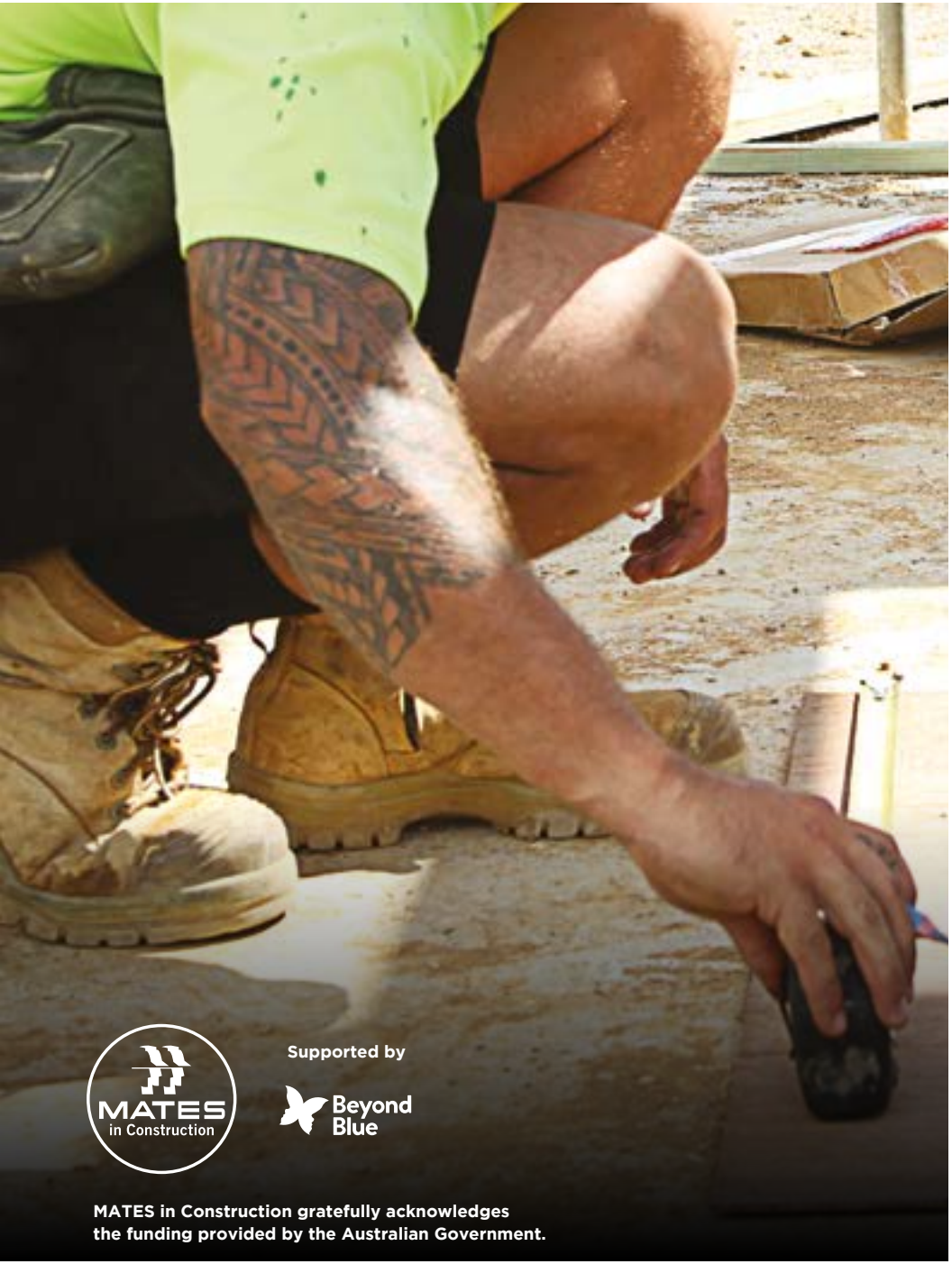

Supported by

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THE AUSTRALIAN BUILDING AND CONSTRUCTION INDUSTRY

BLUEPRINT FOR BETTER MENTAL HEALTH AND SUICIDE PREVENTION

2018–2020

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FOREWARD

The Australian Building and Construction industry has recognised for over 10 years that the industry experiences significantly higher rates of suicide and mental health issues amongst our workers when compared to the general population.

In response to this, the industry has stepped forward and developed programs and support mechanisms that are genuinely innovative and see the Australian Building and Construction industry positioned at the forefront internationally of work to address suicide and mental health through the workplace.

We recognise though that more needs to be done to ensure that the whole industry are better aligned to the goals of reducing the tragically high rates of suicide and delivering better mental health outcomes for all in Building and Construction.

That's why MATES in Construction with support from Beyond Blue worked with the industry to drive the development of a Blueprint that can guide the important next steps in getting a stronger framework in place for better mental health and suicide prevention across the Building and Construction industry.

The industry is on a journey, and this Blueprint is one step along that path, and a very important step. We see great potential for the already good work being done across the industry to be improved upon so that effective evidenced based practices aimed at addressing the risks of suicide and the mental health needs of workers become standard practice in all our workplaces.

Chris Lockwood
CEO, MATES in Construction

MESSAGE FROM BEYOND BLUE

Following the 2016 Construction Industry Mental Health Roundtable initiated by Mates In Construction and Beyond Blue, Beyond Blue is proud to have supported Mates in Construction and the construction industry in the development of this Australian Building and Construction Industry Blueprint for Better Mental Health and Suicide Prevention 2018-2020 (The Blueprint).

The Blueprint has been informed through stakeholder engagement and incorporates references to a broad range of evidence-based workplace mental health resources to help people and organisations take effective action to create mentally healthy environments in the construction industry.

Current best practice regarding workplace mental health takes an integrated approach and includes promoting the positives of good mental health, addressing workplace risk and protective factors for mental health and supporting people with a mental health condition. This Blueprint reflects that model and recommends that workplaces adopt the following interventions:

1. Promote the positive impact of work on mental health
2. Reduce the harmful impacts of work
3. Provide training and resources to improve mental health and suicide prevention literacy
4. Promote early intervention and access to support and treatment
5. Provide support for employees to stay at or return to work when experiencing a mental health condition.

At the 2016 Roundtable, the construction industry shared a vision to be a global leader in workplace mental health and to adopt a nationally-agreed framework that supported all industry stakeholders including employees, sub-contractors and business owners. This Blueprint is evidence of significant progress on that journey.

