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Committee Secretary

Mental Health Select Committee

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1.1 MATES in Construction

An overview of industry-based community development to prevent suicide in the building and construction industry.

In 2007, the Building Employees Redundancy Trust commissioned the Australian Institute for Suicide Research and Prevention (AISRAP) to investigate the rates of suicide in the building and construction industry in Queensland. This resulted in the first industry specific review into the rates of suicide via a profession that evidenced the concerning high rates of suicide in the construction industry. The establishment of MATES in Construction was then actioned in 2008. MATES pioneered a community development model for the construction industry that has used world's best practice in suicide prevention via LivingWorks, to equip all sections of the industry from laborers to company directors to identify, support and keep safe those members of the construction industry with thoughts of suicide (Gullestrup, Lequertier, Martin, 2011).

MATES have grown to be a part of the construction industry in Queensland, New South Wales, Western Australia, South Australia and New Zealand. MATES have branched out into workplace mental health across the Australian construction industry via the Blueprint for Better Mental Health and Suicide Prevention, a framework for workplace mental health across the construction industry. This is also enhanced by a case management model of support to keep workers safe via linking to clinical services. The MATES model is predicated on help offering in order to eliminate known barriers to help seeking such as poor psychosocial education, stigma and shame. This model has resulted in a direct reduction in annual suicide rates in the industry and the development of new industry responses to suicide prevention such as MATES in Energy and MATES in Mining (Martin, Swannell, Milner & Gullestrup, 2016).

In responding to the Mental Health Select Committee Inquiry to improve mental health outcomes for Queenslanders, MATES draws upon the evidence base of the Research Reference Group that guides the organisations evaluation framework and impact. MATES also acknowledges the lived experiences and the living experiences of suicide for those in the industry who trust us with the important task of preventing suicide and help offering with their mates that need support. This lived and living experience motivates MATES to seek opportunities that not only promote the safety of the industry but excels in mentally healthy workplaces and suicide safe communities.

1.2 (a) The economic and societal impact of mental illness in the building and construction industry in Queensland and the broader Queensland community.

The impacts of suicide in the construction industry in Queensland are vast and far reaching. In 2015 research commissioned by MATES estimated that for the 2012 reporting period suicides in the industry cost \$345,344,830 for that calendar year (Doran, Ling, Milner & Doran, 2015). This significant cost only demonstrates a monetary value for the construction industry and the research states:

“Our assumption that the majority of non-fatal suicide behavior cases return to work after a short absence may underestimate the true prevalence of self-harm incidents that belong in either of these other two categories, hence underestimating the true cost of suicide to the construction industry.”

(Doran et al, 2015).

Mental ill health and the contributing factors to suicide are exacerbated by the age and career point of a worker within the construction industry. Research commissioned by MATES in 2019 demonstrated that:

“Nearly one third of apprentices reported suicidal ideation in the previous year, and approximately half to two-thirds knew someone who had either attempted or died by suicide. Suicidal ideation was associated with knowing someone who had attempted suicide, greater psychological distress, substance use, and poorer well-being.”

(Ross, Mathieu, Wardhani, Gullestrup, & Kølves, 2022).

As an industry the starting point and in turn future of the workforce is at critical risk of developing mental health challenges and in turn a lifelong trajectory of associated challenges. Contributing factors within the industry need to be addressed by an all of government approach to the organisation of work in the construction industry, identification of at risk young people and development of industry responses to supporting a worker experiencing mental ill health (Martin et al 2016).

Recommendation 1. Continue and expand resources for the construction industry that develop and train workers to identify and support colleagues requiring mental health care and support. Invest in targeted responses and workplace mental health initiatives for apprentices, young workers, women and vulnerable groups in the construction industry at risk of mental ill-health and suicide.

1.2 (b) The current needs and impacts on the mental health service system in Queensland.

