

# **MENTAL HEALTH AND WELLBEING SUPPORTS FOR CONSTRUCTION WORKERS: Current Initiatives and Potential for the Future**



## **Master of Professional Practice Thesis**

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# Attestation Of Authorship

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“I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of an institution of higher learning”.

# Acknowledgements

First and foremost, I want to acknowledge the building trades and construction workers who participated in my research survey. I thank you for your time and contribution. I sincerely hope I have done you justice. I also thank the stakeholders who actively contributed to my research; your support and insight was invaluable.

I am so thankful for the unwavering wisdom and support of my academic mentors Dr Glenys Forsyth and Prof Jo Kirkwood. Your kindness and gentle encouragement when life felt like a roller-coaster was much appreciated. I came away from every meeting with you energised and inspired to continue on my MPP journey. Also, thank you to Otago Polytechnic for providing this unique master's programme, which allows professionals to deepen their knowledge in a structured and supportive environment.

Thank you to my wonderful family who have had to endure my absence when I disappeared to my office to study. Special thanks to my husband who also acted as my professional mentor throughout my research project. I treasured your capacity to act as a filter to turn the academic jargon into construction friendly terms. To my parents, I am deeply grateful for your proofreading skills and design talent.

To my lovely friends, I solemnly promise to reengage with you, reply to your messages, be more sociable, and attend your special events.

To my clinical (counselling) supervisor, thank you for your encouragement, advice, and wisdom. Our collegial conversations are imbedded within my thesis.

To my osteopath, thank you for realigning me (in body and in spirit) after hours in front of a computer screen.

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# **Glossary Of Abbreviations And Terms**

ACC – Accident Compensation Corporation

BRANZ – Building Research Association of New Zealand

CHASNZ – Construction Health and Safety New Zealand

CPD – Continuing Professional Development

EAP – Employee Assistance Programme

eMHIC – eMental Health International Collaborative

GP – General Practitioner

HR – Human Resources

H&S – Health and Safety

LWBW – Live Well Build Well

MATES – Mates in Construction NZ

MBIE – Ministry of Business, Innovation, and Enterprise

Mental Wellbeing Practitioner – Qualified Mental Health Professional

MHF – Mental Health Foundation

MHWB – Mental Health and Wellbeing

MPP – Master of Professional Practice

NZAC – New Zealand Association of Counsellors

NZIOB – New Zealand Institute of Building

On the tools – Tradesperson who works on construction sites

PGBD – Plumbers Gasfitters Drainlayers Board

Tradie – Tradesperson who works in construction

TWTW – Te Whare Tapa Whā

## Executive Summary

In New Zealand, the construction sector leads the suicide statistics with workers twice more likely to take their own lives than the rest of the workforce (Jenkin & Atkinson, 2021). The challenges are complex with no quick fix solution. Rather than predominately relying on the coronial reports of those who have passed, we need to survey the living to investigate how we can support the construction workforce better. As a registered counsellor, wellbeing practitioner, and co-owner of a construction services micro-business, I sought to utilise my personal experience and professional practice to investigate mental health and wellbeing supports for the industry workforce.

The aim of the project was to gain clarification about what was currently available within the participants' workplace, as well as provide a platform for their opinion about what initiatives they would like to be made accessible to them in the future.

While reviewing previous research and relevant literature, I found there are multiple complex layers across other sectors which lead to a bigger problem for construction. There is a shortage of mental health practitioners across the spectrum, the chronic lack of government funding for mental health services, and the high risk of burnout for these practitioners. The general increased awareness about mental health and wellbeing has created a space for wellbeing management to emerge. While there are concerns about who, when, and how wellbeing management fits within an organisation's structure, there is clearly a desire by employers to minimise psychosocial risks under the Health and Safety at Work Act. Implementing wellbeing initiatives in office-based white-collar organisations appears to be more straightforward compared to blue-collar industries such as construction. There are just two national construction-specific mental wellbeing support programmes available, and little innovation to create more. The message appeared to be that construction workers needed to reach out to their colleagues for help, or utilise the supports provided by their workplace. However, there was a lack of research which asks building trades and construction workers what mental health and wellbeing supports are currently available to them, and what supports they would like access to in the future. My research project sought to shed light on this knowledge gap.

Quantitative research in the form of a survey was used to gain insight from 385 participants currently employed in the New Zealand construction sector. The participants provided 130 comments which were investigated through thematic analysis.

The results found that while construction workers felt confident to talk about their own mental health with others, as well as help others experiencing mental distress, there were insufficient supports available within their workplace. Informal check-ins with a boss or manager were the most used mental health and wellbeing supports across all subsets of the construction industry. External supports in the form of Employee Assistance Programmes (EAPs) were available to just one third of participants.

Nearly half of the participants reported that one-on-one support, such as counselling, talk therapy, life, and/or business coaching, was their most preferred support option. This was closely followed by informal events, mental health and wellbeing awareness workshops, and construction-friendly wellbeing programmes. EAP also rated highly, with a third of respondents selecting this option.