Beyond Blue recognises that continued momentum will only occur with the ongoing commitment, involvement and support across the breadth of the construction industry. We encourage all involved in the industry to adopt the Blueprint and to take meaningful actions towards better mental health for themselves, their colleagues and their workplaces. We congratulate the industry and Mates in Construction for the development of the Blueprint. Beyond Blue remains committed to providing ongoing support to assist the industry to achieve its vision; and in doing so, supporting everyone in the construction industry to achieve their best possible mental health.

Georgie Harman
Chief Executive Officer, Beyond Blue

BACKGROUND

In 2016 MATES in Construction and Beyond Blue recognised a need for the Australian Building and Construction industry to develop a consistent framework for addressing Suicide and better Mental Health in the workplace.

They convened a round table in late 2016 with 52 industry leaders (hereafter referred to as "the group") to discuss how we could deliver better mental health and suicide prevention in the Australian building and construction industry (hereafter referred to as "the industry").

INDUSTRY ROUNDTABLE PARTICIPANTS

- Acciona Infrastructure Australia
- Air Conditioning and Mechanical Contractor's Association
- Australian Constructors Association
- Australian Manufacturing Workers' Union
- Beyond Blue
- Bouygues Construction Australia
- Brookfield Multiplex Australia
- Cbus Super
- Civil Contractors Federation
- Construction, Forestry, Mining and Energy Union
- CPB Contractors
- DATS
- Deakin University
- Downer Group
- Electrical Trades Union
- Fulton Hogan
- Grocon
- Hansen Yuncken
- Housing Industry Association
- Hutchinson Builders
- Incolink
- John Holland Group
- Laing O'Rourke
- Lendlease
- Master Builders Australia
- Master Electricians
- Master Plumber's Association
- MATES in Construction
- McConnell Dowell Constructors (Aust) Pty Ltd
- Murphy Pipe & Civil
- National Fire Industry Association
- Ostwald Bros
- OzHelp Foundation
- Plumbing and Pipe Trades Employees Union
- Probuild
- Randstad
- Robson Civil
- Sydney Motorway Corporation
- Total Construction Pty Ltd

The purpose of the roundtable was to find ways to work collectively to drive change around mental health in the industry and make a difference via achievable, tangible outcomes.

THE GROUP AGREED THAT THE INDUSTRY:

1: would benefit from understanding the challenges facing its workers

2: should target the areas where best effect could be achieved

3: should learn from other industries, and

4: should display leadership, working to an agreed roadmap and timetable.

The construction industry ecosystem is vast — with a wider group of stakeholders that includes developers, financiers, insurance providers, educators, suppliers, regulators, head and sub-contractors, employer associations, unions, and workers onsite. Therefore to reach all stakeholders and achieve measurable positive outcomes, the industry will need to work with many partners including the media, the mental health sector and NGO (non-government organisation) support networks.

The group identified numerous systemic issues that affect mental health and suicide risk for workers in the industry including compressed delivery demands on projects, the complexity of competing agendas, lack of consistent government leadership and an industry structure that often focuses on short-term solutions.

In highly competitive markets, it can be difficult to fund adequate interventions in the workplace. Additionally, issues stemming from the workplace culture can work against good mental health and suicide prevention in the industry — these issues include competitive and male-dominated workplace cultures, stigma and fear around the subjects of mental health and suicide, ignorance of the increased risk of suicide and mental health issues for workers in the industry, failure by management to accept or apportion responsibility, and higher levels of substance and alcohol misuse in the culture. Finally, environmental factors such as disparate workplaces, FIFO (Fly in, Fly out) and DIDO (Drive in, Drive out) work, working while exposed to the elements and inconsistent/intermittent work are all stressors common to the industry.

The group commissioned the University of Melbourne to conduct a review of the mental health in the construction industry, this Blueprint should be read in conjunction with the "Summary report: Mental Health in the Construction Industry" June 2017.

A SHARED VISION

AT THE ROUNDTABLE, THE GROUP ADOPTED A SHARED VISION FOR 2021 WHERE THE INDUSTRY:

1: was a global leader in mentally healthy workplaces

2: had a nationally-agreed framework that was adopted and supported by all stakeholders

3: has accepted mental health as a normal topic of conversation on site

4: receives reports from organisations on key metrics, and

5: supports and participates in a growing evidence and research base around suicide and mental health.

To achieve this vision, the group determined that:

1. a unified approach between businesses, unions and NGOs is required, with buy-in from stakeholders at all levels: from the board to builder's labourers, from clients to subcontractors, from employer associations to unions
2. the industry needs to conceive a blueprint for mental health intervention and suicide prevention (hereafter referred to as "the blueprint") for existing workers as well as targeting the next generation though apprentice training
3. the blueprint needs to be targeted and evidence based with agreed metrics and reporting mechanisms, and
4. effective leadership can drive positive change across the industry: mental health and suicide prevention should be on the agenda of every organisation and should inform relationships in the industry so that leading and progressive organisations require buy-in from their industry partners.

The group identified resourcing and funding of initiatives as important along with creating a space where government and industry can collaborate. They also agreed that the longer-term objective would be to develop a consensus in the industry around mental health and suicide prevention where legislative change becomes feasible and even desirable to stakeholders.

THE SIX-POINT PLAN

THE GROUP DEVELOPED A SIX-POINT PLAN FOR THE FIRST 12 MONTHS OF WORKING TOWARDS THEIR VISION:

1: to put an effective national work group and communication strategy in place

2: complete research to define a mentally healthy workplace and identify risks for mental health and suicide in the industry

3: develop and publish an industry mental health intervention blueprint

4: agree guidelines with regulators with a view to making future legislative change

5: develop a strategy for full industry engagement over the next three years, and

6: to ensure that all apprentices under structured training receive mental health and wellbeing education.

The Australian Building and Construction Industry Blueprint for Better Mental Health and Suicide Prevention 2018–2020, has been developed according to points one to three (as right). It is intended to be used as the mental health intervention blueprint throughout the industry to drive progress on the remaining strategies in the six-point plan.

CHALLENGES FACING WORKERS IN THE BUILDING AND CONSTRUCTION INDUSTRY

MENTAL HEALTH

Very little evidence exists about the state of mental health in the Australian building and construction industry. A few studies conducted overseas found contradictory results. However, in the Australian community generally, it is estimated that one in five people will experience a diagnosable mental health condition over a 12-month period.

