



Ironworkers Have Super Powers

But are we listening when 'kryptonite' makes them vulnerable?

Ironworkers have the highest rate of suicide of all construction trade workers. And the total numbers are heartbreaking.

When discussing fatalities in construction, we generally refer to OSHA's on-the-job data—in 2018 that number was 1,000 deaths. But when you factor in the number of people in the United States who died by suicide whose occupation was in the construction industry—the number is five times higher. (5,400 people whose occupation was in construction took their own lives in 2018.)

The Centers for Disease Control and Prevention breaks the data down further by occupational groups with more suicides than the general population. *Of the 11 construction occupations cited for men, structural iron and steel workers was #1 and reinforcing iron and rebar workers was #2.*

And these statistics don't reflect the thousands more who died by drug overdose. According to a January 2023 CPWR Data Bulletin on Construction Worker Causes of Death, more than 14,000 construction

workers died due to overdose in 2020.

Consider for a minute the number of fatalities due to falls in steel erection (11 in 2021, according to BLS data). Consider how much emphasis the industry puts on fall prevention. For the record, suicides on the job equaled the same number of people who died from falls (11 in 2019.)

On and off the job, the ugly truth is that far more people in construction are impacted by a suicide than they are by a death due to a fall. That leads to two questions: Why? and Why aren't we incorporating prevention into our safety and training programs?

Why is suicide so prevalent in construction?

"Stress levels in construction are off the charts," said Sally Spencer-Thomas, a clinical psychologist, founder of ConstructionWorkingMinds.org, and an ENR 2021 Top 25 Newsmaker. "The stakes are high, schedules are tight, and we are asking people to do more with less."

It takes unique skills to be an ironworker. It also takes a unique mindset. "Many working in this industry are tough-minded, which is essential to wanting to work high up on the steel," she said. "But their super-power is also what makes them more vulnerable to mental

Data Driven Conversations

While human interaction is key to preventing suicide in construction, an AI-driven test from Predictive Safety called AlertMeter® provides field supervisors with a powerful tool to mitigate risk driven by worker fatigue, emotional distress, family crisis, and drug and alcohol use.

Fatigue compounds stress and interferes with mentally and physically demanding tasks, reducing capacity to focus and slowing reaction times. As fatigue increases, it has a negative impact on concentration, can impair judgment, and is detrimental to short-term memory. No other technology can evaluate a person's cognitive fitness as compared to their normal cognitive function.

"Testing outside 'normal range' is a notification to a supervisor or manager to have a safety conversation that otherwise would not have occurred. Those conversations can then lead to various outcomes. The tool empowers supervisors to have a data driven conversation," said Peter Hay, Vice President of

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health concerns because they don't tend to reach out for support. They don't see despair, depression, or anxiety as a mental health issue, they attribute the problems instead to external factors that are causing them stress."

There are a few other reasons why the problem exists.

Men outpace women four to one in suicide deaths and construction remains a male-dominated industry. Among the reasons: men are less likely to seek help, are more likely to self-treat with alcohol and other substances, and are more likely to use lethal methods. However, among women, workers with the highest suicide rates were in this industry, which says something about the work environment. (2020 CDC report: Suicide Rates by Industry and Occupation-National Violent Death Reporting System, 32 States, 2016.)

According to *A Construction Industry Blueprint: Suicide Prevention in the Workplace*, available at ConstructionWorkingMinds.org, there are other risk factors.

Nature of the work: Cyclical work with regular periods of lay-offs and re-hiring causes uncertainty about employment. Workforce and skill shortages result in laborers working overtime to complete projects. The combination results in a "pressure cooker" atmosphere that can overwhelm employees.

Exposure to physical strain or psychological trauma: Workplaces that expose employees to physical or psychological injury through traumatic life-threatening events can experience symptoms of chronic pain, post-traumatic stress, or burnout that can contribute to suicide despair.

Culture of substance abuse: Workplaces that informally support a culture of self-medication to relieve stress can experience escalating substance abuse problems that also increase the risk of suicide.

In 2019, there were 307 workplace fatalities by suicide, the highest level on record. Workplace suicides increased by 1.0 percent from 2018 and by 34.1 percent from the 10-year low in 2015.

Workplace suicides, 1992-2019



Source: U.S. Bureau of Labor Statistics

Sleep disruption: Working long or abnormal hours can affect sleep, causing mental and physical exhaustion. This effects performance, increases the probability of injury, and can exacerbate other mental health concerns.

Why aren't we doing mental health wellness and suicide prevention?

In construction, training is conducted essentially for two reasons: to improve productivity and to reduce injuries and fatalities. Poor mental health checks both of those boxes. According to a 2022 Gallup Panel, workers with fair or poor mental health are estimated to have nearly 12 days of unplanned

absences annually compared with 2.5 days for all other workers. Missing work is projected to cost the economy \$47.6 billion annually in lost productivity.

"Science has proven that the brain does not fire normally when the person is suffering from poor mental health. That affects decisions made on the job," said Spencer-Thomas. "For example, we may not know why a person makes a decision to work and not tie-off. There could be an emotional root-cause and no amount of fall prevention training is going to change that when the decision to harm oneself is intentional. That's why mental wellness is a safety issue," she said.