Several psychosocial risks were highlighted during the thematic analysis of their comments including job demands, long work hours, poor communication and planning, tight deadlines, poor recognition and/or reward, and a lack of access to appropriate supports. Psychosocial risks were identified across the board from personal factors, to work-related as well as the wider industry.

The results and comments provided tangible evidence, practical solutions, and valuable feedback. With this information, I created a holistic framework which encourages collaboration by building upon the renowned Te Whare Tapa Whā and Whare Tapa Rima models. My construction wellbeing model promotes more research into the whenua/ground beneath our workers, encourages the creation of new initiatives to scaffold them, as well as calls for the government and industry leaders to create protective layers from the external factors which affect the industry.

The research results informed my recommendations to create new targeted initiatives for construction workers as well as providing feedback for mental wellbeing practitioners. I advocated for more funding for these supports as well as better utilisation of the initiatives that already exist within the construction sector. I identified opportunities for further research to bridge the gaps in current knowledge to enhance the literature into mental wellbeing in the construction industry workforce.

My research contradicts the theory that construction workers are 'hard to reach'. The findings as a whole show there is a desire and need for better access to funded mental health and wellbeing supports for building trades and construction workers. It seems that the true story is these initiatives are the ones that are 'hard to reach'. With this important body of information there should now be a new holistic and collaborative focus to begin doing things better.

# Chapter 1 - Introduction

Construction workers - You may be one, married to one, related to one, friends with one, employ one, or are in need of one, but every day we all benefit from the skills of many of them. Wherever you are reading this report, you can guarantee the services of several qualified building and construction professionals have enhanced your reading experience.

Building trades people and construction workers are fondly known as tradies, lackies, or chippies. From here on, I refer to these tradespeople as either tradies or on-the-tools. My husband has been a tradie for over twenty-five years and is one of the 308,500 employed in the Aotearoa New Zealand construction industry (MBIE, 2024). Together we own one of the 80,613 enterprises (as of February 2023) which are registered as operating within the construction industry. Like over half the workforce, we are employed in the construction services subsector of the industry. This subset includes plumbing, electrical, roofing, carpentry, and painting. This group is overrepresented in the suicide statistics (Jenkin & Atkinson, 2021).

Sadly, the coronial report of one of our work colleagues was part of the study that revealed at least 50 workers take their own lives every year in Aotearoa New Zealand (Bryson et al., 2019; Jenkin & Atkinson, 2021). This is not just a national problem; the suicide statistics in Australia, United Kingdom, United States of America, Canada, China, and Japan are also among the highest across all industries (Leung et al., 2014; Lingard & Francis, 2009; Lingard & Turner, 2015; Love et al., n.d.; Milner et al., 2017; Peterson et al., 2020; Turner et al., 2009).

Like a complex jigsaw puzzle, in recent years the construction industry has begun to explore the contributing factors which cause mental distress, investigate the sociodemographic information of those who have died by suicide, and instigated the introduction of the Australian suicide prevention programme MATES in Construction into some Auckland construction sites in late 2019. There are many other pieces of the puzzle still to be investigated. For me, one of the most important aspects was to seek the opinion of those presently working within the construction sector about the mental health and wellbeing supports they currently have access to within their workplace, as well as what supports they would like made available to them in the future.

Based on my examination of relevant literature and research, my own professional practice, personal experience, and observation of the gaps in knowledge about building trades and construction workers, my research project was based on the following questions:

- Do building trades and construction workers believe they want/need mental wellbeing support?
- How do they want to be supported? And by whom?
- What is the best way for them to access supports given that they are likely to be mobile, geographically isolated, part of small teams, and/or self-employed?
- Who do they believe should be funding these supports?
- What can mental health professionals do better to support construction workers?

In the following chapters, I discuss my relevant professional and personal background in chapter two and review current literature specific to my professional practice and the construction industry in chapter three. In chapter four, I explain the methodology, rationale, and design of my research project as well as discuss the ethical and Māori consultation process. The research findings of the survey and comments are shown in chapter five. The discussion and recommendations of the research findings are discussed in chapter six. I conclude the research project in chapter seven before explaining the transformation of my practice through critical reflection of the whole master's programme in chapter eight.

## Chapter 2 - Background

There are three parts, or ‘hats’ I wear within my professional practice - counsellor, wellbeing practitioner, and construction services business owner. While my Master of Professional Practice journey began in 2021, my concern about the lack of mental wellbeing supports for building trades and construction workers began long ago.