The World Health Organisation has defined mental health as "*a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community*" Mental health is therefore central to a good life.

A reciprocal relationship exists between a person's social environment and their mental health. Without good mental health, people are likely to experience problems in various aspects of their lives, including their relationships and their work lives. Additionally, problems in relationships and at work are likely to affect a person's mental health. The personal vulnerabilities of individual workers can be negatively impacted by their work environments, particularly if they are stigmatised or isolated at work.

General research on wellbeing at work identifies several positive impacts work can have on workers lives. Positive mental wellbeing leads to greater levels of engagement with work, a higher degree of meaning from work, proactive work behaviour, and transformational leadership (where a leader works with employees to identify needed change, creates a vision to guide the change, and executes the change in tandem with committed members).

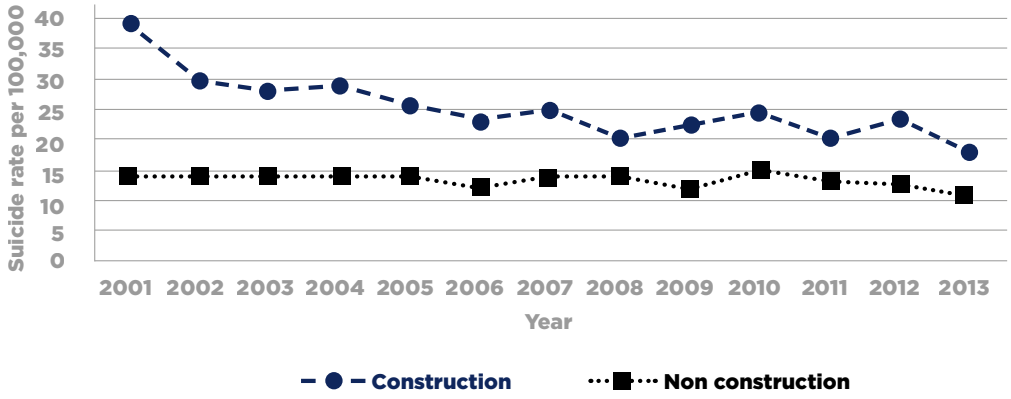
SUICIDE RATES

Every year in Australia, close to 3,000 people take their own life. The majority of suicides are men, and the number of suicides each year is far greater than the number of deaths due to traffic accidents, homicide, and other assaults. Suicidal ideation (thoughts about suicide) also requires intervention as it is associated with considerable psychological distress and is a likely predictor of later suicide attempts and death by suicide.

The risk of suicide for construction workers is 53% higher than the risk for other employed men in Australia. Between 2001 and 2015 a total of 3000 construction workers died by suicide, 2958 male and 42 female workers. This is an average of 200 workers per year, well over six times the mortality from construction workplace accidents. In every state and territory, the age profile for construction suicides are significantly younger than amongst other employed men in Australia. Labourers and operators are high risk groups, where the rates are markedly above the general male population.

However, the rates of suicide among construction workers have been decreasing since the introduction of suicide-prevention programs in the industry. Between 2001 and 2003, the rates of suicide in construction workers were over 2.31 times that of other male workers (Figure 1). But between 2013 and 2015, the rates of suicide in construction workers had reduced to 1.53 times that of other male workers. A study in Queensland also found a 7.9% fall in construction suicide rates in the first five years after the industry adopted a suicide prevention program versus a slight increase in suicide rates in the general male population during the same period.

FIGURE 1:
Age standardised suicide rates, male, construction and non-construction in Australia from 2001 and 2013.



Research has suggested up to 17% of suicides have been found to be work related. The World Health Organisation estimates that for every person who dies by suicide another 10 to 20 will attempt suicide, with 17% of these individuals left with a permanent disability. If this statistic applies equally to the construction industry, then we can presume that each year approximately 2,850 workers will attempt suicide and 485 of these will become permanently disabled following a suicide attempt.

INFLUENCING FACTORS

The high rates of suicide in construction provide a strong indication that many workers in the industry experience poor mental health. The following section focuses on some of the potential reasons for poor mental health, specifically on the factors that can be modified in a construction worker's external environment. These factors include:

- Work and employment conditions
- Relationships
- Attitudes toward help-seeking and stigma against mental ill health
- Alcohol and drug use
- Sleep and physical activity
- Literacy levels and workers from non-English speaking backgrounds.

WORK AND EMPLOYMENT CONDITIONS

A large proportion of our daily lives are spent at work. It is important to have a positive work environment as the work atmosphere affects all aspects of a person's well-being. Some of the benefits of work to mental health include:

- Remuneration
- Goal direction
- Enforced activity
- Sense of structure to the day
- Status or identity
- Enforced activity.

At the same time, work can be detrimental to mental health. Prolonged or excessive job stress is a risk factor for mental health issues. Job stress factors include:

- Job insecurity
- Low job control
- Excessive job demands
- Low rewards for work
- Poor working relationships with colleagues and supervisors
- Bullying and harassment
- Liquidated damages.

RELATIONSHIPS

Strong relationships with an intimate partner, family member, work colleagues and friends can buffer people against mental health issues. Research shows that being divorced, widowed or separated represent risk factors for male and female suicide. People with high levels of social support are more likely to be able to manage adverse life events than those with low levels of social support.

In the 2006 *Suicide in Queensland's Commercial Building and Construction Industry Report* relationship problems were the most commonly reported life event, with more than half (53.1%) of all suicide fatalities having relationship problems in the form of separation or conflict, in the three months preceding death.

HELP SEEKING AND STIGMA

The ability to seek help for a mental health issue is a key step towards recovery. Males in particular are less likely to seek help for mental health issues. A culture where mental health is not discussed or where seeking help is seen as a weakness can make help seeking more difficult. An industry where mental health is discussed and understood and where help is offered rather than relying on individuals seeking help will break down stigma.

ALCOHOL AND DRUG USE

The use of alcohol and drugs heighten pre-existing vulnerabilities towards mental health conditions and suicide. And we know construction workers who took their own lives reported alcohol-related problems more than the general population. Men may also use alcohol and other drugs as a form of self-medication for poor mental health and stress. Key predictors of alcohol and other drug use include being a young male, single, separated, widowed or divorced. Alcohol and drugs tend to be used to cope with other life stressors, culminating in greater risk of mental health issues.

An emerging drug issue is the over use of opioids in the management of pain relief and injury. From 1 February 2018, medicines containing codeine will no longer be available without a prescription. Codeine can cause opioid tolerance, dependence and addiction. The industry needs to be alert to this issue during the transition period.

