

# Mental Health & Suicide Prevention for Construction Companies

## NEEDS ANALYSIS & INTEGRATION CHECKLIST





## HOW TO EVALUATE A COMPANY'S MENTAL HEALTH & SUICIDE PREVENTION PREPAREDNESS & CULTURE

This Needs Analysis has been developed by the Construction Industry Alliance for Suicide Prevention to aid construction companies in evaluating how they address mental health in the workplace. It will also help determine how they, and their employees, are equipped to handle a mental health or suicide crisis.

The Needs Analysis is broken into five primary areas of readiness for a company to study:

1. Corporate attention to/consideration of mental health (building a caring culture).
2. Resources in place for employees dealing with a mental health issue/personal crisis.
3. Readiness of the company to assist suicidal employees.
4. Building protective factors.
5. Crisis response.

Each section contains questions for evaluation, as well as some initial action steps and areas of consideration to work on improving company readiness. The color-coded column headers are intended to help leaders identify the areas that are in most need of attention.

Company leaders are encouraged to use this as a guide to start the conversations needed to save lives.

QUESTIONS TO ASK	NOT AT ALL	HAS BEEN DISCUSSED BUT NOT INTEGRATED	INTEGRATION IN PROGRESS	FULLY INTEGRATED	ACTION STEPS / IDEAS TO CONSIDER
Do we discuss mental health in the workplace?					<ul style="list-style-type: none"> <li>• Ask leadership to share lived experiences and stories of hope at company meetings</li> <li>• Hang up posters (<a href="http://www.cfma.org/suicidepreventionposters">www.cfma.org/suicidepreventionposters</a>)</li> <li>• Include mental health and suicide prevention in toolbox talks and company newsletters</li> <li>• Have mental health screenings at wellness fairs</li> <li>• Conduct a policy review to ensure the recognition and treatment of mental health and addiction issues</li> <li>• When performance/attendance changes, consider underlying issues and assistance that could be offered before taking disciplinary action</li> </ul>
Is mental health included in our safety programs?					
Is mental health included in wellness promotion programs?					
Is mental health considered in performance management?					
Do our policies (attendance, performance, conduct, drug and alcohol testing) prohibit an employee from seeking assistance in dealing with a personal or mental health crisis?					
Do we have an EAP or other resources available to employees dealing with personal struggles or crises?					<ul style="list-style-type: none"> <li>• Consider adding an EAP; if one is in place, evaluate it for ease of use, accessibility of care, and quality of resources</li> <li>• Communicate about the EAP and how to access mental health benefits within group benefits to employees during benefit review meetings</li> <li>• Ensure employees understand the full confidential nature of EAP services</li> <li>• UNION CONTRACTORS: Coordinate with locals regarding EAP/MAP benefits and communicate to union workers</li> <li>• Include discussion of mental health benefits and the company's attention to mental health during employee orientation and onboarding</li> <li>• Provide community resource information to employees for themselves or family members (e.g., National Suicide Prevention Lifeline, Crisis Text Line)</li> <li>• Get the Prescription Drug Employer Toolkit at <a href="http://www.nsc.org">www.nsc.org</a></li> </ul>
Do we educate our workforce on how to access our EAP/resources?					
Do we understand and educate our workforce on mental health benefits available through our group health benefit plan?					
Do employees understand the confidentiality of EAP/mental health benefit providers?					
Do we have a plan in place for assisting employees dealing with an opioid or other addiction?					
Have we provided gatekeeper training to staff members?					<ul style="list-style-type: none"> <li>• Consider who should receive gatekeeper training and evaluate the option that is best for your organization (e.g., QPR Institute)</li> <li>• Clearly communicate to employees who the trained individuals are</li> <li>• Make it well known that employees are encouraged to share concerns about a co-worker (promote "My Brother's Keeper" mentality)</li> <li>• Consider making other resources available (e.g., prepaid/discount legal services, financial counseling)</li> </ul>
Are managers and supervisors trained in recognizing warning signs of mental illness or suicide risk?					
Is there a clearly communicated referral process for supervisors or co-workers who have concerns about an employee?					
Do we have support systems in place for employees who are experiencing overwhelming life challenges?					
Do we consider peer support systems when forming and scheduling crews?					<ul style="list-style-type: none"> <li>• When forming and scheduling crews, consider that isolation and lack of a support system are major risk factors</li> <li>• Knowing what is going on in employees' personal lives (within reason) can help to ensure they are present for important events</li> <li>• Building bonds may make it easier to recognize warning signs and opens the door for employees to ask for help when they are in need</li> <li>• From the top down, mental health and suicide prevention must be normalized to remove the stigma and enable employees to feel comfortable asking for help</li> <li>• When the only focus is on performing, the fear of failure creates a pressure cooker that puts everyone on the project at risk and removes opportunities for showing care and concern</li> </ul>
Do we consider family needs and commitments when scheduling out-of-town or night work as well as odd shifts?					
Are there processes in place that encourage managers and supervisors to get to know their crew members?					
Have we addressed the fear of failure and/or removed the extreme pressure felt to meet every mark and hit every deadline?					
Does company leadership promote a caring culture and support for those experiencing a mental health or personal crisis?					
Do our post-accident/post incident/return-to-work programs and processes address depression or other mental health issues following a workplace accident or injury?					<ul style="list-style-type: none"> <li>• Consider the role mental health may have played in incidents</li> <li>• Pay attention to injury treatment and inform about the risks of painkiller addiction</li> <li>• Consider how jobsite incidents can impact employees with ongoing mental health issues and consider if counseling is needed</li> </ul>
Do we have a critical incident debriefing plan in place and a service provider to conduct it?					





