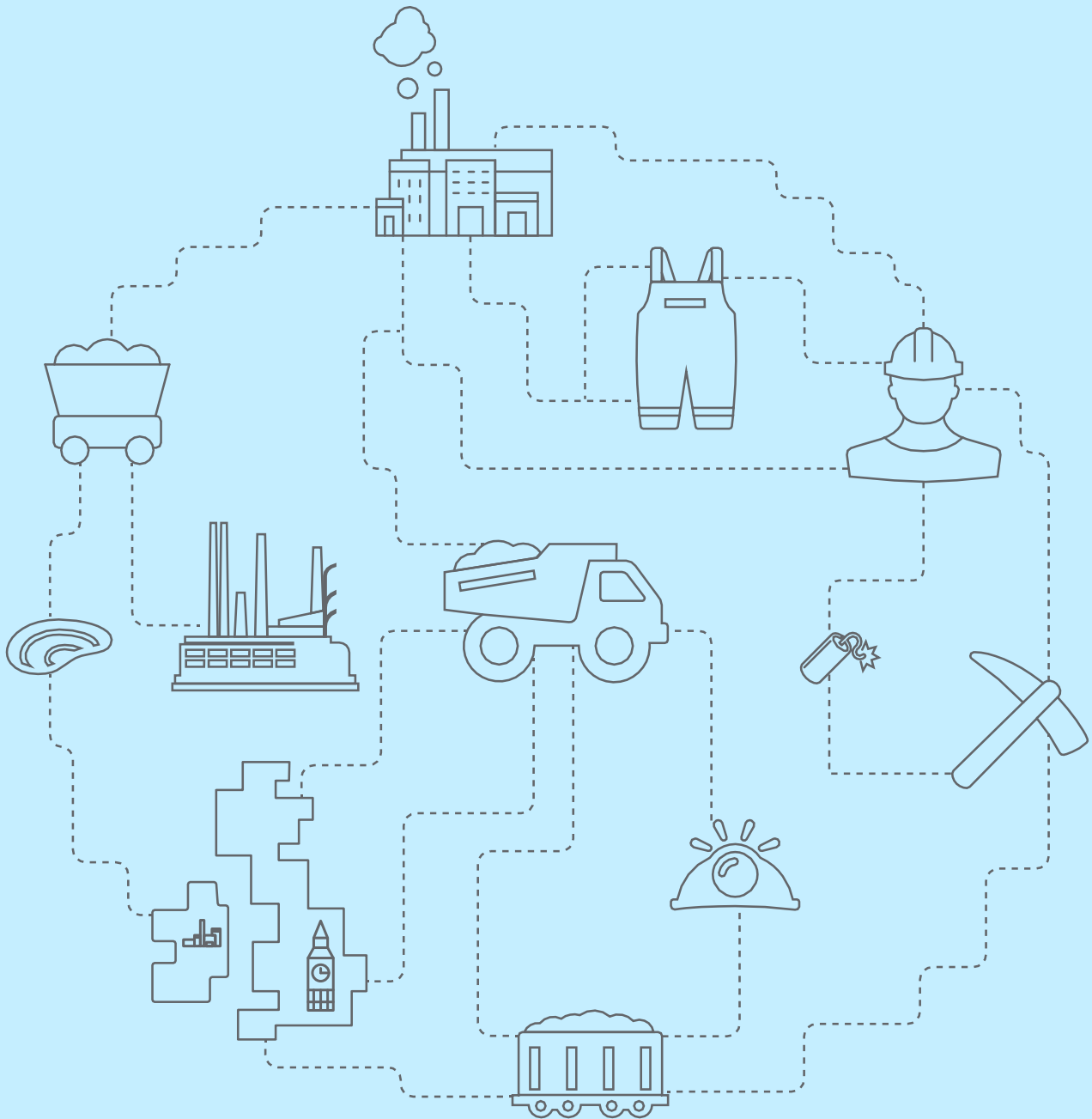
None measure all of the KPIs identified via the literature review and none are representative of the overall construction sector.

A small number of construction companies record their progress against some or all of the mental health and wellbeing KPIs. However, they use different measures and tools to do so, and it is not easy to compare results across companies.

There are several data sources available to measure mental health and wellbeing. The majority of these data sources relate to the wider population or working adults, while only a few relate specifically to the construction sector. There is no information, however, about which organisations utilise this data to tackle mental health and wellbeing in the workplace. Limitations of the data include not being able to disaggregate it, for example, by industry, profession, age, or gender.

A mental health and wellbeing dashboard requires buy-in from the sector it is covering; a clear purpose; agreed KPIs and data sources; and resource to collect / analyse the data to produce the dashboard. Agreement is needed on how the dashboard will be used to help highlight areas for action and / or improvements from the last set of data.

4. EXISTING MENTAL HEALTH AND WELLBEING PROGRAMMES



4.1 Introduction

This section outlines existing mental health and wellbeing programmes and initiatives that support those working in construction (both employer-led and sector-wide as well as those available to construction workers as part of the wider population) and any evidence as to how effective these different supports have been.

This was completed based on a desk review of published online information, searching for construction-specific and general population mental health and wellbeing training, workshops, campaigns, and mental health first aid.

Information on each support was collated into a matrix detailing who the support was targeted at (construction sector or general population), the type of support provided, outputs and outcomes recorded, the frequency of reporting and what is reported, and use of any validated tools. Types of programmes included:

- **Online training/ workshop for employees:** Online training or workshops relating to mental health available to employees, for example how to build resilience in the workplace.
- **Face-to-face training/ workshop for employees:** Face-to-face training or workshops relating to mental health available to employees, for example how to manage stress in the workplace.
- **Campaigns to raise awareness:** Campaigns aimed at raising awareness of mental health issues within the construction industry, encourage conversations and reduce stigma around mental health, for example Building Mental Health Initiative.
- **App support:** Apps providing mental health support, for example Construction Industry Helpline App which provides information, advice and guidance for industry workers who would like to help themselves, relating to how they can relieve the long term effects of stress, anxiety or depression. The app also provides guidance for those who would like to seek professional help for issues such as anger management, drug and alcohol dependency, debt management, legal advice, and emergency financial aid.
- **Mental health first aid (MHFA):** d=Designed to help trainees notice the signs of mental ill health, encourage them to break down barriers, listen in a non-judgemental way, and signpost to support for recovery.
- **Counselling:** One-to-one support provided for employees.
- **Phone helplines:** offering mental health support to construction workers, for example the Construction Industry Helpline
- **Other:** for example, Moodbeam wearable mood tracker, and directories of support, such as Mental Health at Work.

4.2 Construction Sector

The following table details the findings from a recent report on the wellbeing benefits offered by 1,021 organisations across the UK by sector and by type of benefit. Construction made up 13% of the manufacturing and production sector responses and 2% of overall responses. This table shows the proportion of respondents who said that their company/organisation offers these wellbeing benefits to all employees and the proportion that said this depends on grade/seniority. As the number who responded from construction are not representative of the sector the data cannot be relied on, however the report does indicate the type of information that should be made available to enable the sector to contrast and compare their supports with other industries.

Table 5: Well-being benefits on offer, by sector (%)

	All respondents	Manufacturing and production (13% of these are construction)	Private sector services	Public services	Non-profit sector
Health promotion					
Free eye tests					
All employees	67	72	66	65	71
Depends on grade/seniority	6	3	9	4	2
Advice on healthy eating/lifestyle					
All employees	41	43	35	56	37
Depends on grade/seniority	6	6	8	3	2
In-house gym and/or subsidised gym membership					
All employees	39	28	40	50	28
Depends on grade/seniority	8	12	10	4	2
Health screening					
All employees	29	38	22	44	20
Depends on grade/seniority	18	23	24	7	6
Free flu vaccinations					
All employees	35	33	35	45	25
Depends on grade/seniority	9	8	10	9	6
Programmes to encourage physical fitness (for example walking/pedometer initiatives such as a Fitbit or other fitness trackers)					
All employees	32	29	27	48	26
Depends on grade/seniority	9	11	13	5	3
Well-being days (for example a day devoted to promoting health and well-being services to staff)					
All employees	28	26	23	43	24
Depends on grade/seniority	8	10	11	4	4
Regular on-site relaxation or exercise classes (for example yoga, Pilates)					
All employees	24	10	20	43	21
Depends on grade/seniority	7	11	9	4	3

	All respondents	Manufacturing and production (13% of these are construction)	Private sector services	Public services	Non-profit sector
Access to complementary therapies (for example reflexology, massage)					
All employees	20	17	18	26	21
Depends on grade/seniority	8	10	10	4	6
Employee support					
Access to counselling service					
All employees	63	58	55	81	70
Depends on grade/seniority	5	9	7	0	2
Employee assistance programme					
All employees	62	58	59	73	57
Depends on grade/seniority	4	6	6	1	2
Access to physiotherapy and other therapies					
All employees	30	31	26	41	27
Depends on grade/seniority	11	17	14	3	5
Stop smoking support					
All employees	26	32	19	44	20
Depends on grade/seniority	6	7	8	2	4
Financial education (for example access to advice/welfare loans for financial hardship)					
All employees	24	25	23	25	23
Depends on grade/seniority	8	10	10	4	5
Insurance/protection initiatives					
Private medical insurance					
All employees	23	22	33	8	14
Depends on grade/seniority	32	52	39	13	16
Group income protection					
All employees	19	22	24	10	13
Depends on grade/seniority	14	16	20	6	4

	All respondents	Manufacturing and production (13% of these are construction)	Private sector services	Public services	Non-profit sector
Long-term disability/permanent health insurance					
All employees	17	18	22	11	10
Depends on grade/seniority	16	20	21	6	6
Health cash plans					
All employees	23	24	24	17	31
Depends on grade/seniority	9	12	12	5	5
Dental cash plans					
All employees	21	21	24	14	18
Depends on grade/seniority	9	10	12	6	5
Personal accident insurance					
All employees	16	20	18	10	13
Depends on grade/seniority	12	13	16	7	4
Critical illness insurance					
All employees	14	15	19	8	8
Depends on grade/seniority	12	11	17	6	6
Self-funded health plans/healthcare trust					
All employees	14	16	14	18	6
Depends on grade/seniority	10	10	14	4	4

Base = 994

CIPD (2018) Health and well-being at work

This survey was conducted with CIPD members and non-members, HR and L&D professionals. Overall, 77% responded to the survey in relation to their whole company, 13% in relation to a single site, and 7% in relation to a single division, with a small minority responding for specific regions, sites or teams. 11% were from companies with fewer than 50 employees, 36% were from companies with 50 to 249 employees and 53% were from organisations with 250+ employees. 50% of respondents work in private sector services, 23% in public services, 15% in manufacturing and production, and 13% in voluntary, community and not-for-profit organisations ('non-profit organisations').

Most notably, of those working in manufacturing and production 58% responded that their company offers access to counselling services and a further 58% noted employee assistance programmes are available all employees. While these figures are unlikely to be an accurate picture of the supports available to those in the construction industry, it gives a wider picture of the level of supports available to

employees in the UK and presents the opportunity to collect and analyse this information for the construction sector.

4.2.1 Overview of existing programmes

The following table sets out the types of supports available to the construction industry. **These are not exhaustive, and it is likely that other supports exist**, however this research has focused on the main supports available at the time of this report.

Organisations offering these supports include: **industry professional bodies** (CITB and CIOB), **charities** (Mates in Mind, Lighthouse Club, Building Mental Health and Anxiety UK), **not-for profit organisations** (British Safety Council) and **private sector employers** (eg Tideway, 7Futures, MACE, Lendlease Foundation, COINS, IHASCO and Willmott Dixon).

Table 6: Organisations delivering supports

Organisation	Types of mental health supports they provide / and who for
CITB	MHFA training for construction sector employees.
CIOB	Mental health in construction online course where construction sector employees learn what mental health is, how to understand signs and symptoms of poor mental health and understand how to manage their own mental wellbeing as well as that of their colleagues. CIOB Benevolent Fund: wellbeing and mental health support delivered by Anxiety UK for CIOB members, in the form of client-centred, professional assessment services with onwards support of tailored therapy, and 1:1 Psychological Therapy services such as Cognitive Behavioural Therapy (CBT), counselling and clinical hypnotherapy via the national Anxiety UK Approved Therapist network.
Charities (e.g. Lighthouse Club, Mates in Mind ⁷⁸ and British Safety Council)	A range of online training/workshops helping construction sector employees with their mental health, providing guidance on how to manage common symptoms of poor mental health such as stress, anxiety and depression; campaigns aimed at raising awareness of mental health issues and reducing the stigma of mental health issues; an industry-wide helpline and app offering support for those with mental health issues; and, MHFA training.
Some Construction Employers	A range of online training/workshops helping construction sector employees with their mental health, providing guidance on how to manage common symptoms of poor mental health such as stress, anxiety and depression, some of which was delivered in partnership with the charities list above. Some of these employers also partnered with charities on campaigns aimed at raising awareness of mental health issues and reducing stigma, as well as for the construction industry helpline app.

⁷⁸ While some Mates in Mind supports are free to access others incur a fee. Fees range from £300 for three years and include access to a hub of resources, start the conversation training, other services and support. The price may increase based on size/complexity of the organisation and any other support they want to build into a bespoke package. Self-employed, sole traders and micro businesses are offered free access to live online training and resources.

Table 7: Overview of existing programmes

Type of Programme	Number of Programmes
Online training/ workshop for employees	12
Face-to-face training / workshop for employees	0
Campaigns to raise awareness	3
App support	1
Mental health first aid (MHFA)	3
Counselling	1
Phone Helplines	1
Other (eg site packs)	1

Below are two case studies of mental health and wellbeing programmes aimed at the construction industry. These case studies provide further insight into the extent of supports available.

Building Mental Health Initiative – run by a cross-industry volunteer group with representatives from MACE, Lendlease, CITB and Lighthouse Club

An initiative to provide awareness and training to support people working in and around the industry. CITB awarded £500,000 to the Building Mental Health Initiative. Features of the initiative include:

- Mental Health First Aid Instructor Training. **To date, 194 mental health first aid instructors have been trained.**
- The Building Mental Health Charter - A voluntary initiative to help organisations in the construction sector demonstrate their commitment to raising awareness of mental health issues, promoting understanding, lowering stigma, and supporting their employees. By signing up to this charter, organisations pledge to support the Building Mental Health principles, including: **raising awareness, encouraging conversation and lowering stigma; educating and enabling champions from across the workforce; providing access to accredited mental health first aid training; and, recognising and accepting education and training provided by peers.** To date, 500 employers have signed up to the charter.

CITB – Mental Health First Aid

Mental Health First Aid training provides participants with the knowledge and skills to recognise mental health issues, provide first aid response, support recovery, and signpost to other services. Training is delivered through approved training organisations (ATOs).

The course covers:

- Mental health and the factors that can affect wellbeing, including stress
- Mental health issues including: anxiety disorders, suicide, depression, eating disorders, self-harm, substance misuse and psychosis
- How to recognise early warning signs of mental health issues
- How to follow the mental health first aid action plan to promote the recovery of good mental health
- How to use enhanced interpersonal skills such as active listening
- How to provide mental health first aid in crisis situations to preserve life where the person may be at risk to themselves or others
- How to guide someone to further support such as: self-help, employer, NHS, or a combination
- How to help a person recover from a mental health issue
- How to reduce the stigma and discrimination around mental health issues

The majority of supports aimed at the construction sector were in the form of online training / workshops / courses. The training was either for employers to better understand the mental health issues that their employees face and how they can support them, or for employees to explain how they can learn to manage mental health issues such as stress, anxiety or depression.

The campaigns aimed at raising awareness of mental health issues in the construction industry were also wide-ranging, including promoting mentoring, encouraging conversations around mental health, and generating awareness of mental health issues in the industry.

4.2.2 Outputs

The table below outlines the outputs reported for the mental health and wellbeing programmes aimed at the construction industry, for example the number of courses completed, or the number of people trained.

Table 8: Outputs reported for construction industry programmes

Type of Programme	Outputs Reported
Online training/ workshop for employees	No recorded outputs
Face-to-face training/ workshop for employees	No recorded outputs
Campaigns to raise awareness	Building Mental Health Initiative – 585 employers signed up to the Building Mental Health Charter by November 2020.⁷⁹
App support	Construction Industry Helpline App – Over 20,000 downloads of the app.
Mental health first aid (MHFA)	Building Mental Health – 16 courses completed since May 2018, 194 mental health first aid instructors trained⁸⁰ and 1,600 construction workers trained in mental health first aid.⁸¹
Counselling	CIOB Benevolent Fund – Trustees have provided financial assistance to members and their families, in excess of £800,000.
Phone Helplines	Construction Industry Helpline - In 2019, 2,615 families were supported: £723,607 in emergency financial support was provided to 445 families; 2,170 families receiving advice on welfare and mental wellbeing. Over 600,000 contact cards have been distributed to promote the helpline.⁸²

There is some evidence of outputs recorded for mental health supports, for example the number of mental health first aid instructors trained, financial assistance provided by CIOB's Benevolent Fund⁸³ and the number of families supported through the Construction Industry Helpline. In addition, the Building Mental Health Initiative aims to train 288 mental health first aid instructors across industry and around 6,000 onsite mental health first aiders by 2021.⁸⁴

⁷⁹ By signing up to this charter, organisations pledge to support the Building Mental Health principles, including: raising awareness, encouraging conversation and lowering stigma; educating and enabling champions from across the workforce; providing access to accredited mental health first aid training; and, recognising and accepting education and training provided by peers.

⁸⁰ <https://www.buildingmentalhealth.net/mhfa-instructor-course.html>

⁸¹ <https://www.pbctoday.co.uk/news/health-safety-news/mental-health-first-aid/60273/>

⁸² Construction Industry Helpline Impact Report 2019

⁸³ Wellbeing and mental health support provided by Anxiety UK for CIOB members (past and present) and their dependent family members. All beneficiaries receive a one-year Anxiety UK membership, including complementary access to further, wider support if required. An assessment is conducted to determine the support that is required. Those affected by anxiety, stress or anxiety-based depression can seek support in the form of: Client-centred, professional assessment services with onwards support of tailored therapy, and 1:1 Psychological Therapy services such as Cognitive Behavioural Therapy (CBT), counselling and clinical hypnotherapy via the national Anxiety UK Approved Therapist network.

⁸⁴ <https://www.citb.co.uk/about-citb/news-events-and-blogs/blogs/2019/02/calling-the-construction-industry-its-time-to-talk-about-mental-health/>

4.2.3 Outcomes

The table below outlines the outcomes reported / published for mental health and wellbeing programmes aimed at the construction industry.

Table 9: Outcomes reported / published for construction industry programmes

Type of Programme	Outcomes Reported / Effectiveness Evidence
Online training/ workshop for employees	No recorded outcomes
Face-to-face training/ workshop for employees	No recorded outcomes
Campaigns to raise awareness	No recorded outcomes
App support	No recorded outcomes
Mental health first aid (MHFA)	- Increased understanding of mental health issues, increased confidence surrounding mental health issues, increased conversations about mental health, improved signposting techniques⁸⁵ - However, it was felt that MHFA training was not tailored to focus on industry-specific challenges and that it did not provide the tools to address underlying issues in the workplace such as workplace stigma, job design, workplace-induced stress⁸⁶
Counselling	No recorded outcomes
Phone Helplines	No recorded outcomes
Other	No recorded outcomes

There is a lack of published evidence on the effectiveness of the various supports. While mental health first aid has demonstrated some benefit in increasing understanding, confidence and conversations surrounding mental health issues, as well as improved signposting techniques, the evidence available is not linked directly to construction to ensure it is as relevant in this sector as others. The other supports lack both outcome measures and evidence demonstrating outcomes can be delivered effectively in a construction sector setting.

4.3 General Population

This section focuses on supports available for the general population that construction industry workers may also be directed to and / or avail of. **These are not exhaustive, and it is likely that other supports exist, however this research has focused on the main supports available.**

⁸⁵ Janusonyte, G., Lawani, K., Hare, B., & Lawrence, M. (2019). Evaluating the impact of Mental Health First Aid (MHFA) training for UK construction workers. In the International Council for Research and Innovation in Building and Construction (CIB) World Building Congress 2019 – Constructing Smart Cities

⁸⁶ Janusonyte, G., Lawani, K., Hare, B., & Lawrence, M. (2019). Evaluating the impact of Mental Health First Aid (MHFA) training for UK construction workers. In the International Council for Research and Innovation in Building and Construction (CIB) World Building Congress 2019 – Constructing Smart Cities

4.3.1 Overview of existing programmes

Organisations offering these supports include: **charities** (Anxiety UK, Mind, Rethink Mental Illness, The Anna Freud Centre, Best Beginnings, The Campaign Against Living Miserably (CALM), Contact, Place2Be, The Mix, YoungMinds, Inspire, SAMH, Samaritans, SANE, Mental Health at Work and Together), **private sector employers** (Wellmind Health, Essential Site Skills, Moodbeam, WhatsUp?, Self-Help for Anxiety Management (SAM) and Talkspace), **social enterprises** (MHFA England) and **professional bodies** (BACP).

Table 10: Overview of existing programmes

Type of Programme	Number of Programmes
Online training/ workshop for employees	5
Face-to-face training/ workshop for employees	4
Campaigns to raise awareness	4
App support	3
Mental health first aid (MHFA)	1
Counselling	1
Phone Helplines	3
Other	4

Programmes aimed at the general population were diverse in their scope and were facilitated by a wide range of organisations. Several of the programmes were focused on specific areas of mental health and wellbeing such as anxiety, stress or resilience. The majority of programmes were either online or face-to-face training/workshops/courses/ campaigns. There are helplines available from Samaritans, SANE and Anxiety UK. These helplines offer either phone, text or email support to anyone struggling with their mental health and wellbeing. App support included WhatsUp? and Self-Help for Anxiety Management (SAM), aimed at helping people cope with depression, anxiety and stress, and also Talkspace, an online therapy platform. In addition, a wearable device⁸⁷ that enables people to log how they feel when there is a significant change of mood and understand more about their moods by identifying patterns and trends has been piloted by Morgan Sindall and Willmott Dixon as well as by subcontractors M2 Civils and manufacturer Eco Modular Buildings. BACP offer a directory for anyone to find a therapist and access counselling services near where they live, while Together offer a directory of wider services (eg community support, housing support, criminal justice mental health services and general advocacy) available in local areas. Mental Health at Work have a list of available resources offered by organisations (eg mental health programmes and toolkits). In addition to their helpline, SANE run a Creative Awards Scheme, which aims to improve the quality of life for people with mental health problems, their families and carers, by encouraging them to fulfil their creative potential. It awards grants to individuals ranging from £75 to £300 to cover the cost of materials, specific projects, courses, or funds for relief cover for carers.

⁸⁷ Moodbeam One is a wearable device focused on capturing and making sense of mood to help identify patterns in behaviour. In addition, 70 non-clinical and clinical staff at Amicus Health GP practice in Devon are also taking part in an 8 week trial

4.3.2 Outputs

The table below outlines the outputs reported for mental health and wellbeing programmes aimed at the general population, for example the number of employers who have accessed resources.

Table 11: Outputs reported for general population programmes

Type of Programme	Outputs Reported
Online training/ workshop for employees	- Wellbeing in the Workplace online learning⁸⁸ - employees from over 900 individual organisations have accessed the Wellbeing in the Workplace resources - Be Mindful⁸⁹ - course is provided by the Good Thinking digital wellbeing initiative as free for Londoners, with over 250,000 people accessing this service. - Managing mental health at work - over 400,000 people trained via over 300 employers in 2019/20 via eLearning and face-to-face training.
Face-to-face training/ workshop for employees	Managing mental health at work - Over 400,000 people trained via over 300 employers in 2019/20 via eLearning and face-to-face training
Campaigns to raise awareness	- Time to Change⁹⁰ – in 2019/20: - supported 38 Hubs across the country 2,688 new adult Champions - trained 1,377 adult Champions to build their campaigning skills and confidence 1,306 people signed up as employee champions. 380 new employers signed their employer pledge⁹¹, reaching 1,006,181 employees 93% of new pledged employers delivered training to line managers/staff; 80% reported changing their HR policy - supported 710 schools to create action plans, reaching approximately 426,000 young people aged 11-18 - supported 838 schools to deliver their 'Ask Twice' social marketing campaign - supported 10 new senior leader peer support networks, who will make sure that mental health stigma and discrimination are priorities on the school agenda - supported 65 Young Champions, who they trained to campaign in schools, online, and in their communities - the 'Ask Twice' campaign reached 28.6 million adults

⁸⁸ https://media.samaritans.org/documents/Samaritans_Wellbeing_in_the_Workplace_brochure.pdf

⁸⁹ <https://www.good-thinking.uk/resources/be-mindful/>

⁹⁰ [Time to Change \(2020\) Impact report 2019/2020](#)

⁹¹ A commitment by employers to changing the way we all think and act about mental health in the workplace, underpinned by a 12-month Employer Action Plan and built upon 5 years of evidence-based interventions.