MATES' model of support primarily rests with the development of skills onsite and throughout the industry to observe behaviors, respond to challenge risks and develop supports to safety for colleagues (Martin et al 2016). The model of support also includes case management support when clients need ongoing connection to remain safe and engage clinical support services. MATES Case Managers are social workers and overseen by the Australian Association of Social Workers practice standards. Over the last six months in Queensland, 300 new clients were case managed by the MATES team, this also included the exiting of 318 clients in the same reporting period. Of these cases, the concerns of the person seeking support 60% related to 'relationship' such as relationship breakdown, relationship stress, and associated distress. Physical and mental health challenges were identified at 52% and 'work' related issues such as pressure, stress and bullying at 26%. Of these clients 14% had been directly impacted by the suicide of either a colleague or family member. Of these clients, 18% expressed challenges with addiction such as alcohol and

other drugs, 10% experienced historical or current abuse. Of these clients, 9% identified as women and as an overall cohort could be experiencing multiple of these presentations at once, heightening a sense of overwhelm and potential thoughts of suicide. The mental health service system is often engaged by these clients and recommendations for the service systems are based on these experiences and practice experience of the MATES case management team (Doran, Adams, Meurk, Wittenhagen & Heffernan, 2019).

Acute suicidal ideation

When a client is identified as having acute thoughts of suicide and an inability or unwillingness to safety plan with MATES in Construction, our first line of response is either an ambulance or contracted agreement to present at an emergency department for triage. Through anecdotal evidence, this process is fraught with complexity for the client when more often than not, personal expression of suicide ideation and risk is not a comfortable or natural disclosure. This coupled with the complexity of triage within an emergency department, social resources at home that are often assessed as being complimentary to ongoing safety and under resourced short stay beds in a clinical setting, means that clients are often turned away from emergency departments. Clinical support, assessment and de-escalation are the only options when safety planning has not been successful with a client with plans of suicide. Resourcing, training and evaluation of the responses of emergency departments to acutely suicidal clients is at a point of critical need (Ross, Caton, Gullestrup & Kølves, 2019).

Recommendation 2: Longitudinal study into the assessment and triage of acutely suicidal clients presenting to Emergency Departments and the resourcing and response required to keep these clients safe. In alignment with. "Every Life", The Queensland Suicide Prevention Plan 2020-2029 develop new models of triage for acutely suicidal Queenslanders.

Preventative employee assistance programs

Employee assistance programs that are confidential, free and easily accessible to employees both in working hours and after work provide significant mitigation towards mental ill health and suicide. The construction industry has significant capital to invest in preventative clinical support, separate to government investment.

Recommendation 3: Queensland procurement guidelines are enhanced to include the provision of employee assistance programs from principal contractors to subcontractors and sole traders on construction sites across Queensland.

Recommendation 4: Development applications and assessment include the mental health and well-being of the workforce constructing, building and subcontracting work for developments and include social impact of the well-being of the building and construction workforce.

Rapid clinical response

Current EAP and preventative support services whilst supportive to principal contractors and larger company employees in the construction industry aren't always accessible to subcontractors and smaller companies. Mental Health Care Plans to seek clinical support whilst beneficial long term, require significant periods of wait times for both general practitioners and psychologist appointments, this has been lengthened via the current pandemic. When support isn't immediate or accessible this is a significant barrier and or obstacle to improving a workers mental health and outlook.

Recommendation 5: Invest in a clinical model of immediate and accessible counselling that can then refer to ongoing case management once clients receive initial de-escalation and safety. Work with evidence-based strategies in "Every Life", The Queensland Suicide Prevention Plan 2020-2029 to expand triage and crisis support alternatives that are free, immediate and easily accessible.

1.2 (c) Improving economic and social participation through coordinated services

The Blueprint for Better Mental Health and Suicide Prevention provides an evidence based approach to workplace mental health and well-being initiatives in the construction industry. Participation in work and promoting the positive aspects of work is the first of five pillars within this framework, however each pillar requires all five to be working in tandem in order to promote positive workplace culture and participation (Mates in Construction, 2019). It is known that mental health challenges are present within the construction industry, providing a workplace where this is known, with processes in place to safely support workers through their challenges and enhance their opportunities to better mental health and well-being is the cornerstone of this framework, The Blueprint has been endorsed by over 60 construction companies in Queensland (Neis & Neil, 2020). The coordination of services to support workers experiencing mental ill health or requiring support would be significantly enhanced by recommendation two, three and four of this submission.