SLEEP AND PHYSICAL ACTIVITY

Being physically active and getting adequate sleep are recognised protective factors for mental health. The reasons that these factors are thought to be protective are likely connected to the fact they provide respite and promote healthy chemical flows to the brain. However, employment in the construction industry often involve long working hours, physically hard and repetitive work at times in hot, noisy and dusty conditions which is associated with fatigue.

THE INTERVENTION MODEL

KEY CONSIDERATIONS

THE FOLLOWING KEY FACTORS SHOULD BE CONSIDERED WHEN DEVELOPING AN INTERVENTION STRATEGY AIMED AT BETTER MENTAL HEALTH AND SUICIDE PREVENTION IN THE INDUSTRY:

1: work atmosphere has both positive and negative impacts

2: poor mental health is common

3: mental health is influenced by biological, psychological, social and environmental factors

4: poor mental health in most cases can be managed through treatment and support, and

5: men are poor help seekers, think of alternatives.

THE MODEL

This blueprint recommends that workplace programs adopt the following interventions:

1. Promote work's positive impact on mental health
2. Reduce harmful impacts of work
3. Provide mental health and suicide prevention literacy
4. Facilitate early intervention and treatment
5. Provide return-to-work and ongoing support.

FIGURE 2:
The five-focus model for mental health intervention in the workplace.

THE FIVE AREAS OF INTERVENTION IN DETAIL

1 Promote WORK'S POSITIVE IMPACT ON MENTAL HEALTH

Being employed is generally associated with better mental health than being unemployed.

Employment can have positive effects on people's mental health by promoting social status, a time structure, and a sense of identity and of achievement, offering a source of self-esteem while also facilitating social contact.

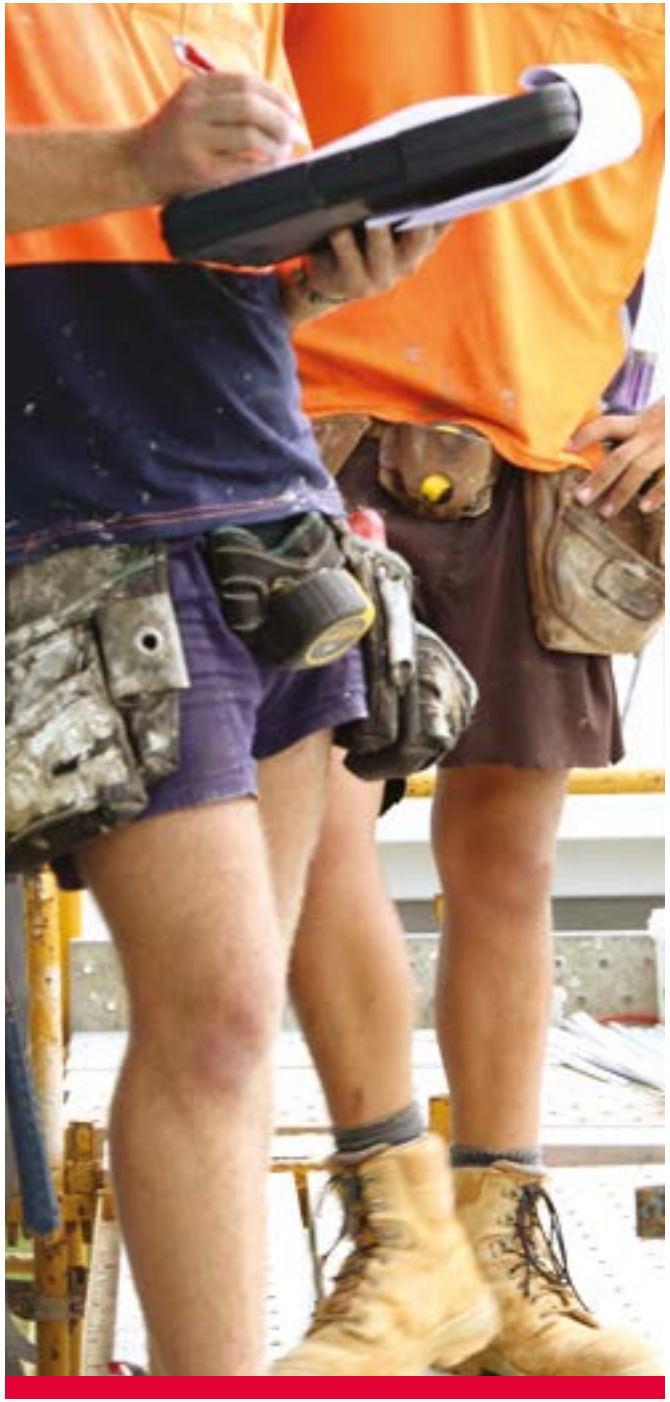
People who work tend to enjoy happier and healthier lives than those who are not in work. Physical and mental health is generally improved through work: workers recover from sickness more quickly and are at less risk of long-term illness and incapacity.

Employers can engage procedures to further increase the positive aspects of work, including keeping workers informed, providing social engagement through site events and acknowledging milestones, and providing wellbeing activities that encourage health monitoring and improvement.

Developing a team-based approach can also help increase the positive aspects of working on site. Fostering teamwork across trades on a worksite can increase workers' identification with the project objectives and their sense of connection to their work.

INTERVENTIONS TO PROMOTE WORK'S POSITIVE IMPACT ON MENTAL HEALTH :

- **Policy/planning –** Maintaining good communication throughout a project will ensure that workers on site are informed about progress across the site and can feel engaged in the project well beyond their individual work tasks. Promoting a collaborative and positive workplace culture where possible is vital for improving mental health on site.
- **Supervisory staff –** A collaborative rather than hierarchical structure can be helpful to organisation of work. Team-based approaches can have a positive impact particularly across trade groups around tasks and outcomes.
- **Purpose of work –** Where possible, workers should be encouraged to focus on the social value of the project. In any creative industry, job satisfaction can be obtained by considering the benefit of the final project, and the building and construction industry can offer its workers this same satisfaction.
- **Team building –** Working with peer support networks can help to build teams and social cohesion around a purpose. For example, participating in public campaigns or fundraising at work can build a more positive, cohesive work environment.
- **Surveying –** Encouraging active and engaged conversation can help staff take on board suggestions and improvements. Using a mental health/satisfaction index over the life of a project can also highlight the good periods, as well as the testing periods, during a project to inform future management action.