Type of Programme	Outputs Reported
	– For Time to Talk Day 2020, there were: – 74,200 uses of #TimeToTalk – 13,600 downloads of editable posters – 6,600 resource packs distributed • Heads Together⁹² – More than £8.5 million has been raised with the purpose of improving conversations around mental health and helping people get the support they need. • Workplace Wellbeing Index – over 160 employers have taken part in the Index since it launched in 2016; the Index staff survey has been completed by more than 150,000 employees. • A Million Hands – Better mental health for all - A mental wellbeing project undertaken by 1st Lickey Cub Scouts has reached over 28,000 individuals
App support	• Talkspace – Over one million users of the app worldwide
Mental health first aid (MHFA)	• From April 2018 to the end of March 2019 Mental Health First Aid England trained 140,379 people in mental health skills and from 2009 trained over 400,000 people.⁹³ • In 2018-19 Mental Health First Aid England worked directly with 364 different organisations and delivered 1,160 MHFA England courses. Since 2011 they have worked with over 20,000 workplaces.⁹⁴
Counselling	• No published outputs, however expected to have numbers of people supported/ numbers of sessions
Phone Helplines	• Samaritans' Helpline⁹⁵ – respond to over 5 million calls each year

The output information focuses on measuring the number of users or number of sessions. While output is important in understanding whether the support has been used, it does not provide evidence of effectiveness and without outcome evidence it will be unclear if the time / investment has been worthwhile.

⁹² <https://www.headstogether.org.uk/one-year-on/>

⁹³ Mental Health First Aid England (2019) Impact Report

⁹⁴ Mental Health First Aid England (2019) Impact Report

⁹⁵ <https://www.samaritans.org/>

4.3.3 Outcomes

The table below outlines the outcomes reported for mental health and wellbeing programmes aimed at the general population.

Table 12: Outcomes reported for general population programmes

Type of Programme	Outcomes Reported / Effectiveness Evidence
Online training/ workshop for employees	- Wellbeing in the Workplace online learning⁹⁶ – 97% of the c.9,000 people who have completed the training reported they were more able to recognise emotional distress in others; 97% recognise the importance of looking after their own wellbeing; 94% now feel more confident approaching someone in emotional distress; 93% felt the learning was a worthwhile investment in their career development - Be Mindful⁹⁷ - One study conducted by the University of Surrey School of Psychology found on average a 58% reduction in anxiety levels, 63% reduction in depression levels and 40% reduction in stress levels among people who completed the course⁹⁸ - Another study conducted by the University of Oxford School of Psychiatry found that participants of the course enjoyed reductions of 58% in anxiety, 40% in stress and 57% in depression⁹⁹. - A study by City University of London, published in the Autism journey showed that 75% of participants ‘demonstrated reliable reductions in at least one of the anxiety measures.’ Over 50% of participants maintained these benefits at a 6-month follow-up, indicating MBT and CBT are effective forms of therapy for people with autism¹⁰⁰.
Face-to-face training/ workshop for employees	Managing mental health at work - 98% felt the learning objectives were met.
Campaigns to raise awareness	- Time to Change’s¹⁰¹ comparison of their 2018/19 Attitudes to Mental Illness (AMI) survey to the 2016/17 baseline survey found a 3.1% improvement in attitudes towards mental illness amongst the adult population, equating to an overall 12.7% change since Time to Change started collecting data in 2008. It is estimated that nationally this corresponds to an additional 1.3 million people with improved attitudes since the 2016/17 baseline (5.4 million since Time to Change began) - Time to Change measure empowerment directly through a survey of Champions. In 2019/20 this survey reached 796 Champions and found that 72% reported feeling more confident to challenge stigma and discrimination (compared to 61% in 2018/19).

⁹⁶ https://media.samaritans.org/documents/Samaritans_Wellbeing_in_the_Workplace_brochure.pdf

⁹⁷ Querstret, D., Cropley, M. & Fife-Schaw, C. (2018) The Effects of an Online Mindfulness Intervention on Perceived Stress, Depression and Anxiety in a Non-clinical Sample: A Randomised Waitlist Control Trial. *Mindfulness* 9, 1825–1836. <https://doi.org/10.1007/s12671-018-0925-0>

⁹⁸ <https://www.wellmindhealth.com/clinical-studies/reducing-depression-anxiety-and-stress>

⁹⁹ <https://www.wellmindhealth.com/clinical-studies/reductions-in-anxiety-and-depression>

¹⁰⁰ <https://www.wellmindhealth.com/clinical-studies/reducing-anxiety-in-autistic-adults>

¹⁰¹ [Time to Change \(2020\) Impact report 2019/2020](#)

Type of Programme	Outcomes Reported / Effectiveness Evidence
	- Of the new pledged employers in 2019/20, 93% delivered training to line managers/staff and 80% reported changing their HR policy. Having taken part in Time to Talk Day 2020, 97% of Employee Champions think their organisation is more likely to talk about mental health. - Workplace wellbeing index – on average approximately 60% of Index repeat participants improve their score, award or both. Staff from organisations who have taken part in the Index have better overall results than a matched sample of staff from the same organisations before they took part in the Index. This includes an average 8.5% increase in positive manager behaviours, 11.6% increase in positive organisations behaviours, and a 5.4% increase in positivity in staff¹⁰²
App support	No recorded outcomes
Mental health first aid (MHFA)	- HSE researchers conducted a rapid scoping evidence review considering the impact, influence and application of MHFA training in workplaces. The review found that there was: Increased awareness of mental ill-health conditions, including signs and symptoms; increased understanding of where to find information and professional support; and, greater confidence in helping others experiencing mental ill-health or a crisis.¹⁰³ - Mental Health First Aid England ask trainees to rate their ability prior to and after training. Their data for 2018-19 shows¹⁰⁴: personal confidence of how best to support others with a mental health issue (on a scale of 0-10) - people had an average confidence rating of 4.80 before the training, moving up to 8.27 after the training. Knowledge and understanding of how best to support others with a mental health issue - people had an average score of 4.54 before the training, moving to 8.45 after the training Other evaluations include: Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour¹⁰⁵ - this international study reviewed and analysed research on MHFA Two Day courses. The meta-analysis included 18 studies and 5,936 participants. They found that MHFA training improves mental health first aid knowledge, recognition of mental ill health and beliefs about the most effective forms of treatment. It increases confidence in assisting someone with a mental health issue and increases intentions to provide mental health first aid to a small extent. MHFA training

¹⁰² Based on initial analysis, due to the number of variables it is not possible to definitively assign improvements to the Index as other interventions running alongside the Index may have had an impact

¹⁰³ HSE (2018) Summary of the evidence on the effectiveness of Mental Health First Aid (MHFA) training in the workplace

¹⁰⁴ Mental Health First Aid England (2019) Impact Report

¹⁰⁵ Morgan AJ, Ross A, Reavley NJ (2018) Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour. PLoS ONE 13(5)

Type of Programme	Outcomes Reported / Effectiveness Evidence
	also reduces stigma. These effects were present up to six months after completing the training – Effectiveness of eLearning and blended modes of delivery of Mental Health First Aid training in the workplace: randomised controlled trial¹⁰⁶ - this study compared the effects of eLearning and blended (eLearning plus face-to-face time) MHFA courses. Both courses improved knowledge and reduced stigma. However, people were more likely to rate the blended MHFA course highly on usefulness, amount learned and intentions to recommend the course to others. Blended MHFA training may be an alternative to face-to-face MHFA training. Long-term follow-up will explore this further. – The MENTAL Health First Aid in The WORKplace (MENTOR) report¹⁰⁷ - researchers surveyed 139 people from 81 organisations across England. They asked them what had changed in their workplaces because of MHFA England training. 91% said there had been an increased understanding of mental health issues in their workplace. 87% said more mental health conversations were happening at work. 83% had noticed an improvement in procedures for signposting to further support. The findings suggest that MHFA England training improves mental health-related knowledge and skills in the workplace.
Counselling	No recorded outcomes
Phone Helplines	No recorded outcomes
Other	No recorded outcomes

While outcome evidence is not available for all supports, some evidence is starting to emerge and particularly for established programmes / organisations such as Mental Health First Aid England. The key outcomes reported include: increasing knowledge; reducing stigma and increasing understanding of mental health; increasing confidence of people in discussing mental health issues; and increasing awareness of the supports available. There is still a lack of outcome evidence as to whether the supports are targeting those in most need and improving their mental wellbeing. Work is needed to encourage those providing mental health and wellbeing supports to capture and share evidence of effectiveness and in what circumstances with specific target groups. This would help provide assurance for employers that if they select a specific support, it is the best and most appropriate investment they can make given their situation and context.

¹⁰⁶ Reavley NJ, Morgan AJ, Fischer JA, Kitchener B, Bovopoulos N, Jorm AF. Effectiveness of eLearning and blended modes of delivery of Mental Health First Aid training in the workplace: randomised controlled trial. BMC Psychiatry. 2018 Sep 26;18(1):312

¹⁰⁷ Narayanasamy M, Geraghty J, Coole C, Nouri F, Thomson L, Callaghan P, Drummond, A (2018) MENTAL health first aid in The WORKplace (MENTOR): A feasibility study

Key Points – Summary

There are a number of different mental health and wellbeing supports available from industry professional bodies, charities and employers across the construction industry as well as those available to the general population. However, these are fragmented, and the focus is largely on online supports for those with mental health issues or on campaigns raising awareness of these issues, as well as reducing the stigma surrounding them.

Data on the success measures related to each of the supports is limited and focused mainly on measuring uptake levels. There is little evidence to understand if the supports provided are having the desired impact on mental health and wellbeing.

It is essential that the level and quality of evidence improves to provide employers with sufficient information to help them make informed decisions about the most effective supports available, given their specific needs. The evidence needs to be made available in a form that allows employers to identify their situation / context, their needs and be able to access the supports that should be considered as well as evidence of the impacts they generate.

5. LOGIC MODEL AND THEORY OF CHANGE



5.1 Introduction

This section outlines a logic model based on the research completed and detailing relevant KPIs for a mental health and wellbeing dashboard.

5.2 Logic Model

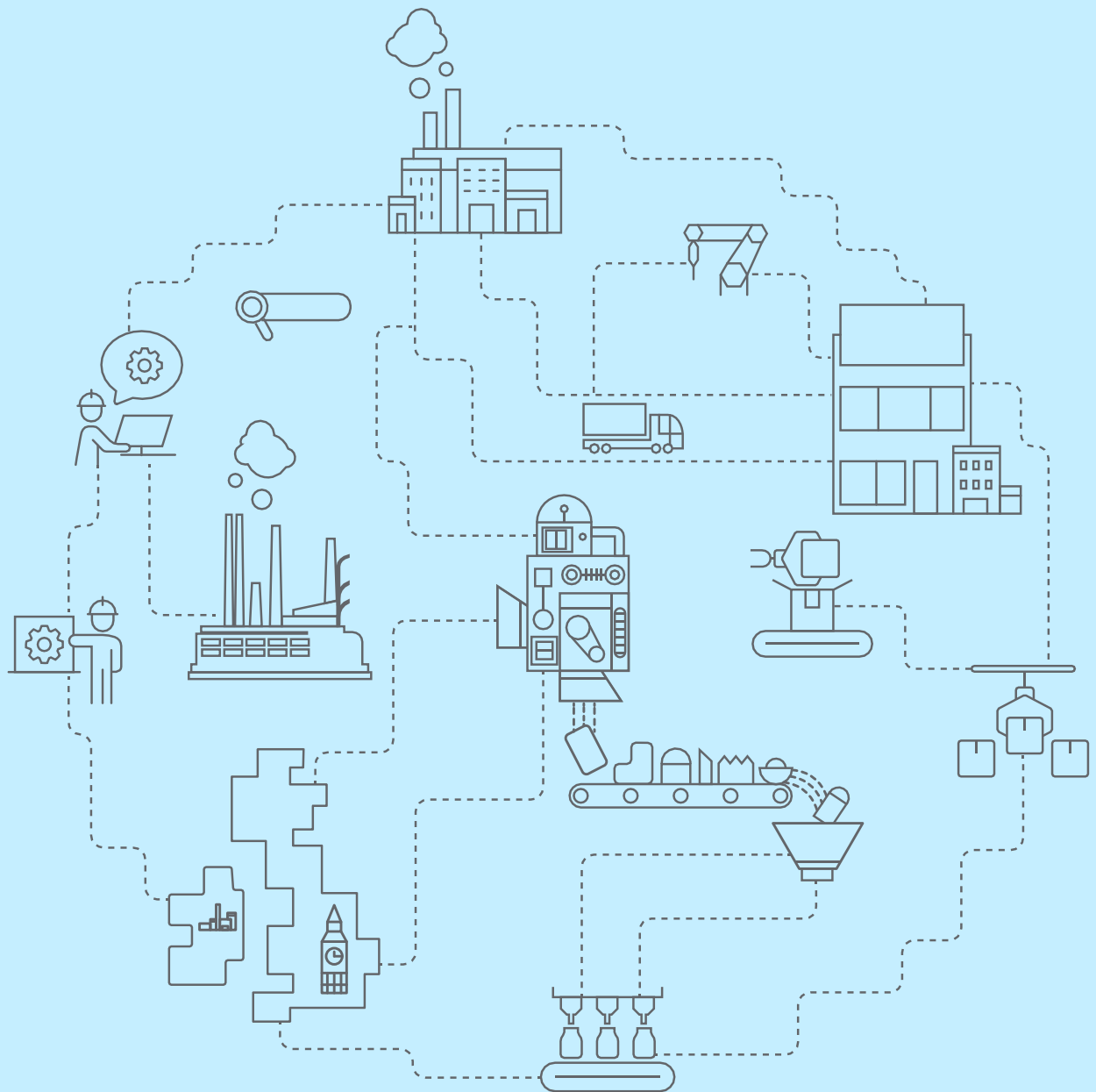
The logic model details the links between the inputs, activities and expected outputs, outcomes and impacts.

Table 13: Logic Model

Inputs	Activities	Outputs	Outcomes	Impacts
- Time and investment by employers - Evidence on what works - Investment in new approaches that are specific to the needs of construction groups based on research and testing (ie meeting the wellbeing needs of remote workers living away from home; working in difficult working conditions; and dealing with job insecurity)	- Monitoring the mental health and wellbeing of the workforce and how it links to work related factors - Monitoring Construction sector health and wellbeing and comparing with other sectors - Identifying new approaches and supports to be tested and evaluated - Selecting appropriate supports and making these available to workforce - Monitoring and evaluating impacts - Published data and evidence on the effectiveness of supports - Marketing this evidence to employers	- Employers able to monitor the factors impacting on workforce mental wellbeing - Employees and contractors able to select most effective supports based on their needs - Mental health providers demonstrating effectiveness through robust independent evaluations - Employers able to demonstrate improvement in employee mental wellbeing - Construction sector report on mental health and wellbeing levels benchmarked against other sectors	- Identification of ongoing mental health / wellbeing levels and needs by age group, work role, geography and type of work - Effective mental health supports provided based on employee needs - Development of a supportive culture encouraging employees and contractors to discuss their needs with line managers - Line managers equipped with the skills and confidence to support employees and signpost to effective supports	- Reduced suicide rate in the construction sector - Construction sector benchmarks well or better against other similar sectors with regard to employee mental wellbeing - Construction sector seen as a progressive and attractive place to work

Next Steps

The logic model should be updated by the working group (see recommendation 1) to reflect any further emerging evidence and the outputs, outcomes and impacts from a future dashboard.



6.1 Introduction

Appendix B provides case study examples of existing mental health and wellbeing supports being provided. This section summaries these and highlights opportunities for measures that can be used moving ahead.

6.2 Cast Studies - Summary

The following table details which case studies have evidence of the different measures.

Table 14: Case Studies – Measurements Summary

Organisation	Measures			
	Awareness	Uptake / Usage levels	Satisfaction levels	Achieved change in mental wellbeing
Laing O'Rourke	✓	✓	✓	✓
Construction News	✓	✓		✓
Lighthouse Club	✓	✓	✓	
Tideway	✓		✓	✓
Willmott Dixon	✓	✓	✓	✓
Mental Health First Aid England	✓	✓	✓	✓
Mind	✓	✓	✓	✓
Building Mental Health	✓	✓	✓	✓

6.3 Appropriate Measures

The following table details potential measures and data sources based on findings from the case studies.

Table 15: Appropriate Measurements Summary

Potential Measures	Sources of Data
Awareness of how to assess own mental health / wellbeing. Awareness of supports available tailored to need	Survey
Uptake	Number who avail of the support – will depend on the support however could be Measured through provider or app data
Satisfaction	Survey
Costs	Payments to providers and internal costs of delivering various supports
Improvements in employee/ contractor mental health and wellbeing	Survey, tracking changes year on year. <i>Note validated tools can be used such as the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) which asks questions that cover both the feeling and functioning aspects of mental wellbeing</i>
Reduced illness / days lost due to mental health	HR data
Best Practice Awards	The Mind Workplace Wellbeing Index is a benchmark of best policy and practice in workplace mental health. It uses staff and employer surveys to identify any gaps between an organisation's approach to workplace wellbeing and staff perceptions. This results in an assessment report with analysis of the survey results, highlighting what organisations are doing well and recommendations of areas for improvement. It measures: • Culture and Engagement - focuses on organisations' general wellbeing culture and agenda, alongside staff perceptions of positive change, work/life balance and what proportion are motivated by their workplace culture; • Wellbeing Initiatives - physical environment and the initiatives employers are implementing to improve wellbeing as well as staff views on these initiatives and whether they feel connected, active and have time to reflect; • Knowledge and Skills - mental health awareness, training and information provided by employers, alongside employees' views on how they develop knowledge and skills at work;

Potential Measures	Sources of Data
	• People management - includes feedback opportunities, guidance and appraisal processes provided by employers and staff views of their duties and responsibilities; • Support - covers the support tools provided by employers, what employees think of them and how they are used; and • Covid-19 Impact - the impact of the Covid-19 pandemic on employee wellbeing, including furlough, lockdown, home working, and the extra difficulties and worries brought with them, as well as insight on employee engagement and staff perceptions of support and management during this period. It also reviews the policies and development processes organisations have in place and how they interact with the mental health of staff (eg wellbeing and or mental health; bullying and harassment; grievance; health and safety; and flexible working) It awards organisations who have ranked in Gold, Silver or Bronze, and outstanding employees who are making a difference to mental wellbeing in their workplace. Construction, property and infrastructure company Lendlease was the top employer in the Workplace Wellbeing Index 2018/19.

7. QUANTITATIVE AND QUALITATIVE FINDINGS



7.1 Introduction

This section summarises the key findings from the survey and the key stakeholder findings

7.2 Survey Findings

An online survey was completed with 256 construction sector companies during 2nd November 2020 – 31st January 2021 to obtain feedback and information on the mental health and wellbeing policies and programmes being implemented; the outcomes being achieved; and the need / options for a future dashboard, including the role of CITB and other stakeholders. A number of actions were taken to promote the survey and maximise response rates including:

- RSM press releases to key trade media to encourage participation in survey;
- Promotion by CIOB to its LinkedIn group (40,000 members);
- News article on the Institute of Civil Engineering website and included in their newsletter to members;
- Construction Products Association shared the survey in their weekly newsletter to members and on social media;
- Engagement with trade bodies such as Construction Industry Council, Construction Products Association and Build UK;
- Promotion by sector charities / organisations (eg Lighthouse Club, Civil Engineering Contractors Association and National Federation of Builders);
- Promotion via the RSM LinkedIn account; and
- Promotion of the survey by CITB via a mailshot to members on its levy register.

However, as the number of responses was less than anticipated it is not clear if this an indication of a lack of interest / commitment to this area or due to work commitments during the pandemic.

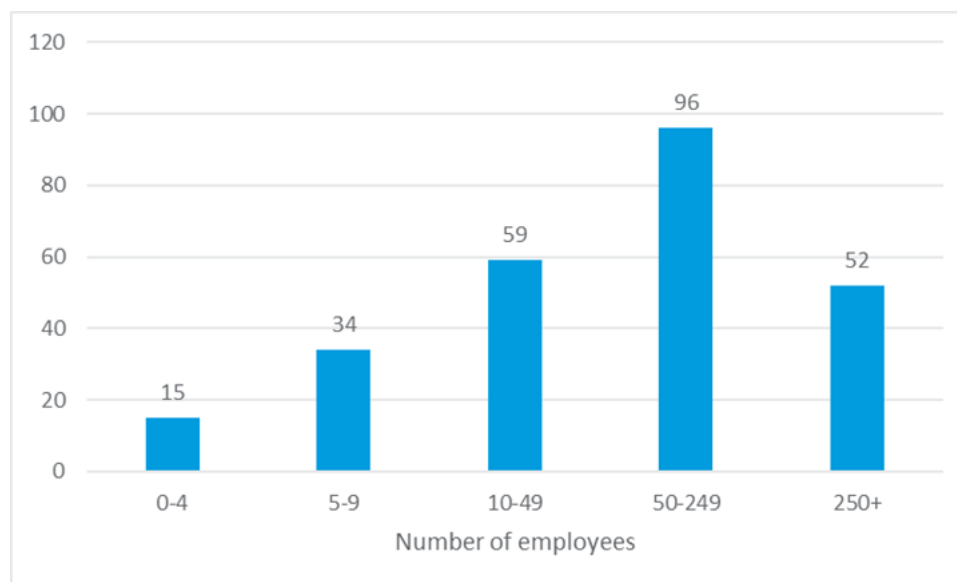
This section provides a summary of the key findings with further detail provided in Appendix C.

7.2.1 Profile of Respondents

Company Size

The majority of respondents were companies with 50-249 employees (37.5%, n=96)

Figure 1: Size of Company

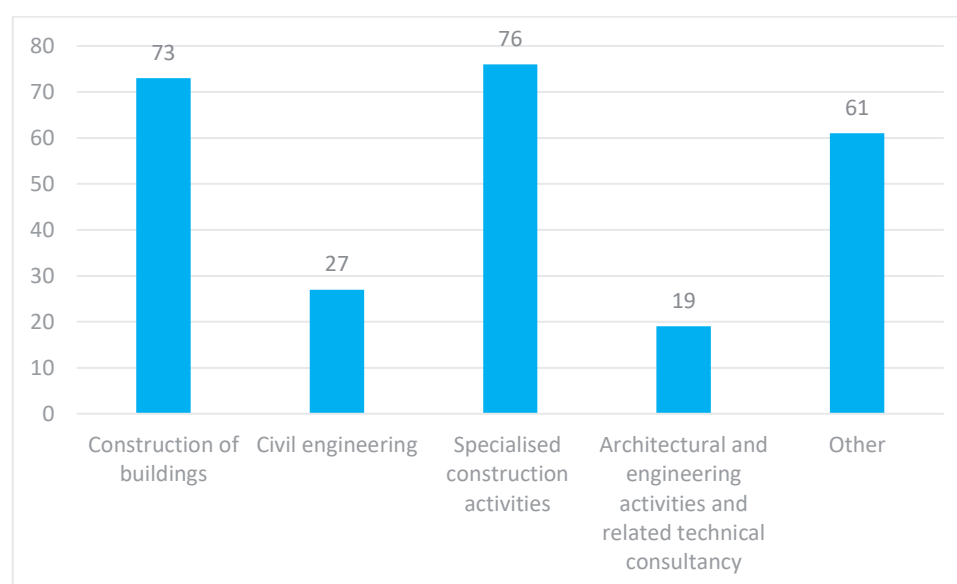


Base: 256

Sub-sector

The majority of respondents were companies from the specialised construction activities (eg Demolition; Electrical Installation; Plastering; Roofing Activities; Floor and Wall Covering etc.) or construction of buildings sub-sectors (29.7%, n=76 and 28.5%, n=73 respectively).