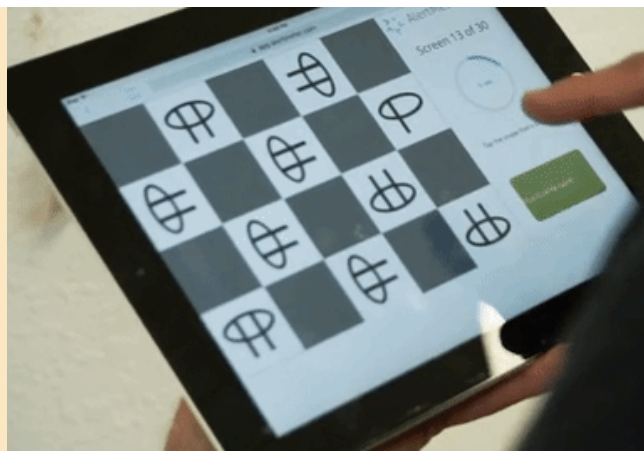
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This NIOSH validated screening takes just 60 seconds, is non-lingual, and objective. While the company claims that AlertMeter has demonstrated 40% reduction in worker's comp claims and 35% reduction in TRIR, it is also possible that it could provide insight into mental wellness.

"Through the objective engagement, we have seen employees be willing to share struggles they are going through and the company then supporting them in various ways, including changing work tasks, taking time off, providing counseling, etc.," said Hay. And feedback from employees has been positive. "They now feel the company cares about them rather than just wanting them to get to work," he said.

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Among 11 construction occupations cited for men by the CDC, structural iron and steel workers are #1 and reinforcing iron and rebar workers are #2 for highest rates of suicide per 100,000.

Detailed occupational groups meeting reporting criteria with higher† than the population rate (all occupations) and associated major occupational groups and rates — National Violent Death Reporting System, 32 states,§ 2016	Rate (Male) Confidence Interval per 100,000 civilian, noninstitutionalized working persons aged 16-64 years
Structural iron and steel workers	79
Brickmasons, blockmasons, stonemasons, and reinforcing iron and rebar workers	67.6
Roofers	65.2
Construction laborers	62
Carpet, floor, and tile installers and finishers	55.2
Carpenters	54.7
Construction equipment operators except paving, surfacing, and tamping equipment operators	52.8
Electricians	44
First-line supervisors of construction trades and extraction workers	44
Painters and paperhangers	36.6
Pipelayers, plumbers, pipefitters, and steamfitters	35.4

We provide emergency training to improve outcomes when there is an incident. For example, we conduct fall rescue training, we teach workers how to give CPR. Managers would not hesitate to give employees CPR training without concern for liability because it is considered basic emergency training. The same should be true for suicide prevention. Spencer-Thomas reports that safety and health professionals working with construction unions and large general contractors, have successfully led the change to incorporate mental health training into their organizations.

Getting started

At ConstructionWorkingMinds.org, Spencer-Thomas provides two documents that outline action steps for companies and leaders. The following recommendations come from “10 Action Steps Companies Can Take to Save Lives” and “10 Questions Leaders Must Ask Themselves.”

Companies must first cultivate leadership that will make good mental health a priority. This includes improving mental health literacy, teaching coping skills, and building a caring culture.

Next, develop intervention steps that will help detect emerging mental health problems before they become life-threatening. This includes promoting employee assistance programs, screening for mental health conditions and substance misuse, and training field supervisors how to have difficult conversations. It’s worth noting, that in the previously referenced Gallup Panel, 31% of construction workers said their employer did not provide easily accessible mental health support services and another 44% didn’t know whether these services were available.

Finally give employees tools. Promote the 988 Suicide & Crisis Lifeline. The hotline removes the barriers of cost, travel, and waitlists to provide people in crisis an immediate response. For callers who are in an acute

life-threatening situation, call centers can engage in more aggressive interventions, such as tracing calls and sending emergency personnel. Beyond that, work with employees to create a safety plan and establish procedures to prevent tragedy.

“Prevention means providing tools for how to start a conversation, how to be empathetic and to be a bridge to resources. They have to practice the conversation just like practicing to give CPR,” said Spencer-Thomas.

Certainly, construction has shown that top-down leadership is essential to improving corporate safety cultures. In “10 Questions Leaders Must Ask Themselves,” Spencer-Thomas and Cal Beyer of Holmes Murphy, encourage construction company leaders to make mental health and suicide prevention one more piece of that conversation:

“Leaders who are truly intent on creating lasting change in their efforts to develop a robust mental health promotion and suicide prevention program will look beyond one training session or single awareness campaign. Rather, they will look for innovative ways to incorporate changes so that suicide prevention and mental health promotion becomes woven into the company health and safety processes and therefore more likely to be sustained. Pioneering leaders have incentivized mental health practices through their wellness programs. Others have promoted the messages of suicide prevention in their daily toolbox talks or have found ways to integrate supervisory training on having difficult conversations about mental health into their new manager orientations and ongoing leadership development training.”

Resources

988 Suicide & Crisis Lifeline
<https://988lifeline.org/>

Construction Industry Blueprint
<https://bit.ly/3MZKtPD>

Action Steps
<https://bit.ly/45vJBcu>

Training
<https://bit.ly/45zKReX>

Toolbox Talks, Posters, Checklists
<https://bit.ly/3qcNvaf>