2 Reduce HARMFUL IMPACTS AT WORK

Risk factors associated with the development or exacerbation of mental health issues in the workplace come from either 'work content', 'work context' or 'organisation's culture' variables. Work content refers to the activities a worker performs on the job, whereas work context refers to the conditions under which these work activities are performed. Organisation culture is a pattern of basic assumptions that develop within an organisation. These basic assumptions are expressed as values and behavioural norms in organisations.

WORK CONTENT

Work content includes a worker's workload, the kind of work they perform and their degree of participation in job control. Risk factors around work content include:

- excessive/insufficient workload
- inability to participate in decision making, and
- monotonous tasks.

Work situations involving low job control, high work demands and poor support are linked to poor health outcomes. Individuals differ in the amount of work they can reasonably be expected to undertake in a safe, healthy and productive manner. A balance of effort and recovery time is important to maintaining resilience in the workplace.

WORK CONTEXT

Work context includes a person's role in the organisation, the level of recognition they receive for their work, fairness in the workplace, working conditions, career development and workplace culture. Risk factors associated with work context include:

- Role clarification – work loads and work patterns
- Support - including encouragement, sponsorship and provision of resources
- Change management, and
- Relationships that provide positive working practices to avoid conflict and deal with unacceptable behaviour.

ADDITIONAL STRESSORS ON SITE

Events may occur on site that can severely impact an individual's mental health, including bankruptcies of employers, unexpected redundancies, serious accidents or near misses, suicides on site by members of the public, and other similarly traumatic events. People possess differing skills and life experience that can affect how they react to these stressors. However, it is important that workers experience their workplaces as supportive and caring. Where possible, planning should seek to minimise the impact of these additional stressors via deliberate communication and the promotion of support.

INTERVENTIONS TO REDUCE THE HARMFUL IMPACTS AT WORK:

- **Policy implementation –** Considering both work content and work context when developing policy will ensure expectations, communication, job design, role clarity, fatigue, rosters and acceptable interpersonal behaviour will all be considered.
- **Supervisory staff –** Supervisors should be trained to understand their roles and expectations in the implementation of site/business policy and Manager Assistance Programs.
- **Peer support –** Peer support programs should be implemented that positively impact workplace culture and create clear pathways to help. Peer support networks in the workplace can also positively inform policy and supervision practices.
- **Hazard mitigation –** Harmful impacts on site should be reduced—for example, reducing excessive workplace stress and offering debriefing and support following critical incidences or a suicide to minimise ongoing effect on the workforce.
- **Prevention –** Worksites in high-risk areas should prevent access to the site by the public to reduce suicides on site. Sites/workplaces should pre-plan intervention processes to ensure a support strategy is implemented immediately following any traumatic event on site.
- **Connection –** On remote sites, it is important to ensure adequate communications facilities, family-friendly rosters, camp activities and peer support to mitigate the sense of disconnection felt by many FIFO/DIDO workers.

3 Provide
MENTAL HEALTH AND SUICIDE PREVENTION LITERACY

Suicide and mental health are arguably among the most stigmatised topics in the industry. These stigmas can prevent people from both seeking and offering help. Typically, stigma further isolates and disconnects individuals experiencing poor mental health. Reluctance to discuss the topics of mental health and suicide means that many people are ignorant about the signs and indicators that a person is mentally stressed or considering suicide.

Evidence demonstrates that greater awareness and education about mental health issues can facilitate help-seeking behaviour. Targeted information can break down stigma and normalise discussion of these topics. Awareness can also create a sense of community around supporting and helping people experiencing mental stress, and this in turn can influence workplace culture and environment. To achieve this aim, information must be culturally appropriate and directed towards empowering a community to support its members.

Mental health and suicide prevention literacy can also be increased by contact and conversation with individuals who have experienced poor mental health or suicide risk. A diverse workplace can be a tolerant workplace, and a tolerant workplace is a more supportive workplace.

INTERVENTIONS TO PROVIDE MENTAL HEALTH AND SUICIDE PREVENTION LITERACY:

- **Information –** Including a mental health awareness module in on-site health and safety inductions and displaying information, posters and flyers about mental health and suicide prevention on site are vital to improving mental health and reducing suicide rates.
- **Supervisor training –** Training supervisors in mental health and suicide prevention so they can emphasise and encourage tolerance, understanding and support is vital Supervisory staff should be trained in anti-discrimination legislation and obligations.
- **Workforce training –** Workplace training should include (i) providing mental health awareness information and training for staff, (ii) establishing a peer-based support system onsite, (iii) conducting awareness toolbox talks, and (iv) participating in awareness days to involve the workforce in activities that increase awareness.
- **Peer Support meetings –** Sites implementing programs such as MATES in Construction and Incolink will facilitate meetings where the workforce can actively participate in and develop localised messages.
- **Diversity –** Workplaces should ensure diversity to encourage the acceptance of differing ethnicities, sexual/gender orientation, mental-health status and disabilities to the largest practicable extent.
- **External Speaker –** An industry peer speaking about their own experience of poor mental health and recovery can be a powerful method to reduce stigma and promote conversations about mental health and suicide.