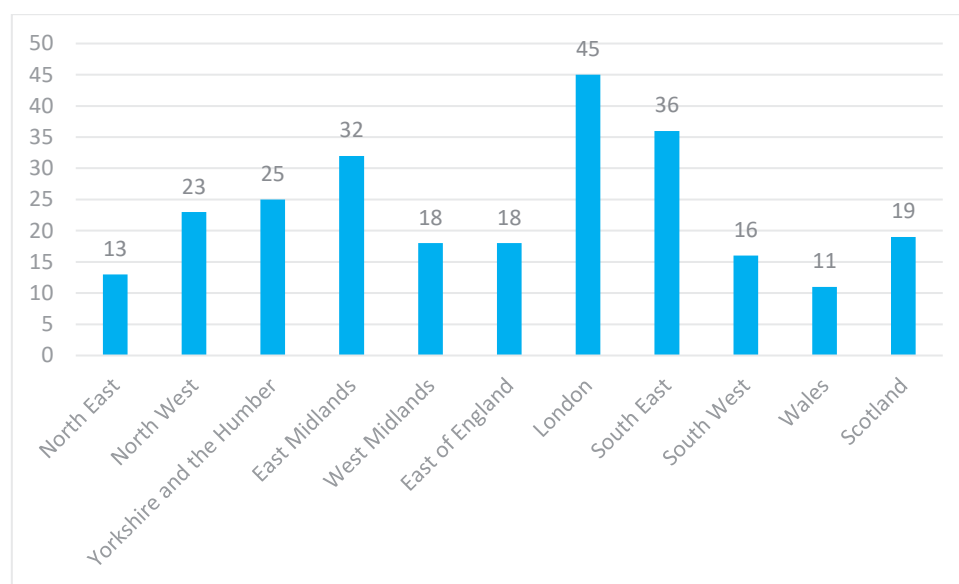
Figure 2: Company sub-sector



Base: 256

Geography

Figure 3: Company Location



Base: 256

7.2.2 Existing Supports

When asked what type of mental health support or programmes were provided to their workforce and/or supply chain companies 86.1% (n=107) of 124 respondents who answered indicated they provided one or more mental health supports.

The supports which companies most commonly said they provided were online training, awareness raising activities / talks, Mental Health First Aiders, toolbox talks (ie informal group discussions that focus on specific aspects of mental health) and sign-posting to information hubs or services. Similarly, when supply chain companies were asked what type of mental health supports or programmes (if any) were provided by companies above them in the supply chain, the most common responses were toolbox talks, Mental Health First Aiders, awareness raising activities / talks, helplines and sign-posting to information hubs / services. Moreover, most respondents indicated that supports were available to all staff in their company (ie not only director, senior management or middle management). However, a small number said they did not provide any mental health support or programmes to their direct employees (10.5%, n=13¹⁰⁸) and supply chain companies (9.7%, n=12¹⁰⁹).

The most common support that was compulsory for direct employees and/ or supply chain companies was toolbox talks, with 70.2% (n=47) of 67 respondents who said they provided this support indicating it was compulsory for direct employees.

The supports which principal contractor respondents suggested had the highest uptake were toolbox talks and Mental Health First Aiders which 71.4%, (n=45¹¹⁰) and 63.5% (n=40¹¹¹) of principle contractors respectively ranked as high or very high uptake.¹¹² Similarly, they ranked as having the highest uptake

¹⁰⁸ Base = 124 respondents answered this question

¹⁰⁹ Base = 124 respondents answered this question

¹¹⁰ Base = 63 respondents ranked this option

¹¹¹ Base = 63 respondents ranked this option

¹¹² Respondents were asked to rank 5 (very high) to 1 (very low) for each support

with supply chain companies (64.5%, n=20¹¹³) followed by mental health awareness training at the site induction stage for new employees (66.7%, n=14¹¹⁴).

In relation to new mental health supports or programmes in the next 12 months, 49.6% (n=65¹¹⁵) stated they were planning to offer new mental health supports or programmes to direct employees however only 16.8% (n=22¹¹⁶) said they were planning to offer new programmes to their supply chain

The supports and programmes that most companies were planning to offer included online training, awareness raising activities/ talks and toolbox talks.

7.2.3 Awareness of the Supports Available

Principal contractors were asked if their direct employees and supply chain companies were aware of the supports available to them. While the majority of respondents believed their direct employees were aware of these (91.0%, n=112¹¹⁷) a lower percentage (43.0%, n=53¹¹⁸) indicated their supply chain companies were aware.

This was also evident in responses from supply chain companies as most companies (42.2%, n=97¹¹⁹) said that there were no supports or programmes provided by companies above them in the supply chain. When asked how their company employees could be most effectively reached and supported, 65.2% (n=144¹²⁰) said through greater promotion of the mental health and wellbeing initiatives and resources that are available to them and 50.2% (n=111¹²¹) suggested via access to the mental health initiatives and programmes provided by companies further up the supply chain.

7.2.4 Policies and Procedures

Responses suggest a combination of both formal and ad hoc provision as 43.1% (n=110¹²²) of respondents had a formal mental health policy in place while 40.8% (n=104¹²³) managed this on an ad-hoc basis.

For those who did not have a mental health policy in place the most common reasons provided were that 'they were not large enough to require one' (38.7%, n=12¹²⁴) or that they had 'limited resources' (22.6%, n=7¹²⁵).

Companies were also asked what informed their approach to mental health and wellbeing and the most frequently cited sources were¹²⁶:

- Government guidance (65.3%, n=164);
- Employees or internal teams (57.0%, n=142); and
- Health and wellbeing/ mental health charities (55.0%, n=138).

¹¹³ Base = 31 respondents ranked this option

¹¹⁴ Base = 21 respondents ranked this option

¹¹⁵ Base = 131 responded to this question

¹¹⁶ Base = 131 responded to this question

¹¹⁷ Base = 123 responded to this question

¹¹⁸ Base = 123 responded to this question

¹¹⁹ Base = 230 responded to this question

¹²⁰ Base = 221 responded to this question

¹²¹ Base = 221 responded to this question

¹²² Base = 255 responded to this question

¹²³ Base = 255 responded to this question

¹²⁴ Base = 31 responded to this question

¹²⁵ Base = 31 responded to this question

¹²⁶ Base =251 responded to this question

Of those who selected 'Other' (11.1%, n=28), most referred to using a HR or health and safety consultant.

7.2.5 Measuring Mental Health and Wellbeing

The majority of respondents (71.7%) stated they did not measure the mental health and wellbeing of employees, with only 22.4% noting that they did (the remaining 5.9% (n=15) were unsure). ¹²⁷

The most common tools or surveys used to measure mental health and wellbeing were bespoke surveys made in-house and consultant surveys. The tools or surveys were predominately used to measure the mental health and wellbeing of direct employees rather than supply chain companies.

The most common KPIs measured were sickness absence (due to mental ill health), safety – accident frequency rate and job satisfaction however a small number of companies measured a range of other KPIs as shown in the following table:

Table 16: Which of the following Key Performance Indicators (KPIs) are currently measured by your company for direct employees and / or supply chain companies?

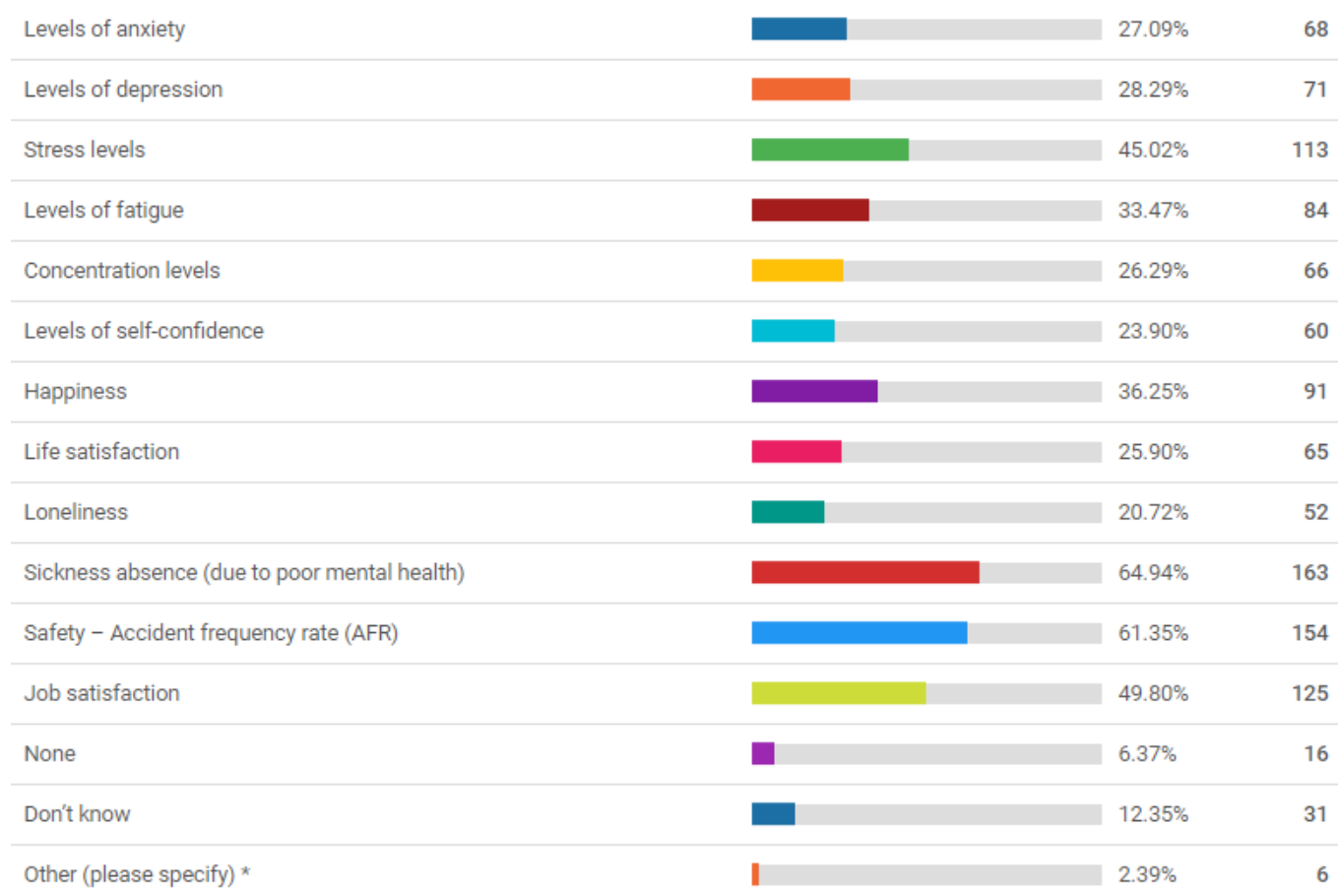
Answer Choices	Direct Employees	Supply Chain Companies	Response Total
Levels of anxiety	76.2% (n=16)	23.8% (n=5)	21
Levels of depression	76.2% (n=16)	23.8% (n=5)	21
Stress levels	76.0% (n=19)	24.0% (n=6)	25
Levels of fatigue	73.9% (n=17)	26.1% (n=6)	23
Concentration levels	75.0% (n=9)	25.0% (n=3)	12
Levels of self-confidence	73.3% (n=11)	26.7% (n=4)	15
Happiness	87.0% (n=20)	13.0% (n=3)	23
Life satisfaction	80.0% (n=16)	20.0% (n=4)	20
Loneliness	75.0% (n=9)	25.0% (n=3)	12
Sickness absence (due to mental health ill health)	87.5% (n=42)	12.5% (n=6)	48
Safety – Accident frequency rate (AFR)	75.9% (n=44)	24.1% (n=14)	58
Job satisfaction	85.1% (n=40)	14.9% (n=7)	47
None	33.3% (n=2)	66.7% (n=4)	6
Don't know	100.0% (n=2)	0.0% (n=0)	2
Other (please specify) *	100.0% (n=2)	0.0% (n=0)	2

Note: percentages are based on the number of people who selected each option (ie the 'response total') - to show of the companies that have each KPI listed, what percentage measure them for direct employees and what percentage for supply chains

¹²⁷ Base =254 responded to this question

As illustrated below, all of the KPIs listed were believed by some companies to be measurable, with sickness absence (due to mental ill health), safety – accident frequency rate and job satisfaction being those most commonly selected.

Figure 4: Which of the following KPIs could be measured by your company going forward?



Base: 251 respondents answered this question

7.2.6 Future Leadership

There were mixed views on whether companies would like more leadership and guidance in relation to mental health and wellbeing, with 50.0% of respondents (n=126) stating they felt need more leadership/ guidance in this area was needed however but 41.0% (n=101) indicated that they did not, while 9.0% (n=25) did not know.¹²⁸

When asked who the guidance and leadership should come from, most of those who indicated they needed more leadership / guidance suggested this could come from:

- The Government (however in many cases in conjunction with CITB and / or mental health charities) with one respondent suggesting 'if it was mandatory the industry would have to take notice' (n=37);
- CITB, with one respondent noting 'they are our industry "governing body" and i feel colleagues would be more open to initiatives from them than the more generic sources' while another suggested they would be more able to provide construction specific guidance (n=24);

¹²⁸ Base =252 responded to this question

- Mental health charities (ie those with ‘specialist’ mental health knowledge), with one respondent noting *‘not CITB or government initiative led [as it may] become more of a tick box exercises. Charities they’re the ones that deal with the issue - they actually understand what it is, are aware of all the issues and problems and provide practical and real life guidance in that scenario eg how do you apply that in your workplace (n=8);*
- Industry professional, governing or representative bodies (eg Federation of Master Builders (FMB) which are sector specific and know what the issues are) (n=7); and
- HSE (some respondents said organisations like HSE are already providing support and they would go to them first) (n=6).

The need for a collaborative / ‘joined up’ and consistent approach was also highlighted, with one SME suggesting *‘as a SME we need a one stop shop to get information/procedures to put in place quickly to help our staff’.*

There was also a common theme of respondents stressing more guidance, direction and support / resources were needed.

7.3 Key Stakeholder Findings

Qualitative interviews (n=16) were completed in confidence with construction companies, general / mental health and well-being charities, representative groups, and other key stakeholders (see Appendix A). The interviews explored the mental health needs of the construction industry; initiatives and supports currently available; what approaches to mental health and wellbeing are working well / areas for development and lessons learned; scope for a future dashboard; the need for any further leadership in this area and by whom / opportunities for partnership working.

7.3.1 Mental health needs of the construction industry

The majority of stakeholders were aware of and noted that suicide rates within the construction industry are higher than in other sectors across the UK. Stakeholders from construction-specific charities and representative groups were more likely to explain that this was due to stigma in the industry surrounding mental health as this could mean construction workers were less likely to seek support. Construction companies were more likely to cite the working culture of the construction industry for high suicide rates, including:

- Working away from home;
- Lack of job security due to contract working (this is a particular concern for sole traders);
- Workplace ‘banter’ and a tendency for jokes initially intended to be harmless teasing to develop into bullying;
- Working in poor weather conditions; and
- Frequently working long hours.



There is not much awareness on this issue. Mental health has not been addressed in the same way as physical safety. Mental health awareness and support has improved over the last 2 years, but this is mainly in larger organisations as they have the resources to fund training and support programmes. SMEs and sole traders do not have this financial support and they rely on larger companies. SMEs often receive mixed messages about which initiatives are available to them.

Interviewee from representative group

The majority of construction companies suggested the need for mental health and wellbeing support had increased as a result of Covid-19 due to anxiety about using public transport whilst commuting or working on site as well as adapting to new ways of working, including social distancing requirements and wearing Personal Protective Equipment (PPE).

In addition, all stakeholders reported increased calls to their helplines and access to other resources while the majority of construction companies reported that workers were having more conversations with senior management about anxiety and other mental health concerns regarding working during the pandemic. Some stakeholders also reported that as some construction companies are experiencing financial difficulties as a result of the Covid-19 pandemic, they are unable to pay for programmes and initiatives and are now unable to access these.

7.3.2 Existing programmes / initiatives

In relation to existing mental health and wellbeing support programmes and initiatives interviewees reported providing:

- Buddy schemes;
- Mental Health First Aiders;
- Mental Health Champions;
- Free information and toolkits on what good mental health looks like;
- Mental Health at Work website which is tailored to the construction industry;
- Consultancy for organisations which includes workshops and focus groups on how to deliver mental health training;
- A free helpline;
- A mental health and wellbeing app
- A Wellbeing index which helps construction companies identify areas for improvement;
- Compulsory staff training on mental health, and how to spot poor mental health in co-workers; and
- Training for senior management to help them identify poor mental health and be able to offer support.



The biggest partnership is with other members of the industry as there a lot of people trying to do the same thing. There are a lot of opportunities to work together. However, everyone is doing things slightly differently. It would be best if everyone signed up to one approach, that would improve partnership working.

Interviewee from construction company

Stakeholders who provide mental health and wellbeing support to the general population reported that it is difficult to identify which of their programmes and initiatives are accessed by construction workers, however some have achieved this by partnering with construction companies and providing them with guidance on how to deliver mental health training.

Stakeholders noted that the following has worked well:

- Having helplines and online resources which ensure all construction workers have access to resources and an increasing number of construction workers are seeking help if needed;
- Designated people within an organisation, such as Mental Health First Aiders and Mental Health Champions which make it easy for construction workers to identify who they can speak to;
- Running lunch and learn sessions on mental health awareness has been effective in terms of teaching people how to identify mental health problems; and
- Commitment from senior management which sets a good example for junior staff and encourages them to talk about mental health concerns.

Barriers to the delivery of mental health and wellbeing support programmes and initiatives reported by stakeholders include:

- Not all construction workers have access to a laptop, therefore limiting their access to online resources;
- The onus is on individual organisations to commission the training and decide whether to offer their employees that training;
- Lack of time and money, particularly for sole traders and SMEs (including budgeting restrictions caused by the Covid-19 pandemic);
- General lack of awareness of available mental health and wellbeing support, particularly amongst SMEs;
- Lack of computers on site means some construction workers cannot access online resources;
- There is currently no research available on whether cultural and language barriers on construction sites adversely impact mental health of construction workers;

- There is a focus on trying new things to deal with the issue of poor mental health and wellbeing in the workplace, as opposed to getting the ‘basics of mental health support’ right; such as access to mental health awareness training or having a designated person within the organisation to speak to about mental health concerns; and
- There are varying levels of ‘buy-in’ from staff with regards to delivering mental health training or acting as Mental Health First Aiders and Mental Health Champions.

In addition, stakeholders highlighted the construction industry is mostly made up of SMEs who typically receive less support than larger organisations. Therefore, it is important to ensure they are aware of the programmes and initiatives available to them. Stakeholders also identified duplication of work in this space due to different frameworks and charters for mental health training and the need for a more coordinated approach.



A convening body is needed to look at mental health and wellbeing in the construction industry. Lots of organisations are currently doing their own thing so the approach is very disjointed, and there are lots of opportunities for people to work together more. Getting the voice of employees would also help employers to understand the issues.

Interviewee from general wellbeing charity

7.3.3 Data on mental health and wellbeing

Most stakeholders reported that mental health and wellbeing is difficult to quantify and therefore it is difficult to measure how successful their programmes and initiatives have been. While some use engagement with resources and training as a measure of success, they recognise this is insufficient as it does not determine if people then actively seek support or achieve a positive outcome.

Half of the stakeholders interviewed confirmed that they collect data on mental health and wellbeing via surveys, wellbeing indices, and evaluations of programmes and initiatives. Findings are communicated via annual reports, social media, newsletter, and on websites.

The Road to Wellbeing survey¹²⁹ was launched by the Lighthouse Club¹³⁰, Building Mental Health¹³¹ and Safer Highways¹³² in June 2020 and provides companies with evidence on how they are 'performing' in relation to implementing mental wellbeing programmes in their organisation via a bespoke report (free of charge) with practical suggestions and initiatives that companies can use to further support their workforce. The survey collects information on the core and enhanced standards from the Stevenson / Farmer Thriving at Work report¹³³:

Table 17: Thriving at Work Standards

Core Standards	Enhanced Standards
Does your organisation produce, implement and communicate a mental health at work plan?	Does your organisation report on health and wellbeing; specifically impact and outcomes?
Has your organisation started to develop mental health awareness among employees?	Does your organisation have a health and wellbeing lead at Board or Senior Leadership level, with clear reporting duties and responsibilities?
Does your organisation encourage open conversations about mental health and the support available when employees are struggling?	Does your organisation encourage openness around health during recruitment, emphasising why information is required and having support in place to facilitate a good response following disclosure?
Does your organisation provide your employees with good working conditions and ensure they have a healthy work life balance and opportunities for development?	Does your organisation provide tailored in-house mental health support and signposting to clinical help including Mental Health First Aiders, Occupational Health and Employee Assistance Programmes?
Does your organisation promote effective people management through line managers and supervisors?	
Does your organisation routinely monitor employee mental health and wellbeing?	

In addition, national surveys such as the CIPD health and well-being at work survey can be used as an overall benchmark for comparison on a number of areas such as the level of work-related stress, as well

¹²⁹ The Road to Wellbeing interactive survey is for companies to respond on ten questions relating to their implementation of mental wellbeing programmes in their organisation. Responses from this survey will be compared to recommendations of the Stevenson/Farmer report and produce a bespoke report that will set out practical initiatives that companies can use to further support their workforce.

¹³⁰ The Lighthouse Club are a charity that provides financial and emotional support to the construction community and their families who have suffered an injury or long-term illness or simply require support.

¹³¹ Building Mental Health (BMH) is a Framework, borne out of a cross industry volunteer group created with contributions from clients, contractors, specialist sub-contractors, designers, trade associations, trade unions, regulators, training bodies. The purpose is to provide a flexible and consistent framework to enable all parts of the construction sector to access mental health support, provide awareness and training and put in place a structure and systems to support people working in and around our industry.

¹³² Safer Highways is a charity that develops an ongoing programme of mental health and wellbeing campaigns and initiatives

¹³³ Farmer, Paul and Stevenson, Dennis (2017) Thriving at work The Stevenson / Farmer review of mental health and employers

as methods used by employers to identify and reduce stress, manage mental health at work and promote positive mental health.

Examples of measures that construction companies reported are currently used include (*note – frequency of use varies and not all stakeholders used all of the below*):

- Employee Assistance Programme (EAP) to track number of absences, and number of incidents of poor mental health;
- Apps (eg Thrive¹³⁴) which prompt the user to log how they are feeling every day. This is then used to measure patterns and trends in changes in mental health to identify potential triggers of poor mental health;
- Wellbeing metrics, such as the Warwick-Edinburgh Mental Well-being Scale which is completed annually and compared with the previous year's performance to identify if improvements have been made;
- Records kept by occupational nurses on number of reports of poor mental health;
- Qualitative evidence such as asking employees how they are and assessing if there are changes in the number of people who reveal that their mental health is good or poor; and
- Quarterly 'happy scores' which are then tracked to help identify any trends in changes to mental health.

Stakeholders from construction companies reported the following gaps in the data that they collect:

- Absence caused by ill mental health or physical health;
- Information on how cultural and language barriers can adversely affect mental health; and
- Job satisfaction.

7.3.4 Supply Chain

All stakeholders from construction companies reported that the wellbeing of their supply chains was important to them and equal to that of their direct employees.



Mental health of our supply chain is as important as that of our staff. Most of the work is done by supply chains, and if they are happy then they are more productive. All of our mental health and wellbeing initiatives are open to them.

Interviewee from a construction company

¹³⁴ [Thrive app - NHS \(www.nhs.uk\)](https://www.nhs.uk)

However, construction companies reported that supply chain staff are often not aware that they can access these resources and training as they are not direct employees. This is seen as a major barrier for ensuring that supply chains are reached by mental health and wellbeing support programmes and initiatives.

7.3.5 Leadership / Future Dashboard

Way Ahead: construction companies suggested the following needed to be actioned going forward:

- Focus on preventative measures and causes of mental ill health;
- Challenges faced by other companies and how these are overcome;
- Mental health priorities for the construction sector;
- Evidence of mental health problems being identified;
- Examples of best practice;
- Annual comprehensive report on the mental health and wellbeing of the UK construction industry as a whole;
- Current initiatives (ie what they are, what they cover, uptake, how effective they are, what feedback they have received);
- How confident construction workers are about having a conversation with their line manager about their mental health;
- Reduction in stigma surrounding mental health;
- Quantitative measures such as reduction in absenteeism due to poor mental health;
- Information on what supports work best;
- Data including demographic breakdowns;
- Trends in mental health over time in order to understand if there are regional issues as well as sector issues;
- Consideration of how social (such as social class and ethnicity) and occupational factors (such as long hours, time pressure to complete work and low pay) affect mental health; and
- How to identify if mental health issues are work-related, non-work related or a component part.