## HOW TO INCORPORATE MENTAL HEALTH & SUICIDE PREVENTION IN THE WORKPLACE

This Suicide Prevention Integration Checklist has been developed by the Construction Industry Alliance for Suicide Prevention as a tool to help construction companies build mental health promotion and suicide prevention into the workplace. This high-level checklist has been designed for company leaders to evaluate who within their organizations will be responsible for each item, and who needs to be involved in the implementation. Since each organization has unique needs and resources, some items may not apply to all companies and/or situations.

The Integration Checklist follows the Needs Analysis by breaking the steps down into five sections:

1. Corporate attention to/consideration of mental health (building a caring culture).
2. Resources in place for employees dealing with a mental health issue/personal crisis.
3. Readiness of the company to assist suicidal employees.
4. Building protective factors.
5. Crisis response.

Once a company has conducted the Needs Analysis and understands its readiness and need to implement these strategies, use this checklist to take action!

ACTION STEP	WHO IS RESPONSIBLE?	WHO IS INVOLVED?	DONE
Build the case to obtain leadership support			
Designate an internal champion			
Assess barriers with leaders and managers			
Integrate mental health and suicide prevention into company communications			
Include mental health and suicide prevention in meetings			
Implement mental health screenings			
Hang posters and resource information			
Integrate mental health and suicide prevention into toolbox talks			
Incorporate mental health and suicide prevention into Job Hazard Analysis (JHA)			
Review company policies and update as needed to remove prohibitive factors from reporting/asking for help			
Educate HR to alleviate their concerns regarding ADA/HIPAA			
Consider mental illness as an underlying cause when performance issues arise, and include mental wellness as part of the performance review process			
Incorporate "Second Chance" agreements			
Educate workforce on confidentiality concerns			
Present available resources and communicate your company's commitment to remove the mental health stigma during onboarding and anti-harassment training			
Review EAP benefits			
Educate employees on EAP benefits			
Review group health benefits for accessing mental health treatment and counseling			
Educate employees on mental health benefits that are part of their group health benefits			
Provide information on local mental health and addiction treatment resources			
UNION CONTRACTORS: Work with locals to identify resources			
Train appropriate staff members as gatekeepers			
Provide company-wide education on warning signs and referral processes			
Improve supervisory training on how to better address the whole person			
Educate supervisors on performance issues that may be warning signs			
Include zero suicides in company safety goals			
Include attention to underlying mental health concerns in Near Miss, Incident, and Accident investigations/reports			
Add Critical Incident Debriefing processes			



CFMA has established the Construction Industry Alliance for Suicide Prevention to provide and disseminate information and resources for suicide prevention and mental health promotion in construction with the goal of creating a zero-suicide industry.

## RECOGNIZE THE WARNING SIGNS

- Appearing sad or depressed most of the time
- Increased tardiness and absenteeism
- Talking about feeling trapped or wanting to die
- Decreased productivity
- Increased conflict among co-workers
- Extreme mood swings
- Increased use of alcohol or drugs
- Decreased self-confidence
- Feeling hopeless and helpless
- Sleeping too much or too little
- Acting anxious, agitated, or reckless
- Near hits, incidents, and injuries
- Withdrawing from family and friends
- Talking about being a burden to others
- Decreased problem-solving ability

## HELP IS WITHIN REACH

Contact the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)** or [suicidepreventionlifeline.org](https://suicidepreventionlifeline.org)

Text **HOME** to **741741** or visit [www.crisistextline.org](https://www.crisistextline.org)

Contact your **EAP** provider

Conduct a mental health screening at [mentalhealthscreening.org](https://mentalhealthscreening.org)

Take the 20-Point Head Inspection at [mantherapy.org](https://mantherapy.org)

Visit [www.preventconstructionssuicide.com](https://www.preventconstructionssuicide.com)