4 Facilitate

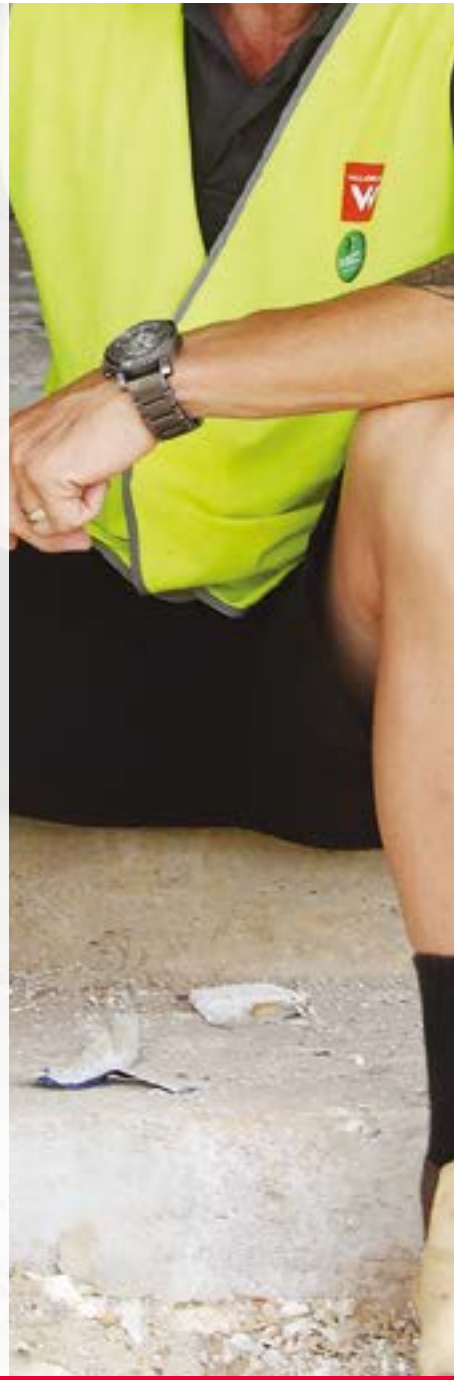
EARLY INTERVENTION AND TREATMENT

Diagnosable mental health conditions, if treated early can often be effectively managed or cured. In any typical workforce, one in five workers will experience a diagnosable mental health condition, one in 20 will experience suicidal thoughts, and around one in 300 will attempt suicide each year.

Workplaces need to provide clear pathways through which workers with mental health issues can be identified and provided with appropriate care. In particular, programs to increase and facilitate help offering could target individuals with poor help-seeking and may help to break down stigma.

INTERVENTIONS TO FACILITATE EARLY INTERVENTION AND TREATMENT:

- **Policy –** Workers who feel declaring a mental health condition could be detrimental to their career/employment will be reluctant to disclose mental health issues. Therefore, non-discriminatory workplace policies that support help-seeking behaviour are vital.
- **Examples –** Workers with lived experience of mental health issues or suicide who have recovered and are working successfully back in the industry can reduce barriers to help-seeking behaviour by sharing their experiences.
- **Supervisor training –** Ensuring supervisors are adequately trained in symptom identification and referral pathways will increase potential access to help.
- **Pathways to help –** Developing multiple pathways to diverse types of support will encourage help-seeking and help-offering behaviours.
- **Access to Employee Assistance Program (EAP) –** Providing access to a thorough, tailored EAP for all workers on site will facilitate early intervention. EAP services are often flexible with a basic understanding of the industry serviced, however many smaller or subcontract employers in the industry do not currently have access to adequate EAP support for their staff.
- **Manager Assistance Programs (MAP) –** Providing line managers with access to professionals who can provide guidance on how best to support their workforce is vital.
- **Peer Support networks –** A well-supported peer network can work effectively (along with human resources and management structures) to look after individuals. Increasing awareness of support services among staff along with clearly visible connection points will help workers identify clear pathways to support.
- **Onsite interveners –** Intervention skills are simple and can be taught in a few days. Ensuring trained workers are onsite who have the ability to intervene when required is as important for mental health as first aid officers are for physical health in the industry.



5 Provide
RETURN-TO-WORK AND ONGOING SUPPORT

A work-related injury or illness can have a big impact on a worker's life. Research has shown that returning to work is important for health and wellbeing. Employers have an important part to play in assisting with return to work.

The hidden burden of stigma, discrimination and human rights violations of people experiencing mental illness can discourage help seeking behaviour. Many people have misconceptions about mental health issues, including the belief that mental health issues cannot be treated, that mental health issues are caused by personal weaknesses, or that people with mental issues are incapable of making decisions for themselves or running their own lives. These stigmatising attitudes can result in discrimination in the workplace, resulting in unfair denial of employment opportunities and restricted access to services, health insurance or housing. While it is important for workers to have income protection against the financial consequences of ill health, many more people with mental health concerns would be able to participate in the workforce if effective treatment and support were available and appropriate accommodations were made at the workplace.

INTERVENTIONS TO PROVIDE RETURN-TO-WORK AND ONGOING SUPPORT:

- **Policy –** The mental health and wellbeing of workers is key to organisational success and sustainability. A policy that establishes, promotes and maintains the mental health and wellbeing of all staff through work practices — and that encourages staff to take responsibility for their own mental health and wellbeing — is vital.
- **Return-to-work support –** Developing a suitable duties plan — including tasks different to a worker's usual duties — will allow workers to return to the workplace as soon as possible. It is also important that those who work closely with the worker are informed so they understand the change in duties and can provide the worker with support.
- **Outreach to injured workers while off work –** Support and understanding after a work-related injury or illness is important and can often set the foundations for a worker's recovery. Simple actions can go a long way to helping a worker feel comfortable about coming back to work, for example staying in touch with them while they are away from work, calling them to find out how they are doing, inviting them to meetings or functions, and sending newsletters and announcements so they remain informed.
- **Peer support networks –** Encouraging work colleagues to keep in contact with the worker (via visits, text messages and calls) will help the worker feel like they are wanted back in the workforce.
- **Ability focus –** Workers experiencing mental health issues will most often recover best in a supportive work environment. Analysing the worker's current ability will help determine what a worker is capable of doing so that their work can be designed around their ability (rather than focusing on what they are currently unable to do). This will likely lead to faster at-work recovery and the worker returning to their normal duties sooner.

PROCESS

THIS DOCUMENT IS ANOTHER STEP TOWARDS GENERATING A NATIONALLY AGREED FRAMEWORK AS WAS DEFINED IN THE INDUSTRY'S SHARED VISION FOR 2021 DEVELOPED AT THE 2016 ROUNDTABLE WHERE THE AUSTRALIAN CONSTRUCTION INDUSTRY:

1: is a global leader in mentally healthy workplaces

2: has a nationally agreed framework

3: accepts mental health as a normal topic of conversation on sites

4: reports to peers against key metrics, and

5: supports and participate in a growing evidence and research base around suicide and mental health.

THIS DOCUMENT WILL BE SUBMITTED TO KEY INDUSTRY ASSOCIATIONS AND EMPLOYERS FOR ENDORSEMENT.

Following this process another industry roundtable of participating organisations, businesses and stakeholders will be called to discuss a plan for implementing this Blueprint across the industry. It will be decided where this process should reside as part of industry regulation, stand alone or within an existing industry structure.

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APPENDIX 1
Service providers

The following service providers have kindly provided a brief overview of the services they provide. This list is not exhaustive and should be updated over time.

BEYOND BLUE

Beyond Blue's Heads Up initiative is all about improving mental health across Australian workplaces.

Its centrepiece is the evidence-based website **headsup.org.au**

The site has **free** information, resources and tools to help employees manage their mental health and to also equip business leaders and managers to create a workplace mental health plan.