Dashboards and Data: It was felt that a dashboard would be helpful, however it should be easy to understand and interpret, and not involve a lot of 'administration and red tape' to complete.

However, it was also noted that developing specific metrics for the construction sector may be difficult due to:

- The transient nature of construction workers and often companies are not employing workers directly;
- Getting consistent data when companies not legally required to provide it;
- The existing / public data that is available (eg via individual company / organisation surveys and datasets such as Reports of ill health by doctors and specialist physicians (THOR GP) and ill health

assessed for disablement benefit (IIDB)) is only the 'tip of the iceberg' as it only represents the small number that are reported; and

- It is difficult to link the supports to specific achievements and impacts, for example while a company may have a Mental Health policy it may or may not have an impact on employee mental health and wellbeing

It was felt that while important to have a sector/industry focus, companies should be encouraged to assess their own 'performance' or 'maturity' regarding mental health and wellbeing, and to track their improvement over time. .

Leadership: All construction stakeholders confirmed that there is appetite for leadership in this area, with the majority saying that this should be undertaken by CITB. These stakeholders suggested that CITB do this by:

- Work and collaborate with others who are specialists in this area;
- Designing a consistent way of measuring mental health and wellbeing for construction companies to use;
- Providing a hub of guidance and information on mental health and wellbeing supports available. This should involve collaborating with other stakeholders such as the British Safety Council, Mates in Mind, the Lighthouse Club etc to raise awareness of the factors contributing to poor mental health and promote the support and guidance available, particularly in the current context when companies may be less likely to invest in this themselves as well as with self-employed workers who may have no access to a support infrastructure;
- Promoting the work that is already ongoing in the sector (eg by the Lighthouse Club and Mates in Mind etc);
- Providing and running a forum (or joining existing steering groups / forums / councils) where industry leaders can come together to network and talk about mental health and wellbeing;
- Providing training on how to run effective mental health and wellbeing initiatives / a framework on best practice for providing mental health training;
- Providing additional funding to SMEs so that they can access resources;
- Developing a mental health and wellbeing platform/framework that construction companies could compare and benchmark themselves against based on their size and nature of work etc;
- Fund / host awards (with others) to recognise organisations who have performed well in relation to mental health and wellbeing in their workplace.

It was suggested that any dashboard needs ownership by a 'neutral body' such as CITB and not owned by one sub sector.

However, it was highlighted that as there is existing work in this area (eg the Mates in Mind Maturity Matrix and the Thriving at Work survey) and there is an opportunity to build on this and not 'reinvent the wheel'.

There were mixed views from companies on whether more leadership and guidance was needed, with 50% of survey respondents (n=126) stating more leadership and guidance in this area would be helpful however 41% (n=101) indicated they did not, while 9% (n=25) did not know.¹³⁵

The highest percentage of companies who felt more leadership and guidance was not needed were:

- Larger companies with 250+ employees (60% said no) and smaller companies who had 0-4 group employees (57% said no);
- Those with a formal policy of managing mental health of employees in place (56% of companies); and
- Those that are not principal contractors (52% of companies)

The majority of those that felt more leadership was needed suggested CITB should be involved in this leadership. A minority (n=3) felt other organisations (rather than CITB) such as the Lighthouse Club, Mates in Mind and the British Safety Council would be better placed to provide leadership in this area as they have expertise in mental health and wellbeing and they would therefore be more effective in providing support and advice. Moreover, it was suggested that if CITB were to lead it may be impacted by red tape and lack the agility needed to react to changing context and needs.

Buy in: It was felt that an 'authoritative' dashboard requires considerable buy in to its use as larger companies are, or could potentially, produce their own.



However, it was also highlighted that getting all construction sector organisations to use the same dashboard or benchmarking tool would be challenging as KPIs could vary according to company size, location, level of maturity and possibly sub-sector. For example, an SME may not have the scope, resources or requirement for the same policies or supports as a large multinational or tier one company, meaning any dashboard should reflect these nuances and it may not be possible to have a 'one size fits all' approach.

¹³⁵ Base =252 responded to this question

Key Points – Summary

Evidence of Impacts: There is evidence that organisations are providing mental health and wellbeing support programmes and initiatives, however there is a lack of information as to whether these are effective. In addition, there is a greater focus on direct employees and supports either may not be offered to employees in supply chain companies, or if they are, supply chain employees are not aware.

Leadership: There were mixed views on whether companies would like more leadership and guidance in relation to mental health and wellbeing, with 50% of survey respondents (n=126) stating they felt more leadership/guidance in this area was needed however 41% (n=101) indicated that they did not, while 9% (n=25) did not know.¹³⁶

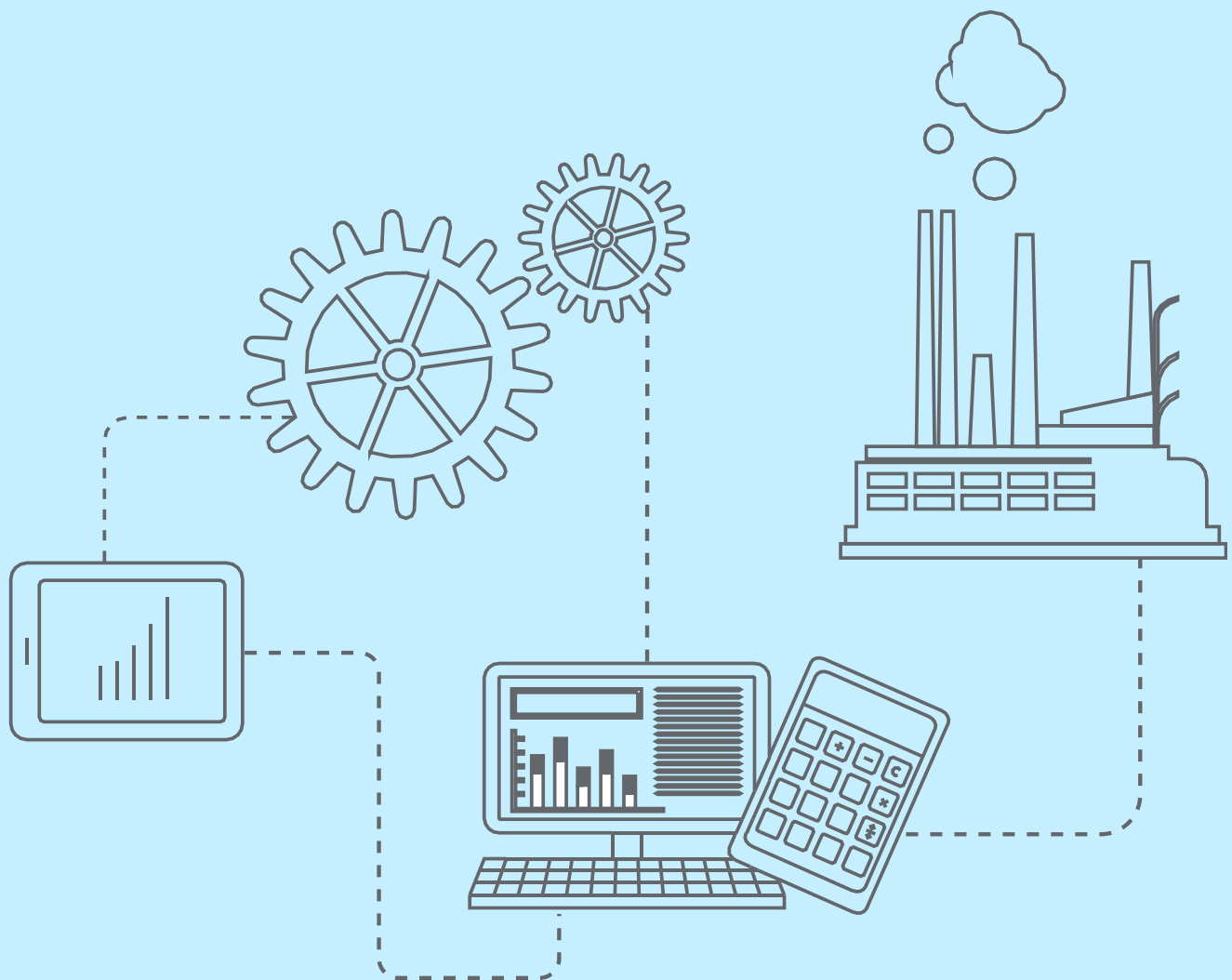
Of those that felt leadership is needed, most felt it should come from: the Government (however in many cases in conjunction with CITB and / or mental health charities, n=37); CITB (n=24); mental health charities (n=8); industry professional, governing or representative bodies (n=7); and HSE (n=6).

However, stakeholders stressed there is a need for a collaborative / 'joined up' and consistent approach across the sector and while a 'one size fits all' policy would not be appropriate, there is a desire for a 'one stop shop' source of information and guidance, with one interviewee noting *'everyone is a problem solver however there is a lack of ability for joined up thinking and working together to tackle a problem'*. Leadership is needed to raise awareness of both mental health and wellbeing issues as well as evidence as to 'what works' regarding the supports available.

Dashboard: While the stakeholders consulted suggested a mental health and wellbeing dashboard for the construction sector could be beneficial, it requires agreement on the measures to be included, which may be challenging across different company sizes and sub-sectors. In addition, due to the numerous factors impacting on mental health and wellbeing, it may be difficult to consistently and accurately measure this.

¹³⁶ Base =252 responded to this question

8. KPIS AND OPTIONS ASSESSMENT



8.1 Introduction

This section details the options considered for the delivery of a service to the sector which supports employers in measuring their performance regarding employee mental health and wellbeing.

8.2 Risk Assessment and Maturity Matrix

There is currently a fragmented approach in the industry to both measuring and addressing poor mental health and wellbeing. This research has shown that there is no common framework for measuring employee health and wellbeing, nor is there a joined up approach to supporting construction employers, understand their needs, and how best to support them.

8.2.1 Employee Mental Health and Wellbeing

The literature review and the stakeholder consultation findings suggest there are several factors that increase the risk of poor mental health for construction employees, namely: working away from home / frequent travelling; occupational stressors; heavy workloads and long working hours; and job insecurity.

Table 18: Employee Risk Assessment

Risk	Detail / Consequence
Working away from home / travelling	Long daily travel distances and staying away from home. Loneliness can be a significant factor, contributing to stress, depression and anxiety . ¹³⁷
Occupational stressors	These include dangerous work, production pressures, rapid and complex decision making and the responsibility for the safety of others. ¹³⁸
Heavy workloads and long working hours	Fatigue is an indicator of mental health that can come about from heavy workloads and long working hours and can affect individuals' performance, productivity and safety . ¹³⁹
Job Insecurity	Job security is fragile and uncertain, which also contributes to stress . ¹⁴⁰

Any employer scoring high on the above factors should be actively measuring employee mental wellbeing and taking appropriate action to address the specific issues raised.

8.2.2 Maturity Assessment

A mental health and wellbeing maturity matrix can be used to assess how well companies are managing mental health and wellbeing risks. An outline maturity matrix is provided below which illustrates the concept of continuous improvement along a workplace mental health maturity continuum. Employers should begin by developing a baseline against the key financial and nonfinancial indicators contained in this report. Companies can use these to identify areas that will have the greatest positive impact for employees. Supports should be selected based on the needs identified and progress tracked over time.

¹³⁷ [The hidden problem: mental health in construction | Croner-i](#)

¹³⁸ Sherratt, F (2017) Shaping the Discourse of Worker Health in the UK Construction Industry

¹³⁹ Smyth, H., Roberts, A., Duryan, M., Sherratt, F., Jing, X., Toli, A.M. (2019) Occupational Health, Safety and Wellbeing in Construction: Culture, Systems and Procedures in a Changing Environment, Bartlett School of Construction and Project Management, UCL.

¹⁴⁰ [The hidden problem: mental health in construction | Croner-i](#)

Table 19: Employer Maturity Level

Maturity Level	Detail
Low level	Mental Health and Wellbeing – no standard policy or supports in place
Medium Level	Mental Health and Wellbeing – standard policy in place with standard supports such as guidance to best practice supports, but no active measurement or monitoring of the impact achieved by the supports.
High Level	Mental health and wellbeing policy in place, supported by ongoing measurement of wellbeing levels and proactivity in putting in place support for ongoing needs.

Table 20: Employer Maturity Matrix

	1 – Infancy	2 – Developing	3 – Evident	4 – Established	5 – Integrated	6 – Transformational
Description	Basic compliance	Evidence of developing mental health risk management + supports	Some evidence of strategic mental health risk management + supports	Evidence of established mental health risk management + supports	Evidence of strategic mental health and supports available in the supply chain	Evidence of transformational changes

Other factors to be assessed in relation to employer maturity include buy-in (eg from the executive team and the wider organisation); investment in mental health and wellbeing (eg reactive or pro-active); initiatives provided (eg baseline and prevention); and data collection (eg baseline data and KPIs).

We understand that Mates in Mind have developed a framework to assess the ‘maturity’ of organisations based on the HSE management standards and the Thriving at Work standards, alongside other exploratory questions. However due to its IP further detail is not contained in this report. .

Combining the employer maturity matrix and employee risk assessment will identify key and sequential priorities:

1. Identifying employers with low mental health and wellbeing maturity and employees at high risk of poor mental health;
2. Employers with a maturity in balance with employee risks; and
3. Employers with high maturity and low risk.

The following table illustrates the combined employer maturity and employee risk matrix, and the areas of action for those employers falling into each quadrant.

Table 21: Employer Maturity and Employee Risk Matrix

<u>High Employer Maturity and Low Employee/ Contractor Risk</u> <i>Action: Maintenance strategy needed</i>	<u>High Employer Maturity and High Employee/ Contractor Risk</u> <i>Action: Ongoing measurement and development to ensure employer continues to manage employee / contractor needs and risks regarding mental health and wellbeing</i>
<u>Low Employer Maturity and Low Employee/ Contractor Risk</u> <i>Action: Education of employers on the need for policies and measuring employee / contractor wellbeing</i>	<u>Low Employer Maturity and High Employee/ Contractor Risk</u> <i>Actions:</i> <i>1. Education of employers</i> <i>2 Education of employees / contractors of causes of poor mental health</i> <i>3. Proactive and targeted supports</i> <i>4. Measuring changes in mental health at employee / contractor level</i>

The matrix below categorises companies who responded to the RSM survey into the matrix linked to:

Employer health and wellbeing maturity – based on:

- Having Mental health and wellbeing policy in place;
- Ongoing measurement of wellbeing levels; and
- Having or putting in place, wellbeing supports / interventions

Employee/contractor risk – respondents were not asked to select employee risk factors for their company, therefore this has been informed by findings from the literature review on types of risk in each sub sector. However, this has resulted in all sub-sectors having at least one of the employee risk levels.

Table 22: Employer Maturity and Employee Risk Matrix – based on responses to RSM construction company survey

Health and Wellbeing Maturity	<u>High Employer Maturity and Low Employee / Contractor Risk</u> None	<u>High Maturity and High Employee/ Contractor Risk</u> Companies with 250+ employees, in the Civil engineering sector
	<u>Low Maturity and Low Risk</u> None	<u>Low Employer Maturity/ High Employee/ Contractor Risk</u> - Companies with 0-4 employees, in the Construction of buildings sector and Specialised construction activities sector - Companies with 5-9 employees, in the Construction of buildings sector; Specialised construction activities sector; and Architectural and engineering activities - Companies with 10-49 employees, in the Construction of buildings sector; Civil engineering sector; and Specialised construction activities sector - Companies with 50-249 employees, in the Construction of buildings sector; Civil engineering sector; and Specialised construction activities sector - Companies with 250+ employees in the Construction of buildings sector
	Risk	

Note:

The matrix above only relates to principal contractors and some sub-sectors have not been included due to low response rates.

The RSM survey did not ask an employee risk question and therefore the employee risk is based on the literature review and desk research, which suggests all construction sub-sectors would have some element of the employee risk factors:

- Working away from home / travelling
- Occupational stressors
- Heavy workloads and long working hours
- Job Insecurity

As a result, there are no company groups in the 'low risk' parts of the matrix.

8.3 Employee / Contractor Mental Health KPIs

KPIs provide a foundation for health and wellbeing performance measurement and to assess progress against predefined targets or benchmarks. Key considerations in the selection and development of KPIs include:

1. Focusing on specific KPIs can potentially lead to ignoring other important areas, therefore it is important they reflect the key factors contributing to mental health and wellbeing
2. The linkages between the measures and impacts need to be clear and based on evidence-based literature
3. Considering different stakeholders' views is essential for usability of the measures
4. Developing the definition of each KPI is essential to ensure consistency
5. Understanding the interconnectivity between selected measures is an important concern in dashboard development. Establishing a hierarchical structure of measures or identifying 'lead' and 'lag' measures is necessary for investigating their mutual impacts and providing drill down capability of each KPI
6. The number of KPIs should be limited, meaning they should relate to high priority areas

The following table outlines the datasets currently available linked to the most common mental health and wellbeing indicators identified in the literature review. However, not all sources collect representative data at a sector level:

Table 23: Key Mental Health and Wellbeing Indicators – Available Data

Sub-domain	Indicator (and source, if applicable)	Sector / Professionals / Workers	Description / Survey Question	Frequency
Anxiety	Anxiety (CIOB survey for 'Understanding Mental Health in the Built Environment' report)	CIOB survey of over 2,000 construction professionals , taken in October 2019. Includes companies outside of the UK and the sample size is not representative of the sector.	Thinking about your working life over the past year, how often have you suffered from anxiety?	Currently a one off survey
	CIPD (2020) UK Working Lives Survey / CIPD Good Work Index	The 2020 survey involved a sample of 6,681 workers , only 6% are from the construction industry.	Individuals were asked whether they felt miserable, stressed, anxious or depressed as a result of their work	Annual (three surveys have been conducted to date)
Depression	Depression (CIOB survey for 'Understanding Mental Health in the Built Environment' report)	CIOB survey of over 2,000 construction professionals , taken in October 2019. Includes companies outside of the UK and the sample size is not representative of the sector.	Thinking about your working life over the past year, how often have you suffered from depression?	Currently a one off survey
	Suicide rate (Suicide by occupation, England and Wales,	Includes managers, professionals, supervisors and operatives.	Number of suicides by construction occupations.	Data collection for 2011 - 2019

Sub-domain	Indicator (and source, if applicable)	Sector / Professionals / Workers	Description / Survey Question	Frequency
	2011 to 2019 registrations)		Occupation 513 'Construction and Building Trades' can be used to define those with a construction based occupation.	
	CIPD (2020) UK Working Lives Survey / CIPD Good Work Index	The 2020 survey involved a sample of 6,681 workers , only 6% are from the construction industry.	Individuals were asked whether they felt miserable, stressed, anxious or depressed as a result of their work	Annual (three surveys have been conducted to date)
Fatigue	Fatigue (CIOB survey for 'Understanding Mental Health in the Built Environment' report)	CIOB survey of over 2,000 construction professionals , taken in October 2019. Includes companies outside of the UK and the sample size is not representative of the sector.	Thinking about your working life over the past year, how often have you suffered from fatigue?	Currently a one off survey
Stress	Stress (CIOB survey for 'Understanding Mental Health in the Built Environment' report)	CIOB survey of over 2,000 construction professionals , taken in October 2019. Includes companies outside of the UK and the sample size is not representative of the sector.	Thinking about your working life over the past year, how often have you suffered from stress?	Currently a one off survey
	Unmanageable stress and mental health issues (Construction News Mind Matters Survey)	Total respondents: 922. Of the 913 who provided their role: • Director-level (9%) • Senior management (16%) • Project / Middle management (52%) • Junior/graduate (15%) • Self-employed (3%) • Operative (2%) • Did not say (3%)	If respondents had taken time off work because of unmanageable stress and mental health issues	Annually
	CIPD (2020) UK Working Lives Survey / CIPD Good Work Index	The 2020 survey involved a sample of 6,681 workers , only 6% are from the construction industry.	Individuals were asked whether they felt miserable, stressed, anxious or depressed as a result of their work	Annual (three surveys have been conducted to date)

Sub-domain	Indicator (and source, if applicable)	Sector / Professionals / Workers	Description / Survey Question	Frequency
Loneliness (exacerbated by Covid-19)	Working in isolation (CIOB survey for 'Understanding Mental Health in the Built Environment' report)	CIOB survey of over 2,000 construction professionals , taken in October 2019. Includes companies outside of the UK and the sample size is not representative of the sector.	Indicate how stressful you find the following factors in your organisation: working in isolation This question is only asked only of those employed at 'manual labour' level	Currently a one off survey
Engagement and productivity	Absence; Presenteeism (individual construction company data or survey)	Will vary per company – likely to include professionals and workers	Extent to which this is recorded and how will vary per company	Company HR data or annual engagement and wellbeing survey (some companies)
	Working time lost per year (CIPD (2020) Health and well-being at work survey)	Survey of over 1,000 professionals construction industry made up 3% (33) of responses to the survey ¹⁴¹	Average working time lost per year	Annually
Job satisfaction	Job satisfaction (individual construction company surveys (85.1%, n=40%) of 200 respondents to the RSM company survey reported that they measure this)	Will vary per company – likely to include professionals and workers	Question may vary per company	Annual engagement and wellbeing survey (some companies)
Causes of poor mental health	Major contributors to poor mental health (Construction News Mind Matters Survey)	Total respondents: 922. Of the 913 who provided their role: • Director-level (9%) • Senior management (16%) • Project / Middle management (52%) • Junior/graduate (15%) • Self-employed (3%) • Operative (2%) • Did not say (3%)	Which factors are viewed as a major contributor to poor mental health	Annually

The table above highlights the current limitations of existing data and survey information regarding employee/ contractor mental health and wellbeing:

- **Frequency** – varies depending on the dataset:
 - the only published datasets relevant to mental health in the construction industry are ONS data on the number of suicides by occupation; and
 - there is no large scale, industry-wide survey conducted on a regular basis.

¹⁴¹ Surveyed over 1,000 people professionals - representing 4.5 million employees - from across the UK

- **Representation across the sector** – limited:
 - CIOB survey for ‘Understanding Mental Health in the Built Environment report had 80% of responses from outside of Great Britain and focused mainly on construction professionals, with only 5% of respondents working in manual labour, 50% stated their job role as middle management, and 34% responded they were at director/senior management level). In relation to the type of business they belonged to, the majority (50%) responded that they were a main contractor, 21% were part of a consulting business, 9% were sub-contractors, and 20% responded other. Similarly, the CIPD 2020 Health and well-being at work survey surveyed over 1,000 people professionals from across the UK however only 3% were in the construction sector;
 - Construction News survey reaches c. 900 workers (compared to c. 992,250 businesses¹⁴² and approx. 2.14m employees¹⁴³ across the UK); and
- **Coverage of key KPIs across the sector** - while some construction companies complete annual engagement and wellbeing surveys this is not consistent across the sector.

Work is underway by the construction industry charity, the Lighthouse Club, which has commissioned Caledonian University to produce an interactive dashboard that covers all of Construction in UK and Ireland to give insight into how resources and programmes the industry is undertaking are delivering against high level wellbeing indicators. Initially this will deliver suicide statistics by Construction SOC codes and country followed by occupational indicators and results of the Road to Wellbeing (Thriving at Work) surveys when it is rolled out nationally. However, the Thriving at Work surveys focus on **what employers are doing to promote mental health and wellbeing and not on measuring employee wellbeing itself.**

Summary: Collecting data on the mental and wellbeing of the construction workforce is a necessary first step to understanding the state of the sector. However, data that covers all types of construction workers does not exist in one centralised report or with any one organisation. The following section considers options for delivery of this data and the signposting of employers to relevant supports and measuring their effectiveness.

8.3.1 Delivery Options

The organisational options for delivery of a service to the sector which supports employers in measuring their performance regarding employee mental health and wellbeing are set out below. It will be essential that the leading organisation works closely with the other stakeholders involved to ensure there is a ‘one stop’ service to employers.