(c) 1. Across the care continuum

Workplace initiatives as a preventive component of suicide mitigation and mental health support such as MATES in Construction provide evidence to a model of initial intervention and support that works (LaMontagne & Shann 2020). Significant challenges, however, exist for members of the industry that have experienced acute trauma and or complex mental health challenges. Recommendation two in this instance requires significant attention and investment. Preventative care and support prior to mental ill health is a critical component of the care continuum. Recommendation three and four of this submission speak to this need in the construction industry.

(c) 2. Across Sectors

MATES model of community development across industry is strengthened by clinical services that can work through trauma and presenting mental health challenges of construction workers. The industry support MATES receives from both employee and employer organisations in a bi-partisan commitment to strong mental health requires wrap around services available to workers identified as at risk of suicide or requiring clinical support. Recommendation one, four and five of this submission speak directly to a gap or challenge within sectors when responding within the MATES model.

(c) 3. Lived experience

Lived experience drives the response of MATES in the Connector and Applied Suicide Intervention Training (ASIST) trained workers across the industry. Individual workers taking the initiative to train in worlds best practice to support colleagues experiencing either a mental health challenge or thoughts of suicide more often than not have lived experience themselves or through a colleague's challenges of mental ill-health and or suicide. This experience overwhelming speaks to recommendation two and five of this submission and the need to continue to invest in the industry response that is MATES as per recommendation one. For clients who have ongoing thoughts of suicide, their experience of the mental health system can be isolating, daunting and difficult. Improving the process of triage when these challenges present, irrespective of frequency or severity as per recommendation two continues to be a priority for members of the construction industry with lived experience of suicide and mental ill-health.

(c) 4. At risk

Risk of suicide and mental ill-health for construction workers whilst reducing over time, continues to be disproportionate for men at large or compared to other industries (Ross, Caton, Gullestrup & Kõlves, 2020). For young workers and apprentices this risk increases significantly (Ross et al 2022). Recommendation one of this submission speaks to this point in investing in community development models that work and demonstrate effectiveness in reducing suicide over time.

(c) 5. Investment

All of government responses to mental ill health and well-being is required to create cultural change and improved mental health both in the construction industry and broader Queensland community. This requires collaboration and planning from all levels of government beyond the political term or cycle. Recommendation one, two and five of this submission speak to how investment could strategically benefit the construction industry.

(c) 6. Service safety and quality

Recommendation two and five of this submission both speak to the need to determine how to best support individuals who experience suicide ideation and present to a clinical setting. An increased focus on training of general practitioners, primary health and allied health clinicians in ASIST would broaden out the opportunities of support to members of the industry experiencing thoughts of suicide.

(c) 7. Mental health funding models

Current state and national funding models focus heavily on mental health, primarily within health portfolios. Developing initiatives that have an all of government focus and in turn funding, diversifies responses and practice principles to support the community experiencing mental health challenges. For example, the Office of Industrial Relations in Queensland, recognises that suicide prevention in the construction industry is a workplace health and safety issue. This has allowed for funding and in turn, the MATES model of community development to respond in a non-clinical, yet best practice way to the mental health challenges faced by the construction industry. Similarly, Construction Skills Queensland, funded by a statutory training levy established under the Building

and Construction Industry (Portable Long Service Leave) Act 1991 funds significant training around mental health and suicide prevention in the construction industry. Diversifying funding opportunities and enhanced outcomes attached to the overall mental health and well-being of the industry has allowed for innovative and responsive approaches.

(c) 9. Conclusion

MATES in Construction have provided five recommendations for opportunities to improve mental health outcomes for Queenslanders, specifically Queenslanders engaged in the building and construction industry to this committee. As an industry there are some significant challenges to the mental health and wellbeing of the construction industry's workforce. Precarious and insecure employment, high pressured, long working hours and physically and mentally demanding work are all contributing factors to both poor mental health and risk of suicide. The industry has many protective and proactive factors working to promote strong mental health and wellbeing, however. MATES in Construction is one part of the industry working towards reducing suicide and improving the industry's mental health. MATES would like to acknowledge the many companies, small businesses, industry bodies, Unions, employer groups, work groups and individuals who are pioneering improved ways of working, new initiatives and supporting their colleagues to improve mental health outcomes for their workforce and their families.

(c) 9. Policies, reports and enquiries

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