It contains case studies, online learning modules, videos, and a step-by-step approach to developing and implementing a workplace strategy, including an online action plan development tool.

Online and printed publications that complement the strategic approach businesses take can be ordered or downloaded.

Heads Up recognises there are many types of businesses and all industries, including construction, are different. By providing a suite of tools and resources, Heads Up is an ideal support to an industry-specific blueprint. The website includes a focus on the needs and unique challenges of small businesses.

It is an essential, easy-to-use website helping businesses and employees take action.

Heads Up is an initiative developed by Beyond Blue in conjunction with the Mentally Healthy Workplace Alliance – a coalition of mental health organisations, peak employer and employee bodies, government agencies and the education sector – who have a shared purpose of achieving more mentally healthy workplaces and employees.

headsup.org.au

MATES IN CONSTRUCTION

MATES in Construction delivers an integrated program of training and support. The program uses training as a tool to raise awareness that there is a problem with suicide and its contributing risk factors in our industry and we can all be part of the solution.

The training program comprises of General Awareness Training (GAT), Connector training and Applied Suicide Intervention Skills Training (ASIST).

GAT

GAT is a one-hour onsite awareness session that leads the workforce through a discussion about suicide and mental health in the industry.

Connector

Connector training is a four-hour session conducted onsite and provides workers with the confidence to support co-workers in asking about suicide, mental health and in connecting individuals to help.

ASIST

ASIST is a two-day intensive, practice based course to help recognise persons who may be experiencing thoughts of suicide and empower intervention to prevent the immediate risk of suicide.

MATES in Construction employs Case Managers to assist troubled workers with a plan to effectively address their issue(s). The Case Manager connects the worker to appropriate services in their industry and/or area. As most workers have a multitude of issues, the case manager focuses on using a number of different resources to ensure the best intervention and assistance program is provided to the individual. They also follow up with the worker to ensure the help they received was effective. In some cases, MIC will advocate for the worker with a particular service to ensure the service can meet their needs.

MATES in Construction (MIC) supports community development onsite as part of the implementation of the training program. Field Officers help site management provide an environment conducive to good mental health and wellbeing, which ultimately will provide better productivity and workplace health and safety.

Critical incidents and accidents are reasonably regular on construction sites. Sometimes these incidents can trigger emotions and reactions in workers that compromise both their safety and their mental health. When invited by the site, MATES in Construction will attend the site to support its workers after a critical incident. Part of this process is to recharge the onsite MIC network (Connectors and ASIST workers) to be vigilant in keeping an eye on their mates in case this incident has had an adverse effect on any workers.

Postvention refers to the support a site may need after a worker or a worker's family member has died by suicide. Family and friends of the suicide victim may be at increased risk of suicide themselves. Postvention has the objective of alleviating the effects of the stress and helping survivors to cope with the loss they have just experienced.

MATES in Construction provides a national 24/7 helpline **1300 642 111**

matesinconstruction.org.au

LIFELINE

As a trusted national charity, Lifeline has been saving lives for more than 50 years. The organisation is combating the heartbreaking prevalence of suicide in Australia through its 24/7 crisis support and suicide prevention services, such as the **13 11 14** crisis line and the nightly online Crisis Support Chat service.

Lifeline believes that Australian lives lost to suicide can be prevented and is committed to bringing hope to Australians doing it tough and, ultimately, saving lives. The organisation does so through its nationwide network of 40 Centres, 11,000 staff and volunteers – including about 3000 highly-trained and compassionate Crisis Supporters – who form its lifesaving national infrastructure for those experiencing immense pain and anguish.

If you're in crisis or thinking about suicide, call Lifeline on **13 11 14** (24/7) or visit our website

lifeline.org.au/gethelp

BS2B

BS2B is a not-for-profit organisation founded by builders, company owners, developers and therapists who`s combined experience of over 130 years in construction help them understand the industry's language, needs and challenges. It is with this depth of understanding that BS2B have created a series of training courses that will help cultivate a positive culture change in construction.

Starting off with the Foundation Course the series of online courses are inviting, engaging and delivered in a simple, relevant and interactive way. Supporting the online series are self- awareness and mindfulness mind tool-box talks, half-day and full-day trainings for all tiers of management, theatre forums and individual leadership coaching, all of which can be tailored to meet the needs of the client.

The Foundation Course introduces two main themes, the Inner Wellbeing Process (IWP), and the Core Value Approach (CVA), The IWP works by supporting the mental and emotional wellbeing of the individual resourcing them with tools and simple reflective practices that demonstrate the benefits of self-awareness and mindfulness. The introduction of the CVA encourages and supports conversations and authentic communication about emotional and mental wellbeing and has a positive impact on building relationships that create happier, healthier and safer environments. Both the half and full day in-house management courses cover the IWP and CVA in more depth.

The Foundation Course is designed to be engaging, interactive and easy to use, its main focus is on introducing simple reflective and proactive practices that support inner wellbeing. As we develop these practices and begin using the tools of self-awareness, mindfulness and intention setting we see how each one allows us to become more self-resourcing, more resilient and better able to meet the stressful and challenging situations that can arise during our day. There are plenty of tools that we use to make life easier on the outside, during and after this course you will get to use and develop some of the tools that can make life easier on the `inside`. The courses and trainings along with the supporting products are designed to cultivate a positive culture change supporting all those working within construction.

A full range of site and office posters, site banners and stickers are also available to help keep the learning live, and reinforce the message of how being self-aware and more mindful supports our mental wellbeing.

bs2b.co.uk

CONVERGE INTERNATIONAL

Converge International was founded in 1960 to support our clients to build healthy and productive workplaces. We bring a holistic approach to improving employee health and wellbeing and to reducing workplace risk through our Employee Assistance Programs (EAPs), Critical Incident Response, Consultancy Services, Training Development and Delivery, Mediation, Career Services, Psychometric Testing, Pastoral Care and Online Services. We deliver our services through a network of more than 1700 consultants and counsellors, client relationship managers and operational staff.

Our services are driven by a focus on employee wellbeing. We work with our clients to promote access to EAP as a positive health promotion initiative linked to their staff members' performance. We support staff at 900 client organisations throughout Australia, across local government, education, mining, transport, construction, corporate, professional services, retail, health and all levels of government.