Table 24: Delivery Options for Employer and Employee Surveys

	Advantages	Disadvantages
CITB	• Large reach within the sector across geographies and roles, with 77,803 levy registered employers with CITB • Aware of the issues / challenges specific to construction • Already have a leadership role with the sector	• Stakeholder concerns regarding ‘red tape’

¹⁴² ONS Business Population Estimates (2020)

¹⁴³ ONS (February 2021) EMP13: Employment by industry. Indicates that 2.17m people were employed in the construction industry between October and December 2020

	Advantages	Disadvantages
Mates in Mind (pre-existing assessment tool)	- Utilising their current maturity matrix assessment' 460 member organisations, 77% are SME with reach to more than 350,000 individual workers.¹⁴⁴ - Awareness of issues/ challenges	Current work does not reach the whole sector – only those that sign up to Mates in Mind
Lighthouse Club (new interactive dashboard)	- New dashboard (in development – led by Caledonian University) covers all of Construction in UK and Ireland, initially including stats by Construction SOC codes and country followed by occupational indicators nationally - Viewed as an independent body with skills and expertise in relation to mental health and wellbeing - Aware of the issues / challenges specific to construction	Not yet developed, however the Lighthouse Club reach out to 2,000 construction workers per annum who need support.
Safer Highways (Thriving at Work survey)	- Utilising their current Thriving at Work survey means not 're-inventing the wheel' and is mapped to the core and enhanced standards of the Government commissioned 'Thriving at Work' report.¹⁴⁵ - Approx. 32 member companies	- Thriving at Work survey currently does not reach the whole sector / focused on those working on public highways - The Thriving at Work survey is based on what companies are doing to support workers and not the impact of this/ not on measuring employees mental health

CITB has the largest reach of the organisations considered, and this is key to having an impact. However, work will be needed to convince companies that CITB has the specialist expertise needed and collaboration with other specialists will be essential. Employers need to be convinced of CITB's ability to lead and also to see that having a 'one stop shop' can benefit them. We recommend that CITB engages with the other organisations already working in this area to agree the best way to deliver an integrated support service. Work should start with:

1. Measuring the baseline levels of mental health and wellbeing in the sector (and agreeing the priority indicators to focus on initially)
2. Developing a shared vision for the sector regarding mental health and wellbeing; and
3. Making a 'one stop shop' available that sets out supports for employers and employees.

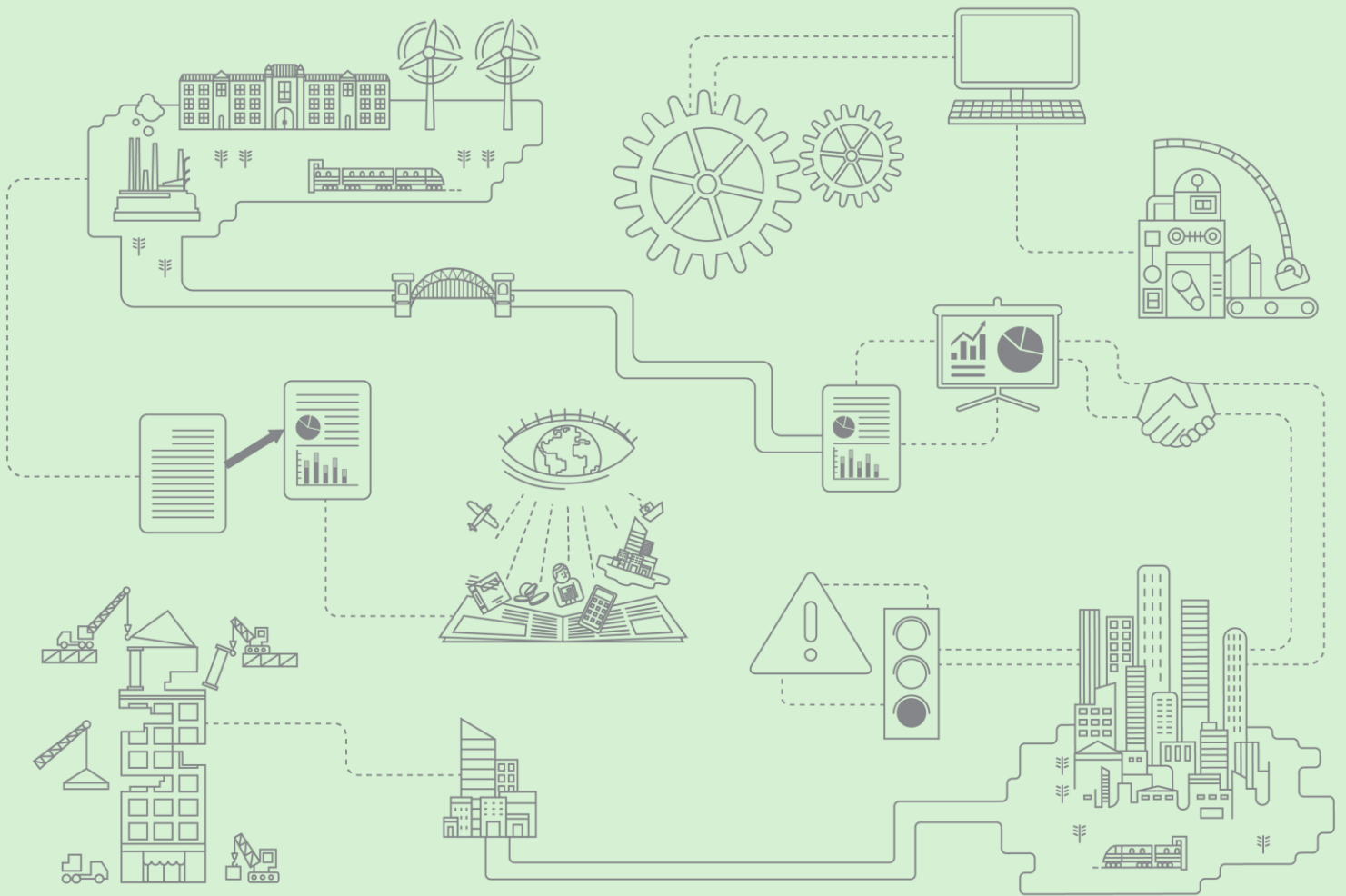
¹⁴⁴ Information provided to RSM from Mates in Mind (February 2021)

¹⁴⁵ Farmer, P. And Stevenson, D. (2017) Thriving at Work: The Independent Review of Mental Health and Employers

Key Points – Summary

- CITB is the preferred lead organisation based on its membership numbers, however it cannot deliver this work alone and collaboration / partnership working with partners is essential. A shared vision with clear roles and responsibilities agreed for each partner organisation is essential for delivery.
- There is a need for a baseline detailing current levels of mental health and wellbeing in the sector
- There needs to be a **one stop shop** for information and support as companies do not wish to receive different and potentially conflicting information from different sources
- Need to develop an evidence base that identifies best practice interventions and where they should be used

9. CONCLUSIONS AND RECOMMENDATIONS



9.1 Introduction

This section presents the conclusions of the primary and secondary research on the level of mental health and wellbeing activity within the construction industry and the ability to create an industry health dashboard. It also provides evidence-based recommendations to inform possible future interventions.

9.2 Conclusions

Causes of poor mental health and wellbeing in the construction sector / impact of Covid-19

There is a prevalence of poor mental health within the construction industry. Between 2011 and 2015, of the 13,232 in-work suicides recorded 1,419 were within the skilled construction and building trades, despite construction accounting for little over 7% of the UK workforce.¹⁴⁶

Physical health and safety are given significant priority in the construction industry however given that suicide often kills more people than falls from height¹⁴⁷, there is a need for steps to reduce the stigma surrounding mental health and improve the support available to workers.

The literature review and the stakeholder consultations highlight several factors that increase the risk of poor mental health for construction employees, namely: **working away from home / frequent travelling; occupational stressors; heavy workloads and long working hours; and job insecurity.**

The onset of Covid-19 has had a mixed impact on the industry and the results are as yet still unknown. For example, many will have felt uncertainty regarding the security of their jobs as well as a loss of structure and routine, all of which are crucial for psychological wellbeing. However, due to Covid-19 and construction work being instructed to continue, the industry has seen greater time spent on planning work tasks, fewer workers on-site and improved housekeeping; leading to increased productivity and reduced health and safety risk,¹⁴⁸ which in turn can reduce stress and anxiety. In addition, changes to induction processes and welfare and hygiene arrangements have the potential to improve safety, wellbeing and motivation for the workforce if maintained in the longer term.¹⁴⁹

Existing Mental Health and Wellbeing Initiatives

There are a number of different mental health and wellbeing supports available from industry professional bodies, charities and employers across construction as well as those available to the general population. However, the focus is largely on awareness raising and online supports.

Evidence of the effectiveness of the supports available is limited and focuses mainly on measuring uptake levels. There is little evidence of the impact on mental health and wellbeing. **It is essential that the level and quality of evidence improves to provide employers with sufficient information to help them make informed decisions about the most effective supports and the Return on Investment that can be achieved from utilising these for their workforce.**

Supply Chain Companies

There is evidence that organisations are providing mental health and wellbeing support programmes and initiatives, to direct employees and to some extent, supply chain employees.

However key stakeholders and construction companies reported that supply chain employees are often not aware that they can access mental health and wellbeing resources from their principal contractor.

¹⁴⁶ Office for National Statistics: Suicide by occupation, England: 2011 to 2015

¹⁴⁷ [Mental Health in the Construction Industry - UK Construction Online \(ukconstructionmedia.co.uk\)](https://www.ukconstructionmedia.co.uk/mental-health-in-the-construction-industry)

¹⁴⁸ Jones, W., Chow, V., & Gibb, A. (2020) Covid-19 and construction: Early lessons for a new normal?

¹⁴⁹ Jones, W., Chow, V., & Gibb, A. (2020) Covid-19 and construction: Early lessons for a new normal?

This is also evident in the feedback received from supply chain companies that responded to the RSM survey, who suggested their employees could be most effectively reached through greater promotion of the mental health and wellbeing initiatives and resources available to them and via access to the mental health initiatives and programmes provided by companies further up the supply chain.

The most effective way to target small and micro construction companies is through principal contractors creating awareness with their supply chain of the importance of mental health and sharing effectiveness data once it becomes available.

Key Performance Indicators, Existing Data and Future Dashboard

Current mental health and wellbeing dashboards (n=12) reviewed vary in relation to the KPIs recorded, level of detail included, and data sources used. None measure all the key mental health and wellbeing indicators identified in the literature review.

There are several published data sources available relating to and measuring mental health and wellbeing and several indicators of mental health issues, for example the Office for National Statistics (ONS) Annual Population Survey and Labour Force Survey; Health and Safety Executive (HSE) summary statistics for Great Britain 2019; and Public Health England Mental Health and Wellbeing Joint Strategic Needs Assessment (JSNA). However only data on the suicide rate by occupation in England and Wales includes information that is specific to construction.

Limitations of the currently available data includes:

- **Lack of disaggregation** - for example, by industry, profession, age, or gender;
- **Frequency of data collection** - data specific to the construction industry is not collected on a consistent and frequent basis;
- **Representation across the sector** - there is currently no dataset or large scale, industry-wide survey that reaches the majority of construction professions; and
- **Coverage of key KPIs** - there are no consistently measured mental health and wellbeing KPIs across the industry.

Developing mental health and wellbeing KPIs for the sector will be challenging given:

- The transient nature of construction workers (as they can move from employer to employer based on contracts);
- Getting robust data from companies may be difficult when they are not legally required to provide it;
- The existing evidence that is available (eg via individual company / organisation surveys and datasets such as reports of ill health by doctors and specialist physicians (THOR GP) and ill health assessed for disablement benefit (IIDB)) only represent a small number of people in construction with mental health issues; and
- The variation in company size, sub-sector, location, level of maturity (regarding mental health and wellbeing). For example, a Small and Medium-sized Enterprise (SME) may not have the scope, resources or requirement for the same policies or supports as a large multinational or tier one company, meaning any dashboard should reflect these nuances in the collection and presentation of information.

Construction companies and industry stakeholders highlighted that any future dashboard should also measure the progression (ie the level 'maturity' of a company) regarding mental health and wellbeing as

well as the level of signposting to appropriate sources of support to address any gaps or 'underperforming' areas.

Future Leadership

There is a need for leadership and partnership, amongst those already working in this area. Construction companies and industry stakeholders recognise the need for clear leadership to coordinate the development of an industry-wide dashboard and sector-wide strategy to improve mental health and wellbeing.

Many of the construction companies and industry stakeholders consulted suggested this should come from an organisation who could be considered 'neutral'; meaning it would not be 'owned' by any specific sub-sector.

There is existing work in this area such as the:

- Mates in Mind Maturity Matrix,
- Thriving at Work surveys; and
- Work commencing by the Lighthouse Club on an interactive dashboard that covers all of Construction in UK and Ireland to give insight into how resources and programmes the industry is undertaking are delivering against high level wellbeing indicators.

Therefore, there is an opportunity to build on this and not 'reinvent the wheel'. Leadership is needed with regard to:

- Setting up a working group to bring together the different stakeholders already involved and ensure coverage from all sub-sectors. The purpose will be to: (a) agree the relevant KPIs to be used across the sector to measure mental health and wellbeing in construction; (b) support benchmarking across the sector regarding performance against these measures; (c) highlight / showcase best practice; and (d) provide networking opportunities for construction companies to learn from each other;
- Providing a 'centralised platform' for information and support as companies do not wish to receive different and potentially conflicting information from different sources;
- Promoting work already ongoing in the sector (eg by the Lighthouse Club and Mates in Mind);
- Reviewing the specific needs of SMEs so that they can access resources they need from principal contractors / others; and
- Funding / promoting the existing Mates in Mind impact awards to recognise organisations who have performed well in relation to mental health and wellbeing in their workplace.

However, an 'authoritative' dashboard requires considerable buy-in of its use as larger companies could potentially produce their own, therefore buy-in via sector / industry representatives is critical. It will be essential that whichever organisation leads on this work needs to collaborate with the other stakeholders involved to ensure there is a 'one stop service' for employers. Furthermore, a number of charities are investing considerable time / resource in providing new tools and these could be promoted, once their effectiveness is evidenced.

Risk / Maturity

Construction companies surveyed highlighted they were at different stages in the development and implementation of their mental wellbeing and health policies. Therefore, it was felt that any dashboard needs to support employers with measuring their progression. A mental health and wellbeing maturity matrix can be used to assess risks, progression and the areas for investment. An outline maturity matrix is provided in section 8. Industry can encourage the use of this tool to ensure a focus on the areas of greatest need, based on their individual contexts.

9.3 Recommendations

Recommendation 1:

Buy in and engagement from large organisations in the construction industry is key to having an impact.

We recommend that industry leaders engage with the other organisations already working in this area to agree the best way to deliver an integrated support service.

A working group with key industry stakeholders should be established to agree how best to utilise existing work within the sector, in particular by Mates in Mind (Maturity Matrix), Safer Highways (Thriving at Work surveys); and the Lighthouse Club (Construction Workforce Health and Wellbeing dashboard). Work should also include:

1. Measuring the baseline levels of mental health and wellbeing in the sector (and agreeing the priority indicators to focus on initially); and
2. Developing a shared vision for the sector regarding mental health and wellbeing.

Recommendation 2: Develop a mental health and wellbeing dashboard in collaboration with the working group above and established organisations already operating in this space. This should build on work already underway, for example the interactive dashboard in development by the Lighthouse Club (in conjunction with Caledonian University) that will cover construction in UK and Ireland.

The initial dashboard should contain a small number of 'core' KPIs that would be consistent across most, if not all, industry sub-sectors before developing and increasing KPIs over the next 3 years to include those focused on specific sub-sectors, sizes of companies and maturity. The core KPIs should focus on the most common mental health and wellbeing issues for construction workers as evidenced in the literature review and included below, as well as a definition to ensure companies are clear on the meaning of each. The dashboard should also promote and provide access to robust tools that employers can use to measure employee wellbeing for each of the conditions, as well as the 'core' KPIs, illustrative examples are included in the following table:

Mental Health Condition	KPI	Definition	Possible Tools* (Examples Only)
Anxiety	Percentage of construction workers who feel anxious at least some of the time during a typical week	A feeling of unease, such as worry or fear, that can be mild or severe ¹⁵⁰	• Depression Anxiety Stress Scale (DASS21 (bristol.ac.uk)) • 7-item anxiety scale (GAD-7)
Depression	Percentage of construction workers who feel depressed as a	Experiencing low mood, loss of interest or pleasure, feelings of guilt	• Depression Anxiety Stress Scale (DASS21 (bristol.ac.uk))

¹⁵⁰ [Signs and symptoms of anxiety | Mental Health Foundation](#)

Mental Health Condition	KPI	Definition	Possible Tools* (Examples Only)
	result of their work or percentage of workers who experience depression annually / in the last year	or low self-worth, disturbed sleep or appetite, low energy, and poor concentration ¹⁵¹	Beck Depression Inventory (BDI)
Fatigue	Percentage of construction workers who experience fatigue as a result of their work or percentage of workers who experience fatigue annually / in the last year	When tiredness is overwhelming and is not relieved by sleep and rest ¹⁵²	- Fatigue Assessment Scale for Construction Workers (FASCW) - Occupational Fatigue Exhaustion/Recovery Scale (OFER)
Stress	Percentage of construction workers who feel stressed at least some of the time during a typical week	The degree to which you feel overwhelmed or unable to cope as a result of pressures that are unmanageable ¹⁵³	- Depression Anxiety Stress Scale (DASS21 (bristol.ac.uk)) - Work Stress Questionnaire (WSQ) - Work-Related Quality of Life Scale (includes a stress at work subscale)

**Note: permission should be sought from respective tool owners, where applicable, prior to use*

The dashboard could cross reference with national averages from the HSE on number of working days lost due to ill health for each of these conditions and / or the Chartered Institute of Personnel and Development (CIPD) Health and well-being at work survey on the proportion of working time lost per year and the level of work-related stress and mental health.

Recommendation 3: Develop and make available to construction companies a risk / maturity matrix to measure mental health and wellbeing at an organisational level and highlight areas for further development. This could include eg if they have a mental health policy in place; buy-in of the senior management team; initiatives provided and what data is collected etc. The Working Group should consider if and how the existing Thriving at Work survey could be utilised in this regard. Employers should be encouraged to progress, regardless of their starting point.

Recommendation 4: Data on the effectiveness of existing supports is very limited and focused mainly on measuring uptake levels. Therefore, we recommend that evaluations are completed for key schemes to assess effectiveness. Key measures and associated tools are set out in the table above. This is especially important to assess the effectiveness of any new interventions or approaches such as online support or apps.

This evidence should be used to showcase best practice through awards and producing best practice case studies where interventions have been effective and principal contractors have been effective in promoting the mental health and wellbeing supports they provide to companies in their supply chain. These could be shared to help develop the targeting of small and micro construction companies within the supply chain.

¹⁵¹ [Depression | Mental Health Foundation](#)

¹⁵² [10 medical reasons for feeling tired - NHS \(www.nhs.uk\)](#)

¹⁵³ [Stress | Mental Health Foundation](#)

APPENDIX A: STAKEHOLDER CONSULTEES

- Anxiety UK
- Barhale
- British Association for Counselling and Psychotherapy
- British Safety Council
- Build UK
- Building Mental Health
- Chartered Institute of Personnel and Development (CIPD)
- Construction News
- Costain
- Health and Safety Executive (HSE)
- Health in Construction Leadership Group
- Laing O'Rourke
- Lighthouse Club
- Mates in Mind
- Mental Health First Aid England
- Mind
- Safer Highways
- Seddon
- Skanska
- Tideway



APPENDIX B: CASE STUDIES

Laing O'Rourke – Mental Health and Wellbeing Initiatives

Context

There have always been challenges around mental health and wellbeing within the construction industry. The ongoing Covid-19 pandemic is having a negative impact on mental health and wellbeing within the construction industry. This is a result of concerns around job losses, financial difficulties, isolation, loneliness, and what 'normal' will look like post-Covid. As workers are still expected on site, there is concern about contracting the virus whilst working or commuting, and then passing the virus onto family members. As a result, the need and demand for wellbeing support has increased due to Covid-19.

The support / initiatives / programmes provided

The supports that Laing O'Rourke have in place are:

- Mental Health Champions who provide a support network and can refer people to appropriate initiatives. Laing O'Rourke have approximately 230 mental health champions;
- Of the 230 Mental Health Champions 76 of these have been upskilled to Mental Health First Aiders. This upskilling will continue into 2021 until all Mental Health Champions have been through the programme;
- 400 Managers have been trained in Managing Mental Health in the workplace. This trains managers to identify signs of poor mental health and how to provide support to employees who are experiencing mental health issues;
- Resilience and mindfulness training for all employees to provide them with the tools and techniques to manage their own health and wellbeing; and
- Programmes that are designed, delivered and resourced internally. Laing O'Rourke use specialist support or training from external specialists (eg Mind or The Energy Project) to help deliver specific programmes.

Levels of engagement/ uptake

Resources are made available to SMEs, as the wellbeing of SMEs in their supply chain is important to Laing O'Rourke.

Engagement in resilience and mindfulness training and the capacity management programme is high since employees can see how these programmes can benefit them at work and at home. Laing O'Rourke recently introduced the Thrive App to all their employees which helps people assess their mental health or mood on a daily basis and the app then sends relevant support or guidance straight to the individual.

Benefits / Outcomes Achieved

The data that is collected to measure success of the programmes are:

- Engagement in the programme (eg Number of people attending training courses / using apps);
- Management information data on how many people access counselling and other services; and
- Information on why people access services and resources.

Trends are monitored and this information can then be used to shape the wellbeing strategy moving forward. Laing O'Rourke have also participated in the Mind Wellbeing Index over the last 4 years and were awarded Gold in the Mind Workplace Wellbeing Index 2018/19. Previously they were awarded bronze and silver, so this demonstrates that their programmes have been successful in improving mental health and wellbeing within the organisation.

Barriers Encountered

The main barrier is that reaching supply chains is challenging as their supply chain is large. Another barrier is that smaller contractors may not have as much availability and ability to monitor and implement programmes.

Key Lessons Learned

Being open and transparent about mental health in the workplace encourages people to actively engage in the training and discuss mental health concerns with first aiders, mental health champions, and senior management. Having employees involved in the delivery of programmes means that employees are supporting each other which is an efficient use of resources for the organisation. Champions have been highly effective because some employees may feel more comfortable speaking to another employee instead of someone in senior management about mental health concerns.

KPIs Identified

Measure	Indicator / Source of Information
Awareness	Engagement in programme
Uptake/ Usage levels	Number of people engaging in training
Satisfaction levels	Survey
Achieved change in mental wellbeing	Awarded gold in Mind Workplace Wellbeing Index 2018/19 after being awarded bronze and silver in previous years

Construction News – Mind Matters Survey

Context

Construction News recognises that mental health in the construction industry is poor. There are very little services available to people in industry, and that is a particular problem for small companies and sub-contractors that make up most of the industry. The construction industry has the highest rates of suicide in any UK sector. The main reason for poor mental health in the construction industry is that lots of people own their own business, and the associated financial insecurity contributes to the problem of poor mental health. Construction workers also work away from home so are more likely to experience loneliness and lack a support network.

The Covid-19 pandemic has not changed the need for mental health and wellbeing support as poor mental health was already a problem in the construction industry. Covid-19 has become another factor contributing to poor mental health and has contributed to an increase in the demand for mental health support.

The support / initiatives / programmes provided

Construction News runs an annual Mind Matters Survey which was set up to collect data on the mental health of the construction sector and start a conversation within the industry about how mental health support can be improved. Previously the only statistics on mental health in the construction industry were ONS statistics on suicide.

The survey is aimed at all construction workers, and collects data on a range of different things, such as the current state of industry in terms of poor mental health and suicide. As the survey has developed over time, Construction News have looked at factors within mental health, eg employer's openness and efforts to talk about mental health and the relationship between employee and employer. The survey also captures other information on factors known to affect mental health, such as working hours, wages, and frequency of working away from home.

Levels of engagement/ uptake

Construction News aims to get an annual sample size of 1200-1500. SMEs and self-employed workers are represented however these are not the majority of responses. At the time of writing, Construction News are not entirely sure of breakdown and are unable to measure this.

Benefits / Outcomes Achieved

The survey has been successful in encouraging organisations within the construction industry to consider how the mental health of their employees can be improved. The progress made is reflected in the Mind Matters survey responses from 2019, which found that 72.5% of respondents believed mental health awareness had improved in the past 12 months, up from 33.7% recorded in the survey responses from 2018. Construction News are also aware, from the data that they collect, that there has been a large shift in employers taking mental health issues more seriously and launching initiatives to improve mental health. Their data also shows that more construction workers are accessing these initiatives.

The survey will continue on an annual basis, however the results of the 2020 Mind Matters survey have been delayed as a result of the ongoing Covid-19 pandemic.

Barriers Encountered

The key challenge that Construction News faces is getting a representative sample for their survey. SMEs and sole traders are less likely to fill in the survey due to lack of time.

Key Lessons Learned

For the 2019 survey, the questionnaire was taken directly to workers on site using tablets. This was successful in making the survey more accessible to construction workers. A total of 1,580 responses were received which was the highest response rate to date.

In order to address the challenge of reaching SMEs and small traders, Construction News have worked more with industry partners to distribute the survey to their workforces. However, it was suggested that it may not be possible to continue with this approach due to the stigma surrounding mental health in the construction industry, which may lead to people not being honest when completing the survey as they may think the survey is from their employers.

KPIs Identified

Measure	Indicator / Source of Information
Awareness	Survey responses to question on: • A need to hide mental health issues • If support for employees suffering from mental health issues is available from company leaders • If there is enough awareness about mental health issues in the industry • If the industry needs to be more open when it comes to discussing mental health • If there is a stigma surrounding mental health at work within construction • If there needs to be more support for employees experiencing mental health issues in the construction industry • If mental health awareness in the industry improved over the past 12 months
Uptake / Usage levels	Survey responses to question if employees have turned to their employer for support
Satisfaction levels	N/a
Achieved change in mental wellbeing	N/a

Lighthouse Club – Construction Industry Helpline

Context

The construction industry struggles with poor mental health history, over 20% of all reported absence from work is due to stress, anxiety or depression and every working day the industry loses two construction workers to suicide which is higher than any other sector. There are many factors that underly these startling statistics. Working away from home, living in poor accommodation with poor diet, working in an 87% male dominated industry with unhelpful stoic beliefs and significant stigma about opening the conversation around mental health. In addition, over 53% of the construction workforce are self-employed or agency workers and they work in environments where they need to find new contracts. This can lead to anxiety and financial insecurity.

The support / initiatives / programmes provided

The Construction Industry Helpline is a 24/7 helpline for all construction workers and their families in the UK and Ireland. It is a charitable service funded by the industry, for the industry and provides:

- Emergency financial aid to construction families in crisis;
- Advice on occupational health and mental wellbeing; and
- Support on legal, tax and debt management matters.

In May 2020, a free Construction Industry Helpline App that complements the helpline was launched. This is a proactive self-help tool that provides information, advice and guidance on a range of issues within the topics of mental, physical and financial wellbeing.

The Lighthouse Club have raised awareness of their helpline and app in the following ways:

- Working with Considerate Constructors in the UK to help raise awareness;
- Weatherproof posters with contact details and info on services; and
- Working with CITB to target companies and raise awareness.

In September 2020 the charity launched a series of free training sessions. These are lunchtime educational session delivered via live online workshops. The topics include building resilience, stress management, mindfulness, meditation, budgeting and preparing for interviews. The charity is also running free Mental Health First Aid courses and has worked with Building Mental Health and over 500 companies in the UK to manage a MHFA Instructor training programme for the industry, funded and supported by the CITB.

The expected outcomes are that any worker within the construction industry who feels that they need mental health and wellbeing support can use the helpline or the app to ask for help and identify further sources of guidance. The charity's mission is that "No construction worker or their family should be alone in a crisis"

Levels of engagement/ uptake

Engagement and uptake are high because the helpline and app are specifically focused on the construction sector. The app has been downloaded over 20,000 times since its launch in May 2020. 600,000 cards with contact details and info on the helpline have been handed out in the construction community to date. This represents approximately a quarter of people employed in construction.

Smaller and micro organisations are being reached by this initiative, because being able to do this is a key aim of the organisation. The Lighthouse Club provide a free EAP for any workers, eg sole traders, who do not have access to one through a larger organisation.

The Lighthouse Club 2019 Impact Report provided the following breakdown for occupational groups seeking assistance:

- Ground worker – 19%
- Builder, bricklayer – 16%
- Carpenters, joiners – 12%
- Plasterer, dry liner, fitter, decorator – 12%
- Roofer, scaffolder – 9%
- Professional managerial – 8%
- Plant operators – 8%
- Electricians – 6%
- Plumber, pipe fitters – 3%
- Heating, gas engineers – 3%
- Concrete, steel fixers – 2%
- Demolition – 2%

Benefits / Outcomes Achieved

The number of people calling the helpline increased by 57% between 2018 and 2019, and the number of families receiving advice on welfare and mental wellbeing increased by 110% between 2018 and 2019. Net Promoter Scores¹⁵⁴ are also used to track success, and these have increased over time. The Lighthouse Club recently launched a survey to measure improvements in mental health.

The introduction of professional case workers has made a significant difference to the efficiency of support. This means that the Lighthouse Club has been able to provide more enhanced support to families in need at a lower cost per case which is evidenced in the 62.5% reduction in average cost per case compared to 2018.

Barriers Encountered

The only barrier reported by The Lighthouse Club was stigma surrounding mental health making it less likely for some people to use the helpline and app. There are no other known barriers to uptake.

Key Lessons Learned

The helpline and app are clearly effective, as construction workers are talking about mental health more and there is a lot of engagement with the app and helpline. There has also been a recent

¹⁵⁴ Net Promoter Scores are used to measure experience of a programme or service and willingness to recommend it to others

change in the diversity of age groups, particularly amongst younger workers, that use the helpline and app to ask for help.

KPIs Identified

Measure	Indicator / Source of Information
Awareness	Number of times the app is downloaded, number of companies that pass on information of the helpline onto workers
Uptake/ Usage levels	Number of calls made to the helpline; number of times app is downloaded
Costs involved in delivery	Review of cost information
Satisfaction levels	Surveys and findings in impact reports
Achieved change in mental wellbeing	N/A

Tideway – Mental Health Maturity Matrix

Context

Suicide is the leading cause of death for men under 50, with the construction industry having the highest suicide rate across all UK sectors. Therefore, it is essential that mental health and wellbeing support is improved throughout the sector, and the industry places more of an effort into tackling the primary causes of poor mental health. Tideway recognises that there are many factors that can contribute to poor mental health in the construction industry, the main ones being;

- Long working hours;
- Working away from home;
- Uncertainty over next job;
- Working in cold and harsh environments, especially in winter; and
- Low pay leading to financial insecurity.

The support / initiatives / programmes provided

Tideway's mental health maturity matrix aims to aid companies in evaluating their performance regarding mental health within the workplace. The matrix was influenced by the findings of the Stephenson / Farmer review, a paper which highlighted core standards that lays basic foundations for an approach to workplace mental health. These standards are:

- Produce, implement and communicate a mental health at work plan;
- Develop mental health awareness among employees;
- Encourage open conversations about mental health and the support available when employees are struggling;
- Provide employees with development opportunities;
- Create a culture of fairness, inclusivity and respect. Communicate job change appropriately;
- Ensure employees have a healthy work life balance, fair working hours and pay;
- Promote effective people engagement through line managers and supervisors; and
- Routinely monitor employee mental health and wellbeing.

Companies annually score themselves against the matrix, which provides them with a baseline score. They can then develop an action plan bespoke to their needs as to how they can improve their score or maintain it. This annual activity allows companies to reflect on all of the positives they've been delivering, as well as highlighting areas and opportunities for improvement.

The expected outcome of this initiative is that the matrix will help companies and contractors reflect on their progress and what they need to do to improve their mental health and wellbeing support.

Levels of engagement/ uptake

All of Tideway's main works contractors use the matrix, as well as a few of the subcontractors. Although the exact number of users is unknown, the matrix is accessible to everyone and this is

promoted both within the organisation and to supply chains. In this way, they have been effectively able to reach SMEs and small and micro employers.

Benefits / Outcomes Achieved

Tideway's annual reports show that the matrix has been effective in getting Tideway to benchmark their performance and understanding of what areas of mental health support they need to focus on in order to improve. Their annual report for 2018-19 shows an increase in the number of employees that reported that the welfare facilities were 'really good' between 2018 and 2019. The same survey also showed that more employees considered their mental health to be 'really good' in 2019 than in 2018. Tideway plan to continue using the matrix to identify areas for improvement and will continue using surveys to monitor the mental health of their employees.

Barriers Encountered

The main barriers identified are time and resource, and this is more likely to be an issue for SMEs. These companies are less likely to have the time or resource to use the matrix to benchmark themselves and identify areas for improvement.

Whilst the matrix is effective at helping companies identify how they can improve their mental health and wellbeing support; the onus is on the company to make the changes identified. If this is not done, then there will be no improvements in mental health and wellbeing support.

Key Lessons Learned

A key lesson that has been learnt is that it is important to get the basics of mental health and wellbeing support right before running new initiatives.

Senior management commitment to using the matrix and acting on results has been very good and effective in setting a good example to junior staff.

KPIs Identified

Measure	Indicator / Source of Information
Awareness	Observing culture in workplace, and identifying in people are talking more about mental health
Uptake/ Usage levels	N/A
Satisfaction levels	Participation on Britain's Healthiest Workplace survey, and also looking at results from their annual survey with the aim of observing improvements.
Achieved change in mental wellbeing	Participation in Britain's Healthiest Workplace survey, and also looking at results from their annual survey with the aim of observing improvements.

Willmott Dixon – Mental Health and Wellbeing Supports

Context

The main causes of poor mental health in the construction industry are:

- Long hours culture and on-site and pressure to get projects completed. This has an impact on work-life balance; and
- Banter in workplace which could be insensitive and can lead to bullying. Humour can go too far in some situations and there is a lack of support to tackle this issue

The construction industry has the highest rates of suicide of any UK sector.

The need for mental health support has increased as a result of Covid-19 as construction workers were amongst the first to return to work after the national lockdown and have had to adapt quickly to new requirements such as making the workspace 'Covid-secure'. The pandemic has also contributed to job security concerns and financial insecurity, though this is not a construction-specific issue.

The mental health and wellbeing of employees is a priority for their board. Willmott Dixon are aware that there is not enough evidence-based work on mental health, and they want to adopt evidence-based approaches to tackle this issue. There is a growing expectation to support the wellbeing of staff, and this is important when recruiting and retaining people.

The support / initiatives / programmes provided

The programmes and initiatives that Willmott Dixon provides are:

- Mental Health First Aiders – they have a large proportion of the business trained to do this and this has been helpful in increasing peer to peer support. First Aiders take a proactive role to ensure that preventative measures are in place;
- Annual Mental Health conferences which raises awareness of mental health;
- Health checks are completed on site to give people the information they need to make changes to their physical and mental wellbeing;
- Access to an Employee Assistance Programme;
- An online learning system (a self-portal for people to access training on mental health and wellbeing); and
- Trialled the use of Moodbeam – staff were given a mood band to track how their mood changes.

Levels of engagement/ uptake

Willmott Dixon are not able to quantify the number of users that access the programmes and initiatives as the access of mental health and wellbeing support for SMEs in the supply chain is organised at a local level.

Benefits / Outcomes Achieved

Willmott Dixon are able to monitor the success of their programmes by collecting data using engagement surveys, which has a wellbeing section, and comparing previous results. They also speak to workers to get qualitative feedback on how effective the programmes are.

Barriers Encountered

The only challenge is reaching smaller companies in their supply chain, but Willmott Dixon has strategies in place to ensure that these companies are still reached.

Key Lessons Learned

Their work to promote awareness has been successful as it encourages people to talk about mental health. This makes people feel comfortable with regards to talking about their own mental health concerns. Sharing resources on social media makes them more accessible.

It is hard to say what lessons have been learnt as some of the programmes are new, and Willmott Dixon are at the beginning of starting their evidence-based approach.

KPIs Identified

Measure	Indicator / Source of Information
Awareness	Engagement with EAP and online training
Uptake/ Usage levels	Engagement with EAP and online training
Satisfaction levels	Qualitative feedback from speaking to people, engagement survey
Achieved change in mental wellbeing	Qualitative feedback from speaking to people, engagement survey, quarterly 'happy scores'

Building Mental Health - Foundation

Context

The biggest need in the construction industry is education and awareness to overcome the stigma surrounding mental health. In the construction industry, there is a belief that people must get the job done no matter what and if there is a weakness then work can't get done. This is due to the stereotype of construction workers being tough and resilient. This can lead to fears of workers losing their jobs if they admit to having poor mental health. The construction sector lost an estimated 400,000 working days due to stress, anxiety or depression in 2016/17, and it's estimated that two construction workers take their own lives every working day.

The need and demand for mental health and wellbeing support has increased as a result of the ongoing Covid-19 pandemic. This is due to the general anxiety around reduced job security.

The support / initiatives / programmes provided

Building Mental Health is a Framework, developed by a cross industry volunteer group created with contributions from clients, contractors, specialist sub-contractors, designers, trade associations, trade unions, regulators, and training bodies. The purpose is to provide a flexible and consistent framework to enable all parts of the construction sector to access mental health support, provide awareness and training and put in place a structure and systems to support people working in and around our industry.

The aim of the framework is to encourage the construction industry to engage and embrace the mental health agenda and to make information on best practice freely available to all organisations. The framework also aims to ensure that the construction industry is able to tackle stigma surrounding mental health by raising awareness of the importance of seeking help when needed.

The framework includes a charter which organisations can pledge to. Organisations that sign this charter are then committed to the following:

- Providing awareness and understanding of the impact of poor mental health to the workforce and promoting positive mental health through workshops;
- Educating and enabling champions from across the workforce to support keeping employees safe;
- Providing access to accredited Mental Health First Aid training and signposting workers to support within their communities; and
- Recognising and accepting education and training from Building Mental Health partners.

Levels of engagement/ uptake

SMEs are being reached as larger organisations are encouraged to share information on mental health resources with their supply chain. In practice, this is hard to do as 94% of construction workers work for micro employers, with 50% of these being self-employed.

Engagement with the framework is high, as the aim of the framework is to get everyone involved and numerous talks are held in order to raise awareness. This is important because everyone is directly and indirectly affected by mental health and wellbeing.

There is no information available on the number or profile of users within the construction industry.

Benefits / Outcomes Achieved

The information that is collected is confidential which means limited information can be provided when disseminating findings. The information that is communicated is the number people who attend training.

The benefits and outcomes of the training are hard to measure, as there isn't a benchmark within the construction industry. Also, there is a concern that if people knew that they are being measured and being included as part of a statistic then they will be less likely to seek help. Therefore, there is a risk that data gathering could be a deterrent to people reaching out to seek mental health and wellbeing supports.

Barriers Encountered

The main barrier to the uptake of this support is stigma in the construction industry surrounding mental health and lack of awareness that poor mental health needs to be addressed.

There is also a need for better communication and signposting to where help can be accessed. This must be done via multiple access points and making best use of technology and appropriate social media.

Key Lessons Identified

Encouraging workplace discussions on mental health has been effective as once people gradually talk to someone they can trust; they are more likely to make a disclosure about poor mental health. It has also been observed that most people attend mental health first aider training out of personal curiosity rather than wanting to train to be a mental health first aider. This is mainly due to lack of education on mental health at school but can lead to lack of engagement once their training is complete.

Leaders and influencers should be encouraged to talk about their own vulnerabilities and, by the act of doing so, giving permission to everybody to open up, discuss their own and drive a more open conversation and culture

KPIs Identified

Measure	Indicator / Source of Information
Awareness	N/A
Uptake/ Usage levels	Number of people who access training
Satisfaction levels	Survey
Achieved change in mental wellbeing	Survey

Costain – Mental Health and Wellbeing Supports

Context

Costain recognises that Covid-19 has caused challenges such as fear of contracting the virus in the workplace. The pandemic also appears to have driven a wedge between those who work at offices are now working from home and those that are working on site, as those working on site may feel that those working from home get more support. The mental health of people working on sites has also been potentially adversely affected as they believe that people at home are at less risk of contracting the virus than they are.

Other concerns relating to mental health and wellbeing in the construction industry are:

- Deadline pressures to complete building work;
- Financial issues as a result of low pay and contract working;
- Work-life balance as a result of working long hours;
- Working away from home and only being able to see family at the weekend; and
- Work life balance is an issue, only get to see family at weekends and work away during week.

The support / initiatives / programmes provided

Costain provides the following initiatives for their employees:

- Costain has participated in Mental Health First Aid training provided by MHFA England, and now has one mental health first aider per 15 people in business. There is a dedicated support network for mental health first aiders to ensure that their dealings with people with poor mental health doesn't compromise their own wellbeing;
- A supporting network of wellbeing champions who help to implement and raise awareness of mental health campaigns and initiatives;
- Implementation of a Line Managers Toolkit which has been designed for line managers for monitoring wellbeing of the workforce;
- Costain work with Business in the Community which allows them to network with other organisations to share best practice on mental health and wellbeing support; and
- Occupation nursing for employees and ensures that mental health is integral to strategic development.

Most of the funding for these programmes and initiatives is from overhead or contract level as a requirement of supply chains, as well as external support from Business in the Community. The central resource for programme delivery is through their Wellbeing Steering Group and from volunteers within the organisation. Costain asks for volunteers across the business to become Mental Health First Aiders and wellbeing champions. These roles attract many applications from staff and Costain is able to choose those best suited to the roles.

Costain delivers their programmes and initiatives with the help of external partners. Business in the Community are a source of third party support and sharing ideas of best practice. Costain also works

closely with Samaritans and Mind, as these are both well recognised charities and people engage with them.

Levels of engagement/ uptake

The wellbeing of employees in the supply chain is important to Costain as most of the work completed for Costain is done by supply chains. Therefore, Costain give these workers the same access to mental health and wellbeing initiatives as their own employees. All Costain employees have access to these resources. There is an online portal where all the information is kept.

Initiatives are driven by a Steering Group which is made up of people across the company. This means that employees at all levels are involved in developing and delivering initiatives which has been successful in raising awareness throughout the organisation.

Benefits / Outcomes Achieved

Improvements in absence rates are an indicator that the initiatives are having the desired effect. In particular, Costain have noticed return to work conversations after an absence are happening more regularly which shows that line managers are engaging with their employees and taking an interest in their wellbeing. Employee engagement with the EAP has also been improving. Another data source used by Costain to monitor the outcomes are the occupational health nurses who keep records in terms of key themes and causes of poor mental health.

As some of the initiatives have been implemented relatively recently, it is hard to quantify the benefits and outcomes of the programmes and initiatives. But early indicators would suggest that the programmes and initiatives have led to improvements in mental health and wellbeing of employees. Costain are also aware that measuring improvement in mental health is hard, and there needs to be more awareness in the industry of key indicators.

Barriers Encountered

Costain have not identified any barriers to delivering their programmes and initiatives, however measuring improvement can be problematic and therefore identifying where additional support is needed can be difficult.

Key Lessons Learned

The Mental Health First Aiders have worked well and has shown that people are more open to mental health conversations than initially thought. Once the first few conversations have taken place and recommendations for support are made, then other people can be encouraged to ask for help if they need it. However, some first aiders are not as engaged as others and there have been some first aiders who have not yet applied their training at work.

KPIs Identified

It has been difficult for Costain to quantify the impacts that their programmes and initiatives have had as they recognise that mental health can be affected by many factors, making it difficult to measure.

Health and Safety Executive – Management Standards and Talking Toolkit

Context

The construction industry needs to be more proactive in identifying causes of work-related stress and putting action plans in place to remove this risk. Evidence suggests that Covid-19 may have increased the need for mental health and wellbeing support in the construction industry. Construction is liable to people feeling isolated, which may have been made worse by the ongoing Covid-19 pandemic and social distancing requirements. Their supports are created for companies as a way of understanding best practice for designing and delivering mental health and wellbeing supports.

The support / initiatives / programmes provided

The supports that HSE have in place that are accessible to organisations in the construction industry are:

- HSE Management Standards represent a set of conditions that if present demonstrates good practice through a step-by-step risk assessment approach. This allows organisations to assess their current situation by using pre-existing data, surveys and other techniques. It is expected that this would promote active discussion and working in partnership with employees and their representatives to help decide on practical improvements that can be made. Another expected outcome of this support is that it would help to simplify risk assessment for work-related stress;
- HSE launched a Talking Toolkit in October 2020 specifically for the construction industry. The toolkit is aimed at businesses with a regular workforce (employed and contracted) who want to improve mental health and wellbeing supports that they provide. It is hoped that this toolkit will help site managers wanting to identify project-specific issues; and
- The [Leadership and Worker Engagement tool kit](#) for the construction industry on the HSE website was developed with principal contractors. The aim of this tool kit is to help small and medium sized construction sites improve their health and safety performance through engaging with their workforce. It covers a range of topics including mental health.

There are many opportunities for HSE to be involved in partnerships in the construction industry. The construction industry has an advisory committee (CONIAC) which CITB also sits on. The committee have a clear mental health agenda, and HSE have input on this by providing advice and guidance.

Levels of engagement/ uptake

The Construction Industry Advisory Committee (CONIAC) mentioned above advises HSE and relevant stakeholders of emerging health and safety developments and risks in the construction industry and sets a direction and plan for their promotion and mitigation. CONIAC provides a voice for SME's in the industry.

HSE work related stress information and tools are available on their websites for all organisations.

HSE do not yet have data on use of their construction talking toolkit as it has only just been released.

Benefits / Outcomes Achieved

As the Talking Toolkit specific to construction was only launched in October 2020, it is too early to identify the benefits and outcomes that have been achieved.

Barriers Encountered

As the initiatives specific to the construction were launched in October 2020, it is too early to identify any barriers to uptake and delivery of support. HSE do not think that there are any barriers to uptake as resources are online and accessible to all organisations.

Key Lessons Learned

As the initiatives specific to the construction were launched in October 2020, it is too early to identify key lessons learned.

KPIs Identified

HSE publish ill-health [statistics](#) for the construction industry annually. These include figures for stress, depression and anxiety taken from the Labour Force Survey. They also collect notifications of reportable ill health, however the ability to prove that stress is work-related is difficult as there can be other factors outside of work that lead to stress and poor mental health.

Mental Health First Aid England – Mental Health First Aid Training

Context

Tackling mental ill health has been a significant and longstanding challenge for the construction industry. The sector is demanding, with long hours, demanding workloads, projects which are often short-term and far from home, and a 'macho' culture, which can prevent men from speaking out about their mental health.

We know that at least one in four construction industry professionals have experienced suicidal thoughts, and the sector has a higher than average rate of completed suicide. The need for urgent action to support and protect the mental health and wellbeing of employees has never been clearer.

Mental Health First Aid (MHFA) England training can have a positive impact on raising mental health awareness, improving signposting and increasing uptake of support, as well as empowering people to access the help they need to recover and stay well.

MHFA England training

MHFA England is a social enterprise that offers expert guidance and training (online and face to face) to support mental health. Their mission is to train one in ten people in mental health awareness and skills.

Mental Health First Aid (MHFA) is a training course which teaches people how to identify, understand and help someone who may be experiencing a mental health issue. MHFA doesn't teach people to be therapists, but it does give them the skills to listen, reassure and respond, even in a crisis. It also increases a person's confidence to empower someone to access the support they might need for recovery or successful management of symptoms. MHFA England training aims to create an unshakeable belief that everyone can talk freely about mental health and seek support when they need it.

MHFA England training courses are delivered by a network of over 2,700 Instructor Members, who work across all sectors and all regions. There are a range of ways that employers can access this training, but for construction companies, there is some specific funding in place through the CITB which assists firms who want to train their own in house MHFA England Instructors. The alternative to this model of delivery is to commission MHFA England to deliver courses directly to employees using their sector expert Associate Instructors. For smaller organisations looking to train a limited number of staff, there is also the option to book individual places on a course using the MHFA England website.

Level of engagement/ uptake

Many major construction companies in the UK, such as Skanska, have trained their staff in MHFA as part of a whole organisation approach to mental health and wellbeing. As MHFA England work directly with organisations, they are able to reach small and micro employers, including those in the supply chain.

MHFA England has a series of [case studies](#), which demonstrate that the training it delivers can have a positive impact on the mental health and wellbeing of construction workers. Many construction organisations have reported that they are more confident in supporting the mental health of their employees after completing MHFA England training and that there has been an improvement in the culture and attitude around mental health.

Benefits / Outcomes Achieved

MHFA England provides expert consultancy and training to over 20,000 workplaces. The organisations they work with have seen increases of up to 75% in referrals for common mental health issues to their occupational health services, meaning that staff are accessing professional support when they need it. Mental ill health costs UK employers up to £45 billion each year, but for every £1 spent on supporting their people's mental health, employers get £5 back on their investment in reduced presenteeism, absenteeism and staff turnover.