Converge International provides services across every state and territory in Australia, including to businesses located in rural and regional communities. We are continually investing in innovation and new initiatives to enable us to provide high quality mental health care and support to Australian workers.

convergeinternational.com.au

INCOLINK

Incolink a partnership of employer associations and unions and is an industry redundancy fund providing a safety net of financial, physical and mental wellbeing services to worker members in the Victorian and Tasmanian construction industry.

Wellbeing & Support Services

Preventative education & suicide prevention

This program is aimed at reducing the risk factors of suicide amongst apprentices and workers, preventative education mental health and wellbeing awareness sessions are delivered on site, at employer offices, union training centres or TAFE colleges. Sessions provide early intervention and general awareness in relation to alcohol and drug abuse, mental health and wellbeing, suicide prevention and awareness and problem gambling.

Apprentice support

Construction apprentices are vulnerable to suicide and mental health issues. Our Life Care program aims to reduce suicide among apprentices and young workers, by promoting life skills, raising suicide awareness about suicide risk factors and offering support.

24/7 counselling & mental health intervention & support

Incolink offers 24/7 free and confidential counselling to all members and their families across Victoria and Tasmania. Incolink provides a range of personal counselling and support services – including relationship difficulties, stress, mental health issues, feeling of suicide, grief and loss, financial rights and alcohol and other drugs

Critical incident support

Construction sites can be dangerous work environments and the nature of work and time pressures to complete the job can cause incidents to occur which can result in injury or death. Incolink counsellors respond to critical incidents on building sites and provide personal debriefing and support.

Health checks & skin checks

Incolink promotes physical and mental wellbeing, through our health and skin check programs to workers onsite which include preventative education toolboxes and follow up counselling support.

Job support

Job support is provided through a range of services to employers and workers.

incolink.org.au

MENTAL HEALTH FIRST AID

Mental Health First Aid (MHFA) Australia is a not-for-profit health promotion charity that develops, evaluates and provides a variety of training programs and courses in Mental Health First Aid.

MHFA courses teach mental health first aid strategies to members of the public. Mental health first aid is the help provided to a person who is developing a mental health problem, experiencing a worsening of a mental health problem, or in a mental health crisis. The first aid is given until appropriate professional help is received or the crisis resolves.

The MHFA Program operates in more than 20 countries and more than 2 million people have completed MHFA training worldwide. The MHFA Program has a strong evidence base for effectiveness. Participants who complete the course can expect to experience improved knowledge, reduced stigmatising attitudes and more confidence to offer help to someone experiencing a mental health problem.

MHFA's courses include 12-hour Standard MHFA which can be delivered over two days, or in three 4-hour blocks and the half day suicidal persons course which provides practical skills for assisting someone that is feeling suicidal. We also offer a flexible blended learning option for workplaces which combines self-paced eLearning with a half-day follow up face-to-face session. MHFA course participants can choose to become accredited as Mental Health First Aiders for a period of 3 years.

mhfa.com.au

ON THE LINE

On the Line is a social health business with over 55 years experience that provides counselling support, anywhere and anytime. On the Line are experts in men's mental health, anger management, family violence (using and experiencing), healthy relationships, integrated wellbeing, mental health, chronic health conditions, problematic drug and alcohol abuse and, suicide and trauma-informed practice for anyone affected by suicide.

On the Line is a national provider of some of Australia's most vital and trusted services including MATES in Construction, MensLine Australia, Suicide Call Back Service and SuicideLine Victoria. On the Line is the only Australian organisation accredited by the American Association of Suicidology.

On the Line's social health business model is anchored in supporting and counselling people in their relationships. We offer tailored services along the mental health continuum from high needs/crisis support, to the worried well, and integrated wellbeing. We have a workforce of over 80 professional counsellors, social workers and psychologists.

On the Line's services are underpinned by a robust clinical governance framework that ensures the delivery of high-quality care and the maintenance of professional standards.

If you're in a crisis, thinking about suicide, or need someone to talk to please call:

MensLine Australia
1300 78 99 78 **mensline.org.au**

Suicide Call Back Service
1300 659 467 **suicidecallbackservice.org.au**

SuicideLine Victoria
1300 651 251 **suicideline.org.au**

APPENDIX 2
Useful information and resources

SAFE WORK AUSTRALIA

Safe Work Australia is an independent statutory body responsible for leading the development of policy to improve work health and safety and workers' compensation arrangements across Australia. Each state and territory has its own regulatory body that provides useful information and advice on addressing risks at work and creating a safe workplace:

safeworkaustralia.gov.au

SafeWork NSW	**safework.nsw.gov.au**
NT WorkSafe	**worksafe.nt.gov.au**
WorkCover Queensland	**worksafe.qld.gov.au**
SafeWork SA	**safework.sa.gov.au**
WorkSafe Tasmania	**worksafe.tas.gov.au**
WorkSafe Victoria	**worksafe.vic.gov.au**
WorkSafe Western Australia	**commerce.wa.gov.au/WorkSafe**
WorkSafe ACT	**accesscanberra.act.gov.au/app/home#/workhealthandsafety**

NATIONAL STANDARD OF CANADA FOR PSYCHOLOGICAL HEALTH AND SAFETY IN THE WORKPLACE

The Standard is a voluntary set of guidelines, tools and resources focused on promoting employees' psychological health and preventing psychological harm due to workplace factors.

mentalhealthcommission.ca/English/focus-areas/workplace

SUPERFRIEND

SuperFriend is a national mental health promotion foundation focused on creating mentally healthy workplaces to reduce the incidence of suicide and the impact of mental illness on individuals and organisations.

superfriend.com.au

BLACK DOG INSTITUTE

The Black Dog Institute focuses on the development and dissemination of the knowledge needed to understand, prevent and treat the significant mental health challenges that people face.

blackdoginstitute.org.au

SIGN UP TO THE BLUEPRINT

Signing up to the Blueprint means you agree to work towards doing things in your business, that address some or all of the recommended strategies in the Blueprint:

- Promote work's positive impact on mental health
- Reduce harmful impacts of work
- Provide mental health and suicide prevention literacy
- Facilitate early intervention and treatment
- Provide return-to-work and ongoing support

It also means that you will participate in a confidential evaluation overseen by the University of Melbourne. The evaluation will help the industry understand what is working best in our efforts to implement the Blueprint, and what further supports are needed.

Please contact me to confirm our organisation as a signatory to the Blueprint.

Date

Signed

Name

Position

Organisation

Email

Phone

Please forward a copy of your signed commitment to
info@constructionblueprint.com.au
or
Sign up to confirm your organisation's commitment at
constructionblueprint.com.au