Furthermore, 72 million working days are lost every year in the UK and 300,000 people fall out of work due to mental ill health. Intervening early can help prevent this and better management of mental health in the workplace can improve productivity and wellbeing, including in the construction sector.

Barriers Encountered

The ongoing Covid-19 pandemic has resulted in budget restrictions for some organisations, which might be a barrier when it comes to accessing MHFA England training. It is also important that employers take a whole organisation approach to mental health and wellbeing and consider the different levels of training required, including how the role of Mental Health First Aider will be appropriately supported and signposted internally.

KPIs Identified

Measure	Indicator / Source of Information
Awareness	Number of companies requesting training
Uptake/ Usage levels	Number of trainees
Satisfaction levels	Qualitative feedback from people who complete the training course
Achieved change in mental wellbeing	Mental Health First Aid England ask trainees to rating their ability prior to and after training. Their data for 2018-19 shows¹⁵⁵: Personal confidence of how best to support others with a mental health issue (on a scale of 0-10) - people had an average confidence rating of 4.80 before the training, moving up to 8.27 after the training. Knowledge and understanding of how best to support others with a mental health issue - people had an average score of 4.54 before the training, moving up to 8.45 after the training Other evaluations include: Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour¹⁵⁶ - this international study reviewed and analysed research on MHFA Two Day courses. The meta-analysis included 18 studies and 5,936 participants. They found that MHFA training improves mental health first aid knowledge, recognition of mental

¹⁵⁵ Mental Health First Aid England (2019) Impact Report

¹⁵⁶ Morgan AJ, Ross A, Reavley NJ (2018) Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour. PLoS ONE 13(5)

ill health and beliefs about the most effective forms of treatment. It increases confidence in assisting someone with a mental health issue and increases intentions to provide mental health first aid to a small extent. MHFA training also reduces stigma. These effects were present up to six months after completing the training

- **Effectiveness of eLearning and blended modes of delivery of Mental Health First Aid training in the workplace: randomised controlled trial¹⁵⁷** - this study compared the effects of eLearning and blended (eLearning plus face-to-face time) MHFA courses. Both courses improved knowledge and reduced stigma. However, people were more likely to rate the blended MHFA course highly on usefulness, amount learned and intentions to recommend the course to others. Blended MHFA training may be an alternative to face-to-face MHFA training. Long-term follow-up will explore this further.
- **The MENTAL Health First Aid in The WORKplace (MENTOR) report¹⁵⁸** - researchers surveyed 139 people from 81 organisations across England. They asked them what had changed in their workplaces because of MHFA England training. 91% said there had been an increased understanding of mental health issues in their workplace. 87% said more mental health conversations were happening at work. 83% had noticed an improvement in procedures for signposting to further support. The findings suggest that MHFA England training improves mental health-related knowledge and skills in the workplace.

¹⁵⁷ Reavley NJ, Morgan AJ, Fischer JA, Kitchener B, Bovopoulos N, Jorm AF. Effectiveness of eLearning and blended modes of delivery of Mental Health First Aid training in the workplace: randomised controlled trial. BMC Psychiatry. 2018 Sep 26;18(1):312

¹⁵⁸ Narayanasamy M, Geraghty J, Coole C, Nouri F, Thomson L, Callaghan P, Drummond, A (2018) MENTAL health first aid in The WORKplace (MENTOR): A feasibility study

Mind – Wellbeing Index

Context

Mind have recently undertaken research on the mental health needs of the construction industry. The key concerns in the construction industry are that as it is male dominated, there is stigma surrounding mental health resulting in difficulty in having conversations about mental health. There is a higher risk of suicide in the construction industry than in other UK sectors as men are statistically more likely to die by suicide than women. Working conditions for construction workers are also poor and they can be exposed to long working hours, low pay and extremes in temperature (especially in winter).

The support / initiatives / programmes provided

The purpose of the Wellbeing Index is for construction employers to get assessment of support that they put in place (for EAPs, policies, staff feedback). The index assesses where the gaps lie between an organisation's approach to workplace wellbeing, and staff perceptions, and recognises the good work employers are doing to support their staff. The following areas are assessed:

- Culture and engagement;
- Wellbeing initiatives;
- Covid-19 impact;
- Knowledge and skills;
- People management;
- Support tools provided by employers; and
- Policies and development process.

Levels of engagement/ uptake

Engagement and profile of users in the construction industry is difficult to quantify, but Mind have worked with several construction companies on the Wellbeing Index. It has been challenging for Mind to reach SMEs.

Benefits / Outcomes Achieved

Feedback that Mind have had from the construction industry shows that the Wellbeing index has been very helpful for helping organisations identify how to improve their mental health and wellbeing support. Mind publishes an annual Index Insights report which shows outcomes of the Index, but these are not specific to the construction sector. The Workplace Wellbeing Index is externally evaluated to ensure that it provides a robust assessment of an organisation's mental health and wellbeing supports.

Barriers Encountered

The main barrier to the effectiveness of the Index is that Mind can't influence employers' actions more than giving guidance and advice. Once advice is given, the onus is on the organisation to implement recommendations. Another barrier is that the time and cost required for the Wellbeing Index makes it difficult for SMEs to be reached.

Key Lessons Learned

It is clear from their conversations with construction employers that there is greater awareness of mental health in the construction industry, and their Wellbeing Index has had a positive impact. This has been achieved by using the index to offer guidance and recommendations to employers, but Mind can't control the outcomes of those discussions. Employers are responsible for taking action to address the root cause issues of poor mental health and this is the current gap in mental health and wellbeing support in the industry.

A key lesson is that the construction industry is mostly made up of SMEs, and it is important to make sure that these are reached. The difficulty that Mind has had regarding reaching SMEs has made them realise that it is important to figure out how to reach out to micro organisations in particular.

KPIs Identified

Measure	Indicator / Source of Information
Awareness	Number of companies requesting an assessment using the Wellbeing Index.
Uptake/ Usage levels	Number of companies requesting an assessment using the Wellbeing Index.
Satisfaction levels	Survey
Achieved change in mental wellbeing	Survey

APPENDIX C: COMPANY SURVEY FINDINGS

Mental Health and Wellbeing in the Construction Sector - Employer Survey

1. Introduction

2. Consent

3. Background

[Names of companies and sub-sectors have been removed to ensure anonymity]

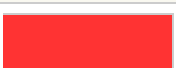
4. How many employees are in your company? Tick one				
			Response Percent	Response Total
1	0-4		5.86%	15
2	5-9		13.28%	34
3	10-49		23.05%	59
4	50-249		37.50%	96
5	250+		20.31%	52
			answered	256
			skipped	0

5. Where is your company located?				
			Response Percent	Response Total
1	North East		5.08%	13
2	North West		8.98%	23
3	Yorkshire and the Humber		9.77%	25
4	East Midlands		12.50%	32

5. Where is your company located?				
			Response Percent	Response Total
5	West Midlands		7.03%	18
6	East of England		7.03%	18
7	London		17.58%	45
8	South East		14.06%	36
9	South West		6.25%	16
10	Wales		4.30%	11
11	Scotland		7.42%	19
			answered	256
			skipped	0

6. What is your role within the organisation?				
			Response Percent	Response Total
1	Health and Social Wellbeing Director / Co-ordinator / Lead		4.38%	11
2	Head of Health and Safety / Health and Safety Manager or Director		20.72%	52
3	Health and Environmental Director		0.40%	1
4	Owner		5.98%	15
5	Chief Executive Officer		1.20%	3
6	Managing Director		19.52%	49
7	Manager		13.94%	35
8	People / Line Manager		1.59%	4
9	HR Director		6.37%	16

6. What is your role within the organisation?				
			Response Percent	Response Total
10	Operations Staff		2.39%	6
11	Other (please specify) *		23.51%	59
			answered	251
			skipped	5

7. Do you act as a principal contractor on any of your jobs? Tick one				
			Response Percent	Response Total
1	Yes		51.18%	130
2	No		48.82%	124
			answered	254
			skipped	2

8. What type of mental health support or programmes are provided to your workforce and/or supply chain companies and who are these provided by? Tick all that apply on each row					
	Support provided to direct employees	Support provided to supply chain companies	Provided in house	Provided by external organisation (eg mental health charity)	Response Total
Online training (eg courses on how to identify and deal with mental-ill health in the workplace)	39.2% (56)	9.1% (13)	23.8% (34)	28.0% (40)	143
Mental health awareness training at the firm induction stage for new employees	38.5% (42)	11.0% (12)	40.4% (44)	10.1% (11)	109
Mental health awareness training at the site induction stage for new employees	35.1% (33)	22.3% (21)	37.2% (35)	5.3% (5)	94
Face-to-face training / workshops (eg on managing mental health and wellbeing in the	34.4% (43)	10.4% (13)	32.8% (41)	22.4% (28)	125

8. What type of mental health support or programmes are provided to your workforce and/or supply chain companies and who are these provided by? Tick all that apply on each row

	Support provided to direct employees	Support provided to supply chain companies	Provided in house	Provided by external organisation (eg mental health charity)	Response Total
workplace or focused on specific element of mental ill health such as anxiety)					
Awareness raising activities / talks (eg to raise awareness of mental health stigma)	35.5% (59)	16.3% (27)	36.7% (61)	11.4% (19)	166
Support via an app or digital device (eg to capture mood)	39.0% (16)	12.2% (5)	14.6% (6)	34.1% (14)	41
Mental Health First Aiders (ie a point of contact for an employee who is experiencing a mental health issue or emotional distress)	40.9% (70)	18.7% (32)	30.4% (52)	9.9% (17)	171
Counselling / employee assistance programmes	37.7% (46)	8.2% (10)	14.8% (18)	39.3% (48)	122
Helplines	36.3% (45)	14.5% (18)	10.5% (13)	38.7% (48)	124
Buddy schemes (ie where employees are trained to provide informal support to colleagues in distress)	43.1% (25)	6.9% (4)	43.1% (25)	6.9% (4)	58
Mental Health Champions (ie employees who take action to raise awareness of mental health problems amongst staff, challenges mental health stigma, and provides peer support to colleagues)	40.5% (45)	13.5% (15)	40.5% (45)	5.4% (6)	111
Toolbox talks (ie informal group discussions that focus on specific aspects of mental health)	36.9% (59)	21.3% (34)	38.8% (62)	3.1% (5)	160
Self " help tools (eg support guides covering specific conditions / tools provided online by charities like Mind)	35.0% (41)	14.5% (17)	23.1% (27)	27.4% (32)	117
social supports(eg free yoga classes, discounted membership to the gym, healthy eating options etc.)	45.6% (36)	6.3% (5)	22.8% (18)	25.3% (20)	79
Sign-posting to information hubs / services (eg to counselling or medical services)	35.2% (57)	18.5% (30)	31.5% (51)	14.8% (24)	162
None	24.0% (12)	26.0% (13)	26.0% (13)	24.0% (12)	50

8. What type of mental health support or programmes are provided to your workforce and/or supply chain companies and who are these provided by? Tick all that apply on each row					
	Support provided to direct employees	Support provided to supply chain companies	Provided in house	Provided by external organisation (eg mental health charity)	Response Total
Other (please specify) *	33.3% (5)	13.3% (2)	40.0% (6)	13.3% (2)	15
				answered	124
				skipped	132

9. Which roles in your directly employed workforce are the supports below provided to? Tick all that apply on each row				
	Director / Senior Management Level	Middle Management	All Staff	Response Total
Online training (eg courses on how to identify and deal with mental-ill health in the workplace)	27.8% (30)	30.6% (33)	41.7% (45)	108
Mental health awareness training at the firm induction stage for new employees	17.3% (13)	21.3% (16)	61.3% (46)	75
Mental health awareness training at the site induction stage for new employees	11.1% (7)	19.0% (12)	69.8% (44)	63
Face-to-face training / workshops (eg on managing mental health and wellbeing in the workplace or focused on specific element of mental ill health such as anxiety)	20.5% (17)	21.7% (18)	57.8% (48)	83
Awareness raising activities / talks (eg to raise awareness of mental health stigma)	19.8% (19)	15.6% (15)	64.6% (62)	96
Support via an app or digital device (eg to capture mood)	19.4% (6)	19.4% (6)	61.3% (19)	31
Mental Health First Aiders (ie a point of contact for an employee who is experiencing a mental health issue or emotional distress)	18.2% (20)	23.6% (26)	58.2% (64)	110
Counselling / employee assistance programmes	14.8% (12)	14.8% (12)	70.4% (57)	81

9. Which roles in your directly employed workforce are the supports below provided to? Tick all that apply on each row				
	Director / Senior Management Level	Middle Management	All Staff	Response Total
Helplines	11.9% (10)	13.1% (11)	75.0% (63)	84
Buddy schemes (ie where employees are trained to provide informal support to colleagues in distress)	12.8% (6)	23.4% (11)	63.8% (30)	47
Mental Health Champions (ie employees who take action to raise awareness of mental health problems amongst staff, challenges mental health stigma, and provides peer support to colleagues)	16.9% (11)	20.0% (13)	63.1% (41)	65
Toolbox talks (ie informal group discussions that focus on specific aspects of mental health)	7.4% (7)	13.8% (13)	78.7% (74)	94
Self “ help tools (eg support guides covering specific conditions / tools provided online by charities like Mind)	13.0% (9)	15.9% (11)	71.0% (49)	69
social supports(eg free yoga classes, discounted membership to the gym, healthy eating options etc.)	19.2% (10)	21.2% (11)	59.6% (31)	52
Sign-posting to information hubs / services (eg to counselling or medical services)	14.9% (13)	14.9% (13)	70.1% (61)	87
None	30.8% (12)	33.3% (13)	35.9% (14)	39
Other (please specify) *	25.0% (2)	25.0% (2)	50.0% (4)	8
			answered	124
			skipped	132

10. Which roles in your supply chain are the supports below provided to? Tick all that apply on each row

	Director / Senior Management Level	Middle Management	All Staff	Response Total
Online training (eg courses on how to identify and deal with mental-ill health in the workplace)	26.7% (8)	26.7% (8)	46.7% (14)	30
Mental health awareness training at the firm induction stage for new employees	16.0% (4)	28.0% (7)	56.0% (14)	25
Mental health awareness training at the site induction stage for new employees	7.9% (3)	18.4% (7)	73.7% (28)	38
Face-to-face training / workshops (eg on managing mental health and wellbeing in the workplace or focused on specific element of mental ill health such as anxiety)	14.8% (4)	25.9% (7)	59.3% (16)	27
Awareness raising activities / talks (eg to raise awareness of mental health stigma)	13.0% (6)	15.2% (7)	71.7% (33)	46
Support via an app or digital device (eg to capture mood)	14.3% (1)	14.3% (1)	71.4% (5)	7
Mental Health First Aiders (ie a point of contact for an employee who is experiencing a mental health issue or emotional distress)	15.4% (8)	17.3% (9)	67.3% (35)	52
Counselling / employee assistance programmes	17.4% (4)	17.4% (4)	65.2% (15)	23
Helplines	11.8% (4)	14.7% (5)	73.5% (25)	34
Buddy schemes (ie where employees are trained to provide informal support to colleagues in distress)	7.1% (1)	14.3% (2)	78.6% (11)	14
Mental Health Champions (ie employees who take action to raise awareness of mental health problems amongst staff, challenges mental health stigma, and provides peer support to colleagues)	16.7% (6)	19.4% (7)	63.9% (23)	36
Toolbox talks (ie informal group discussions that focus on specific aspects of mental health)	10.2% (5)	14.3% (7)	75.5% (37)	49
Self " help tools (eg support guides covering specific conditions / tools provided online by charities like Mind)	11.5% (3)	15.4% (4)	73.1% (19)	26
social supports(eg free yoga classes, discounted membership to the gym, healthy eating options etc.)	23.1% (3)	23.1% (3)	53.8% (7)	13

10. Which roles in your supply chain are the supports below provided to? Tick all that apply on each row				
	Director / Senior Management Level	Middle Management	All Staff	Response Total
Sign-posting to information hubs / services (eg to counselling or medical services)	13.6% (6)	15.9% (7)	70.5% (31)	44
None	29.5% (31)	30.5% (32)	40.0% (42)	105
Other (please specify) *	26.7% (4)	26.7% (4)	46.7% (7)	15
			answered	104
			skipped	152

11. Are your direct employees / supply chain companies aware of these supports? Tick one on each row			
	Yes	No	Response Total
Direct Employees	91.1% (112)	8.9% (11)	123
Supply Chain Companies	43.1% (53)	56.9% (70)	123
		answered	123
		skipped	133

12. How are these supports promoted to your direct employees / supply chain companies? Tick all that apply			
	Direct Employees	Supply Chain Companies	Response Total
Events / talks	75.9% (66)	24.1% (21)	87
Posters / other promotional literature	65.9% (85)	34.1% (44)	129
Factsheets	70.1% (54)	29.9% (23)	77
Podcasts	73.3% (11)	26.7% (4)	15
At company induction	85.5% (65)	14.5% (11)	76
At site induction	58.6% (51)	41.4% (36)	87
Other (please specify) *	81.3% (26)	18.8% (6)	32
		answered	112
		skipped	144

13. As a principal contractor, which of the following do you provide to your employees or supply chain companies? Tick all that apply			
	Employees	Supply Chain Companies	Response Total
Managing Health and Wellbeing	77.5% (69)	22.5% (20)	89
Mental Health Awareness Training	85.9% (67)	14.1% (11)	78
Resilience Training	90.9% (20)	9.1% (2)	22
Managing Anxiety Training	89.5% (17)	10.5% (2)	19

13. As a principal contractor, which of the following do you provide to your employees or supply chain companies? Tick all that apply			
	Employees	Supply Chain Companies	Response Total
Self-Awareness and Management Training	81.8% (27)	18.2% (6)	33
Mental Health at Work Training	85.0% (34)	15.0% (6)	40
Mental Health in Construction Training	78.8% (26)	21.2% (7)	33
Mental Health First Aid (MHFA) training	89.0% (65)	11.0% (8)	73
		answered	98
		skipped	158

14. Is any of the training noted in the previous question accredited? Tick all that apply		
	Yes	Response Total
Managing Health and Wellbeing	100.0% (11)	11
Mental Health Awareness Training	100.0% (22)	22
Resilience Training	100.0% (4)	4
Managing Anxiety Training	100.0% (3)	3
Self-Awareness and Management Training	100.0% (3)	3
Mental Health at Work Training	100.0% (8)	8
Mental Health in Construction Training	100.0% (9)	9

14. Is any of the training noted in the previous question accredited? Tick all that apply		
	Yes	Response Total
Mental Health First Aid (MHFA) training	100.0% (57)	57
	answered	66
	skipped	190

15. Who is it accredited by?		
	Accrediting Body	Response Total
	100.0% (3)	3
Managing Health and Wellbeing	100.0% (11)	11
Mental Health Awareness Training	100.0% (18)	18
Resilience Training	100.0% (4)	4
Managing Anxiety Training	100.0% (3)	3
Self-Awareness and Management Training	100.0% (3)	3
Mental Health at Work Training	100.0% (6)	6
Mental Health in Construction Training	100.0% (6)	6
Mental Health First Aid (MHFA) training	100.0% (48)	48
	answered	59
	skipped	197

16. As a principal contractor, which of the following supports are compulsory for your direct employees and / or supply chain companies? Tick all that apply based on the support you provide

	Compulsory support provided to direct employees	Compulsory support provided to supply chain companies	Response Total
Online training (eg courses on how to identify and deal with mental-ill health in the workplace)	100.0% (20)	0.0% (0)	20
Mental health awareness training at the firm induction stage for new employees	93.5% (29)	6.5% (2)	31
Mental health awareness training at the site induction stage for new employees	72.7% (24)	27.3% (9)	33
Face-to-face training / workshops (eg on managing mental health and wellbeing in the workplace or focused on specific element of mental ill health such as anxiety)	94.1% (16)	5.9% (1)	17
Awareness raising activities / talks (eg to raise awareness of mental health stigma)	84.0% (21)	16.0% (4)	25
Support via an app or digital device (eg to capture mood)	80.0% (4)	20.0% (1)	5
Mental Health First Aiders (ie a point of contact for an employee who is experiencing a mental health issue or emotional distress)	81.1% (30)	18.9% (7)	37
Counselling / employee assistance programmes	90.0% (18)	10.0% (2)	20
Helplines	69.2% (18)	30.8% (8)	26
Buddy schemes (ie where employees are trained to provide informal support to colleagues in distress)	91.7% (11)	8.3% (1)	12
Mental Health Champions (ie employees who take action to raise awareness of mental health problems amongst staff, challenges mental health stigma, and provides peer support to colleagues)	90.5% (19)	9.5% (2)	21
Toolbox talks (ie informal group discussions that focus on specific aspects of mental health)	70.1% (47)	29.9% (20)	67
Self " help tools (eg support guides covering specific conditions / tools provided online by charities like Mind)	90.9% (10)	9.1% (1)	11
social supports(eg free yoga classes, discounted membership to the gym, healthy eating options etc.)	100.0% (8)	0.0% (0)	8

16. As a principal contractor, which of the following supports are compulsory for your direct employees and / or supply chain companies? Tick all that apply based on the support you provide			
	Compulsory support provided to direct employees	Compulsory support provided to supply chain companies	Response Total
Sign-posting to information hubs / services (eg to counselling or medical services)	67.6% (23)	32.4% (11)	34
None	52.5% (32)	47.5% (29)	61
Other (please specify) *	100.0% (2)	0.0% (0)	2
		answered	106
		skipped	150

17. As a principal contractor, which of the following supports are free of charge to your direct employees and / or your supply chain companies? Tick all that apply based on the support you provide			
	Free of charge to direct employees	Free of charge to supply chain companies	Response Total
Online training (eg courses on how to identify and deal with mental-ill health in the workplace)	85.0% (51)	15.0% (9)	60
Mental health awareness training at the firm induction stage for new employees	87.7% (50)	12.3% (7)	57
Mental health awareness training at the site induction stage for new employees	64.4% (38)	35.6% (21)	59
Face-to-face training / workshops (eg on managing mental health and wellbeing in the workplace or focused on specific element of mental ill health such as anxiety)	80.8% (42)	19.2% (10)	52
Awareness raising activities / talks (eg to raise awareness of mental health stigma)	75.7% (53)	24.3% (17)	70
Support via an app or digital device (eg to capture mood)	90.5% (19)	9.5% (2)	21

17. As a principal contractor, which of the following supports are free of charge to your direct employees and / or your supply chain companies? Tick all that apply based on the support you provide			
	Free of charge to direct employees	Free of charge to supply chain companies	Response Total
Mental Health First Aiders (ie a point of contact for an employee who is experiencing a mental health issue or emotional distress)	75.6% (65)	24.4% (21)	86
Counselling / employee assistance programmes	85.2% (52)	14.8% (9)	61
Helplines	76.7% (56)	23.3% (17)	73
Buddy schemes (ie where employees are trained to provide informal support to colleagues in distress)	76.7% (23)	23.3% (7)	30
Mental Health Champions (ie employees who take action to raise awareness of mental health problems amongst staff, challenges mental health stigma, and provides peer support to colleagues)	77.4% (41)	22.6% (12)	53
Toolbox talks (ie informal group discussions that focus on specific aspects of mental health)	70.8% (68)	29.2% (28)	96
Self " help tools (eg support guides covering specific conditions / tools provided online by charities like Mind)	77.4% (41)	22.6% (12)	53
social supports(eg free yoga classes, discounted membership to the gym, healthy eating options etc.)	88.2% (30)	11.8% (4)	34
Sign-posting to information hubs / services (eg to counselling or medical services)	70.9% (56)	29.1% (23)	79
None	50.0% (15)	50.0% (15)	30
Other (please specify) *	100.0% (2)	0.0% (0)	2
		answered	115
		skipped	141

18. As a principal contractor, please rank the uptake of supports you provide for direct employees and supply chain companies (rank 5 (very high) to 1 (very low) for each support you provide)

	5 (very high)	4	3	2	1 (very low)	Response Total
Direct Employees						
Online training (eg courses on how to identify and deal with mental-ill health in the workplace)	15.9% (10)	25.4% (16)	20.6% (13)	22.2% (14)	15.9% (10)	63
Mental health awareness training at the firm induction stage for new employees	36.7% (18)	22.4% (11)	24.5% (12)	12.2% (6)	4.1% (2)	49
Mental health awareness training at the site induction stage for new employees	35.0% (14)	27.5% (11)	25.0% (10)	5.0% (2)	7.5% (3)	40
Face-to-face training / workshops (eg on managing mental health and wellbeing in the workplace or focused on specific element of mental ill health such as anxiety)	22.7% (10)	22.7% (10)	29.5% (13)	15.9% (7)	9.1% (4)	44
Awareness raising activities / talks (eg to raise awareness of mental health stigma)	16.1% (9)	26.8% (15)	39.3% (22)	7.1% (4)	10.7% (6)	56
Support via an app or digital device (eg to capture mood)	0.0% (0)	19.2% (5)	23.1% (6)	23.1% (6)	34.6% (9)	26
Mental Health First Aiders (ie a point of contact for an employee who is experiencing a mental health issue or emotional distress)	28.6% (18)	34.9% (22)	17.5% (11)	7.9% (5)	11.1% (7)	63
Counselling / employee assistance programmes	8.3% (4)	25.0% (12)	33.3% (16)	16.7% (8)	16.7% (8)	48
Helplines	7.5% (3)	22.5% (9)	35.0% (14)	25.0% (10)	10.0% (4)	40
Buddy schemes (ie where employees are trained to provide informal support to colleagues in distress)	13.8% (4)	24.1% (7)	27.6% (8)	13.8% (4)	20.7% (6)	29
Mental Health Champions (ie employees who take action to raise awareness of mental health problems amongst staff, challenges mental health stigma, and provides peer support to colleagues)	17.1% (7)	31.7% (13)	36.6% (15)	2.4% (1)	12.2% (5)	41

18. As a principal contractor, please rank the uptake of supports you provide for direct employees and supply chain companies (rank 5 (very high) to 1 (very low) for each support you provide)

	5 (very high)	4	3	2	1 (very low)	Response Total
Toolbox talks (ie informal group discussions that focus on specific aspects of mental health)	41.3% (26)	30.2% (19)	20.6% (13)	0.0% (0)	7.9% (5)	63
Self “ help tools (eg support guides covering specific conditions / tools provided online by charities like Mind)	5.3% (2)	34.2% (13)	21.1% (8)	18.4% (7)	21.1% (8)	38
social supports(eg free yoga classes, discounted membership to the gym, healthy eating options etc.)	8.8% (3)	26.5% (9)	20.6% (7)	17.6% (6)	26.5% (9)	34
Sign-posting to information hubs / services (eg (such as counselling, medical services))	12.0% (6)	18.0% (9)	34.0% (17)	24.0% (12)	12.0% (6)	50
Other (please specify) *	0.0% (0)	0.0% (0)	33.3% (2)	0.0% (0)	66.7% (4)	6
Supply Chain Companies						
Online training (eg courses on how to identify and deal with mental-ill health in the workplace)	4.5% (1)	4.5% (1)	22.7% (5)	36.4% (8)	31.8% (7)	22
Mental health awareness training at the firm induction stage for new employees	13.3% (2)	13.3% (2)	26.7% (4)	20.0% (3)	26.7% (4)	15
Mental health awareness training at the site induction stage for new employees	28.6% (6)	38.1% (8)	9.5% (2)	14.3% (3)	9.5% (2)	21
Face-to-face training / workshops (eg on managing mental health and wellbeing in the workplace or focused on specific element of mental ill health such as anxiety)	0.0% (0)	6.7% (1)	40.0% (6)	26.7% (4)	26.7% (4)	15
Awareness raising activities / talks (eg to raise awareness of mental health stigma	19.0% (4)	9.5% (2)	28.6% (6)	28.6% (6)	14.3% (3)	21
Support via an app or digital device (eg to capture mood)	0.0% (0)	11.1% (1)	11.1% (1)	11.1% (1)	66.7% (6)	9
Mental Health First Aiders (ie a point of contact for an employee who is experiencing a mental health issue or emotional distress)	16.0% (4)	20.0% (5)	28.0% (7)	12.0% (3)	24.0% (6)	25

18. As a principal contractor, please rank the uptake of supports you provide for direct employees and supply chain companies (rank 5 (very high) to 1 (very low) for each support you provide)

	5 (very high)	4	3	2	1 (very low)	Response Total
Counselling / employee assistance programmes	0.0% (0)	13.3% (2)	13.3% (2)	13.3% (2)	60.0% (9)	15
Helplines	14.3% (3)	14.3% (3)	19.0% (4)	33.3% (7)	19.0% (4)	21
Buddy schemes (ie where employees are trained to provide informal support to colleagues in distress)	0.0% (0)	6.3% (1)	18.8% (3)	25.0% (4)	50.0% (8)	16
Mental Health Champions (ie employees who take action to raise awareness of mental health problems amongst staff, challenges mental health stigma, and provides peer support to colleagues)	0.0% (0)	13.3% (2)	20.0% (3)	20.0% (3)	46.7% (7)	15
Toolbox talks (ie informal group discussions that focus on specific aspects of mental health)	25.8% (8)	38.7% (12)	16.1% (5)	6.5% (2)	12.9% (4)	31
Self " help tools (eg support guides covering specific conditions / tools provided online by charities like Mind)	0.0% (0)	21.4% (3)	28.6% (4)	7.1% (1)	42.9% (6)	14
social supports(eg free yoga classes, discounted membership to the gym, healthy eating options etc.)	0.0% (0)	30.0% (3)	0.0% (0)	0.0% (0)	70.0% (7)	10
Sign-posting to information hubs / services (eg (such as counselling, medical services))	8.7% (2)	13.0% (3)	13.0% (3)	34.8% (8)	30.4% (7)	23
Other (please specify) *	0.0% (0)	25.0% (1)	0.0% (0)	0.0% (0)	75.0% (3)	4
					answered	105
					skipped	151

19. As a principal contractor, is there a reason (or reasons) why you do not currently offer any mental health support or programmes? Tick all that apply				
			Response Percent	Response Total
1	Not a priority / do not believe it is important		0.00%	0
2	Lack of staff to assume responsibility for this		0.00%	0
3	Not enough time to dedicate to this / 'time poor'		11.11%	1
4	Not enough money to spend on this		11.11%	1
5	Not aware of the need to provide mental health support / programmes		22.22%	2
6	Not aware of the supports that are available which our company could avail of		11.11%	1
7	Only considered on an ad hoc basis		33.33%	3
8	No perceived demand from employees		11.11%	1
9	Do not believe it is an issue		22.22%	2
10	Employees' mental health is a sensitive issue and difficult to address in the workplace		0.00%	0
11	Not our responsibility		11.11%	1
12	Other (please specify) *		11.11%	1
			answered	9
			skipped	247

20. As a principal contractor, are you planning to offer any new mental health supports or programmes in the next 12 months to either your direct employees or supply chain companies? Tick all that apply				
	Yes - planning to offer new mental health supports or programmes to:	No - not planning to offer new mental health supports or programmes to:	Don't know	Response Total
Direct Employees	49.6% (65)	21.4% (28)	29.0% (38)	131
Supply Chain Companies	16.8% (22)	42.0% (55)	41.2% (54)	131
			answered	131
			skipped	125

21. If yes, what type of mental health support or programmes do you plan to offer? Tick all that apply			
	To Direct Employees	To Supply Chain Companies	Response Total
Online training (eg courses on how to identify and deal with mental-ill health in the workplace)	84.3% (43)	15.7% (8)	51
Mental health awareness training at the firm induction stage for new employees	90.6% (29)	9.4% (3)	32
Mental health awareness training at the site induction stage for new employees	74.3% (26)	25.7% (9)	35
Face-to-face training / workshops (eg on managing mental health and wellbeing in the workplace or focused on specific element of mental ill health such as anxiety)	82.4% (28)	17.6% (6)	34
Awareness raising activities / talks (eg to raise awareness of mental health stigma)	80.0% (36)	20.0% (9)	45
Support via an app or digital device (eg to capture mood)	73.3% (11)	26.7% (4)	15
Mental Health First Aiders (ie a point of contact for an employee who is experiencing a mental health issue or emotional distress)	89.5% (34)	10.5% (4)	38

21. If yes, what type of mental health support or programmes do you plan to offer? Tick all that apply			
	To Direct Employees	To Supply Chain Companies	Response Total
Counselling / employee assistance programmes	82.1% (23)	17.9% (5)	28
Helplines	75.9% (22)	24.1% (7)	29
Buddy schemes (ie where employees are trained to provide informal support to colleagues in distress)	77.3% (17)	22.7% (5)	22
Mental Health Champions (ie employees who take action to raise awareness of mental health problems amongst staff, challenges mental health stigma, and provides peer support to colleagues)	80.0% (24)	20.0% (6)	30
Toolbox talks (ie informal group discussions that focus on specific aspects of mental health)	70.2% (33)	29.8% (14)	47
Self “ help tools (eg support guides covering specific conditions / tools provided online by charities like Mind)	83.9% (26)	16.1% (5)	31
social supports(eg free yoga classes, discounted membership to the gym, healthy eating options etc.)	76.5% (13)	23.5% (4)	17
Sign-posting to information hubs / services (e.g to counselling or medical services)	75.7% (28)	24.3% (9)	37
None	52.8% (19)	47.2% (17)	36
Other (please specify) *	100.0% (4)	0.0% (0)	4
		answered	91
		skipped	165

22. Do you believe the Covid crisis will increase the need for wellbeing and mental health support? Tick one				
			Response Percent	Response Total
1	Yes		93.85%	122
2	No		6.15%	8
			answered	130
			skipped	126

23. Will the repercussions of Covid (eg financial) make this support more difficult for you to offer? Tick one				
			Response Percent	Response Total
1	Yes		48.46%	63
2	No		51.54%	67
			answered	130
			skipped	126

24. As a principal contractor, what type and level of engagement do you have with employees in relation to mental health and wellbeing? Tick one on each row as applicable					
	Weekly	Monthly	Quarterly	Annually	Response Total
Wellbeing committee	4.8% (2)	31.0% (13)	42.9% (18)	21.4% (9)	42
Wellness magazine or newsletter	9.8% (4)	22.0% (9)	53.7% (22)	14.6% (6)	41
Supervision procedures which ask staff about mental health	34.9% (15)	37.2% (16)	11.6% (5)	16.3% (7)	43
Risk assessments which ask about mental health	30.4% (14)	13.0% (6)	21.7% (10)	34.8% (16)	46
Pre-work checks (ie part of a pre-start safety inspection checklist)	59.5% (22)	16.2% (6)	0.0% (0)	24.3% (9)	37
Employee Forums	5.9% (3)	29.4% (15)	41.2% (21)	23.5% (12)	51

24. As a principal contractor, what type and level of engagement do you have with employees in relation to mental health and wellbeing? Tick one on each row as applicable

	Weekly	Monthly	Quarterly	Annually	Response Total
Health and Wellbeing Surveys	2.0% (1)	10.2% (5)	20.4% (10)	67.3% (33)	49
Suggestion Boxes	53.5% (23)	23.3% (10)	11.6% (5)	11.6% (5)	43
Incident reporting system	64.7% (44)	17.6% (12)	8.8% (6)	8.8% (6)	68
Other (please specify) *	75.0% (9)	8.3% (1)	0.0% (0)	16.7% (2)	12
Don't know	41.2% (7)	23.5% (4)	5.9% (1)	29.4% (5)	17
				answered	112
				skipped	144

25. When you are working as part of a supply chain, what type of mental health supports or programmes (if any) are provided by companies above you in the supply chain? Tick all that apply

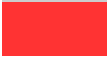
			Response Percent	Response Total
1	Online training (eg courses on how to identify and deal with mental-ill health in the workplace)		16.52%	38
2	Mental health awareness training at the firm induction stage for new employees		12.61%	29
3	Mental health awareness training at the site induction stage for new employees		11.74%	27
4	Face-to-face training / workshops (eg on managing mental health and wellbeing in the workplace or focused on specific element of mental ill health such as anxiety)		12.17%	28
5	Awareness raising activities / talks (eg to raise awareness of mental health stigma)		21.30%	49

25. When you are working as part of a supply chain, what type of mental health supports or programmes (if any) are provided by companies above you in the supply chain? Tick all that apply				
			Response Percent	Response Total
6	Support via an app or digital device (eg to capture mood)		8.26%	19
7	Mental Health First Aiders (ie a point of contact for an employee who is experiencing a mental health issue or emotional distress)		27.83%	64
8	Counselling / employee assistance programmes		16.96%	39
9	Helplines		20.00%	46
10	'Buddy' schemes (ie where employees are trained to provide informal support to colleagues in distress)		5.22%	12
11	Mental Health Champions (ie employees who take action to raise awareness of mental health problems amongst staff, challenges mental health stigma, and provides peer support to colleagues)		8.70%	20
12	Toolbox talks (ie informal group discussions that focus on specific aspects of mental health)		30.87%	71
13	Self – help tools (eg support guides covering specific conditions / tools provided online by charities like Mind)		7.39%	17
14	'social supports' (eg free yoga classes, discounted membership to the gym, healthy eating options etc.)		5.22%	12
15	Sign-posting to information hubs / services (eg to counselling or medical services)		19.57%	45
16	None		42.17%	97
17	Other (please specify) *		9.13%	21
			answered	230
			skipped	26

26. When working as part of a supply chain, how could your company employees be most effectively reached and supported in relation to mental health and wellbeing going forward? Tick all that apply

			Response Percent	Response Total
1	Access to the mental health initiatives and programmes provided by companies further up the supply chain		50.23%	111
2	Greater promotion of the mental health and wellbeing initiatives and resources that are available to them		65.16%	144
3	Via construction charities who provide mental health and wellbeing support		35.29%	78
4	Social media (which promotes mental health in the sector)		38.46%	85
5	National mental health and wellbeing schemes (eg by Building Mental Health, CITB, RICS or CIOB)		43.44%	96
6	Via builders merchants / suppliers (reference materials on workplace mental health and wellbeing)		13.12%	29
7	Site-wide initiatives on projects for all to engage with (e.g poster campaigns or talks given on site)		53.39%	118
8	Other (please specify) *		8.60%	19
			answered	221
			skipped	35

27. Does your company have a formal policy to manage the mental health of employees or is this managed on an ad-hoc basis? Tick one				
			Response Percent	Response Total
1	Formal Policy		43.14%	110
2	Ad Hoc		40.78%	104
3	No management of mental health		12.16%	31
4	Don't know		3.92%	10
			answered	255
			skipped	1

28. Is there a reason why your company does not have a mental health policy in place? Tick all that apply				
			Response Percent	Response Total
1	Limited resources		22.58%	7
2	Responsibility of managing employee mental health is shared across multiple departments / roles		3.23%	1
3	No assigned staff member to manage any employee / subcontractor's mental health related issues		12.90%	4
4	Perceived complexity of managing mental health (ie multiple stressors, consequences of getting it wrong etc).		16.13%	5
5	Not large enough to require one		38.71%	12
6	Other (please specify) *		16.13%	5
7	Don't know		16.13%	5
			answered	31
			skipped	225

29. Does your company currently have a process / procedure in place to assist a direct employee experiencing an issue with any of the following? Tick all that apply				
			Response Percent	Response Total
1	A drug or alcohol addiction		70.94%	166
2	Significant stress at work		66.24%	155
3	A mental health difficulty (ie stress, anxiety, depression) at work		70.94%	166
4	A mental health problem at home that is affecting their work		59.83%	140
5	Bullying or harassment		78.21%	183
6	An employee who you suspect might be feeling suicidal		50.00%	117
7	Don't know		11.54%	27
			answered	234
			skipped	22

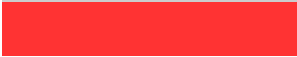
30. How confident are you that the processes / procedures you selected in the previous question are effective? Tick one on each row where relevant					
	Confident	Neither / Nor	Not Confident	Don't Know	Response Total
A drug or alcohol addiction	50.5% (96)	32.6% (62)	6.8% (13)	10.0% (19)	190
Significant stress at work	57.0% (102)	32.4% (58)	5.0% (9)	5.6% (10)	179
A mental health difficulty (ie stress, anxiety, depression) at work	61.5% (110)	27.9% (50)	4.5% (8)	6.1% (11)	179
A mental health problem at home that is affecting their work	50.3% (82)	31.9% (52)	9.2% (15)	8.6% (14)	163
Bullying or harassment	70.8% (136)	20.3% (39)	4.7% (9)	4.2% (8)	192

30. How confident are you that the processes / procedures you selected in the previous question are effective? Tick one on each row where relevant					
	Confident	Neither / Nor	Not Confident	Don't Know	Response Total
An employee who you suspect might be feeling suicidal	44.8% (69)	30.5% (47)	11.0% (17)	13.6% (21)	154
Don't know	16.7% (4)	29.2% (7)	4.2% (1)	50.0% (12)	24
				answered	207
				skipped	49

31. Does your company currently have a process / procedure in place to assist a subcontractor experiencing an issue with any of the following? Tick all that apply					Response Percent	Response Total
1	A drug or alcohol addiction				34.07%	62
2	Significant stress at work				27.47%	50
3	A mental health difficulty (ie stress, anxiety, depression) at work				32.42%	59
4	A mental health problem at home that is affecting their work				25.82%	47
5	Bullying or harassment				37.91%	69
6	An employee who you suspect might be feeling suicidal				24.73%	45
7	Don't know				54.95%	100
					answered	182
					skipped	74

32. How confident are you that the processes / procedures you selected in the previous question are effective? Tick one on each row where relevant					
	Confident	Neither / Nor	Not Confident	Don't Know	Response Total
A drug or alcohol addiction	62.9% (44)	22.9% (16)	10.0% (7)	4.3% (3)	70
Significant stress at work	50.0% (31)	35.5% (22)	11.3% (7)	3.2% (2)	62
A mental health difficulty (ie stress, anxiety, depression) at work	54.7% (35)	29.7% (19)	12.5% (8)	3.1% (2)	64
A mental health problem at home that is affecting their work	52.5% (31)	30.5% (18)	13.6% (8)	3.4% (2)	59
Bullying or harassment	66.2% (47)	23.9% (17)	8.5% (6)	1.4% (1)	71
An employee who you suspect might be feeling suicidal	45.2% (28)	32.3% (20)	11.3% (7)	11.3% (7)	62
Don't know	25.0% (2)	50.0% (4)	12.5% (1)	12.5% (1)	8
				answered	82
				skipped	174

33. How frequently does your company review wellbeing and mental health procedures? Tick one				
			Response Percent	Response Total
1	Monthly		8.30%	21
2	Bi-Monthly		2.37%	6
3	Quarterly		16.21%	41
4	Annually		45.45%	115
5	Never		18.97%	48
6	Don't know		8.70%	22
			answered	253
			skipped	3

34. What informs your firms approach to mental health and wellbeing ? Tick all that apply				
			Response Percent	Response Total
1	Government guidance		65.34%	164
2	Health and wellbeing / mental health charities (including Mates in Mind and Lighthouse Club etc.)		54.98%	138
3	Media (eg Construction News / PBC Today etc.)		32.67%	82
4	Employees or internal team (eg mental health first aiders)		56.57%	142
5	Input from other construction firms (ie firms above or below you in your supply chain)		29.88%	75
6	Other*		11.16%	28
7	Don't know		6.77%	17
			answered	251
			skipped	5

35. Does your company measure the mental health and wellbeing of employees? Tick one				
			Response Percent	Response Total
1	Yes		22.44%	57
2	No		71.65%	182
3	Don't Know		5.91%	15
			answered	254
			skipped	2

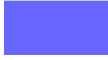
36. Do you use any of the following validated tools or surveys to measure your direct employees and / or supply chain companies mental health and wellbeing? Tick all that apply			
	Direct Employees	Supply Chain Companies	Response Total
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	0.0% (0)	0.0% (0)	0
Shortened Stress Evaluation Tool (ASSET)	100.0% (1)	0.0% (0)	1
GHQ-12	0.0% (0)	0.0% (0)	0
Satisfaction with Life Scale (SWLS)	0.0% (0)	0.0% (0)	0
Bespoke survey made in-house	83.9% (26)	16.1% (5)	31
Patient Health Questionnaire (PHQ-9)	57.1% (4)	42.9% (3)	7
Work-related Resilience Scale	60.0% (3)	40.0% (2)	5
Center for Epidemiologic Studies Depression Scale (CES-D)	0.0% (0)	0.0% (0)	0
WHO-QOL (Quality of Life) scale	0.0% (0)	0.0% (0)	0
Consultant survey	64.3% (9)	35.7% (5)	14
Other (please specify) *	90.0% (18)	10.0% (2)	20
None	52.6% (10)	47.4% (9)	19
		answered	56
		skipped	200

37. Which of the following Key Performance Indicators (KPIs) are currently measured by your company for direct employees and / or supply chain companies? Tick all that apply

	Direct Employees	Supply Chain Companies	Response Total
Levels of anxiety	76.2% (16)	23.8% (5)	21
Levels of depression	76.2% (16)	23.8% (5)	21
Stress levels	76.0% (19)	24.0% (6)	25
Levels of fatigue	73.9% (17)	26.1% (6)	23
Concentration levels	75.0% (9)	25.0% (3)	12
Levels of self-confidence	73.3% (11)	26.7% (4)	15
Happiness	87.0% (20)	13.0% (3)	23
Life satisfaction	80.0% (16)	20.0% (4)	20
Loneliness	75.0% (9)	25.0% (3)	12
Sickness absence (due to mental health ill health)	87.5% (42)	12.5% (6)	48
Safety – Accident frequency rate (AFR)	75.9% (44)	24.1% (14)	58
Job satisfaction	85.1% (40)	14.9% (7)	47
None	33.3% (2)	66.7% (4)	6
Don't know	100.0% (2)	0.0% (0)	2
Other (please specify) *	100.0% (2)	0.0% (0)	2
		answered	56
		skipped	200

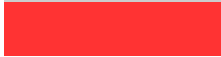
38. How does your company measure the KPIs selected in the previous question? (please give details of any qualitative evidence, quantitative evidence, and the frequency at which this is collected)

	How it is measured	Response Total
Levels of anxiety	100.0% (15)	15
Levels of depression	100.0% (16)	16
Stress levels	100.0% (16)	16
Levels of fatigue	100.0% (17)	17
Concentration levels	100.0% (9)	9
Levels of self-confidence	100.0% (11)	11
Happiness	100.0% (16)	16
Life satisfaction	100.0% (13)	13
Loneliness	100.0% (8)	8
Sickness absence (due to mental health ill health)	100.0% (37)	37
Safety – Accident frequency rate (AFR)	100.0% (37)	37
Job satisfaction	100.0% (31)	31
Other (as specified in the previous question)	100.0% (3)	3
	answered	47
	skipped	209

39. What has been the impact of the mental health supports or programmes provided by your company? Tick all that apply				
			Response Percent	Response Total
1	Reduced anxiety		22.22%	12
2	Reduced depression		16.67%	9
3	Reduced stress		25.93%	14
4	Reduced fatigue		14.81%	8
5	Increased concentration		7.41%	4
6	Improved self-confidence		18.52%	10
7	For any staff that have taken time off a higher proportion returning to work well		20.37%	11
8	Improved productivity		18.52%	10
9	Reduced staff turnover		24.07%	13
10	Reduced rates of absenteeism / lost working days		37.04%	20
11	Overall happier workers		31.48%	17
12	Don't Know		35.19%	19
13	Other*		16.67%	9
			answered	54
			skipped	202

40. Which of the following KPIs could be measured by your company going forward? Tick all that apply

			Response Percent	Response Total
1	Levels of anxiety		27.09%	68
2	Levels of depression		28.29%	71
3	Stress levels		45.02%	113
4	Levels of fatigue		33.47%	84
5	Concentration levels		26.29%	66
6	Levels of self-confidence		23.90%	60
7	Happiness		36.25%	91
8	Life satisfaction		25.90%	65
9	Loneliness		20.72%	52
10	Sickness absence (due to poor mental health)		64.94%	163
11	Safety – Accident frequency rate (AFR)		61.35%	154
12	Job satisfaction		49.80%	125
13	None		6.37%	16
14	Don't know		12.35%	31
15	Other (please specify) *		2.39%	6
			answered	251
			skipped	5

41. Do you feel you need more leadership / guidance in the area of mental health and wellbeing?				
			Response Percent	Response Total
1	Yes		50.00%	126
2	No		40.08%	101
3	Don't Know		9.92%	25
			answered	252
			skipped	4

42. If yes, who do you think this leadership should come from (ie CITB / government) and why?				
			Response Percent	Response Total
1	Open-Ended Question		100.00%	118
Qualitative responses were provided however removed from this appendix to ensure anonymity				
			answered	118
			skipped	138

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