Almost twenty years ago I began my counselling studies. At the time I thought I had a clear vision of where I wanted to take my qualification, but that view is nothing like where I have ended up. Over these past two decades, I became a wife, mother of two children, navigated the challenges of post-earthquake Christchurch, and carer of a child with a chronic health condition. Throughout it all I continued to study. My thirst for knowledge has been a wellbeing strategy to fill my cup and continue my professional development. After I qualified as a counsellor, I went on to study graduate level professional coaching. It was while completing one of these papers on workplace wellbeing that I became acutely aware that the current model was geared towards white-collar professions. There were limited initiatives that could be transferred to the blue-collar or ‘manual’ industries.

In 2019, ironically while studying wellbeing, my son became incredibly unwell. My son experienced a medical event that caused profound personal change for me. All the important things in my life came into sharp focus including the health and wellbeing of my family. It was also during this time that my husband was unable to work due to an injury. When we sought help to navigate this turbulent time, there was very little available to us. Most significantly, there was nothing specifically tailored for those of us employed in the construction industry. We did not have access to supports that understood the unique culture and challenges of owning a construction services micro-business. Even as a fully qualified counsellor, I could not access funded support. We did not have the income to pay for private mental wellbeing services. The local community support agencies had long wait lists and it would have taken months to get an appointment. Due to cost, our micro-business did not have an Employee Assistance Programme (EAP) provider.

Throughout this time, my husband and I continued to discuss the lack of supports for building trades and construction workers. We noted that there were multiple initiatives available to other ‘manual’ industries, particularly agriculture, but little specifically focused on construction. This observation became the catalyst to complete my research project as part of the Master of Professional Practice.

My inside knowledge of the construction industry was at odds with the assumption that tradies are ‘hard to reach’. During my time on construction sites talking with fellow workers, I found they were open and willing to talk about their experience with mental distress and the colleagues they had lost to suicide. Due to this personal industry experience as well as being a mental wellbeing practitioner, I had a unique perspective of the industry. My hypotheses were that the limited mental wellbeing supports currently available to the workforce were inadequate

for the scope of the problem, they were not their preferred choices, and given the opportunity, the construction workers would share their opinion on what they would like made accessible to them.

My anticipated professional practice learning outcomes of my research and completion of the master's programme were the following:

- Further develop my research skills, academic writing, and analysis by completing a research study in my field of practice.
- Identify current industry organisations and strategies used in relation to mental wellbeing.
- Create and/or build upon current understanding of mental health and wellbeing in the building trades and construction industry.
- Create frameworks, resources, initiatives, and interventions based on evidence from the research project.
- Increase my influence, and leadership in the area of mental wellbeing in the building trades and construction industry.
- Build collaborative relationships with other mental wellbeing practitioners, and organisations within construction.
- Continue to develop a strategy for balancing work and life commitments.
- Critically reflect on my own personal and professional identity.

As I described earlier, there are three parts to my professional practice – counselling, wellbeing, and construction. In the next chapter, I review the state of the mental wellbeing sector, current wellbeing practice models, as well as relevant research literature related to my research topic.

## Chapter 3 - Literature Review

In the last chapter, I discussed the three ‘hats’ I wear within my professional practice – counselling, wellbeing, and then narrowing them to focus on the construction industry. In this chapter I will elaborate on the literature and research within these subsets of my practice, and how they are all connected in relation to my research project.

### Counselling

Counselling is defined by the New Zealand Association of Counsellors (NZAC) as providing:

A supportive and safe environment where issues can be clarified, options and ways of navigating these can be explored, and effective strategies can be developed that meet the needs of each client in bringing about positive change. It can also encourage you to become aware of different feelings, learn new communication skills, better-coping skills, strengthen your ideas of self-worth, make more useful decisions, and change a behaviour (New Zealand Association of Counsellors, n.d.).

Counsellors work with clients who struggle with mild to moderate mood disorders and general life challenges, while psychotherapists see clients on the more moderate level of the spectrum (particularly around childhood trauma), and psychologists work with the moderately to severely mentally unwell.

Firstly, it is important to explore the scope of the field of counselling in New Zealand. According to the 2018 census 5223 people list their occupation as a counsellor (Careers, 2023). Unlike other state regulated mental health professions such as social work, psychotherapy, and psychology, there is no legal restriction on the term ‘counsellor’; therefore, anyone can call themselves a counsellor and set up a counselling business. This means that tertiary qualified counsellors need to be registered with a counselling professional body in order to become accredited with organisations such as Accident Compensation Corporation (ACC), Te Whatu Ora, EAP providers, Victim Support, Family Court, and other charitable organisations such as I Am Hope/Gumboot Friday.

There are approximately 3500 counsellors registered with the New Zealand Association of Counsellors (NZAC), and 400 registered with the New Zealand Christian Counsellors Association (NZCCA). Some counsellors may have sole or dual registration with another professional body such as Addiction Practitioners Association Aotearoa New Zealand (DAPAANZ) or Social Workers Registration Board (SWRB). Like me, most counsellors report they are working part time (Careers, 2023), seeing on average five clients per day over three or four days per week. Both the NZAC and NZCCA state that a full-time caseload is 20 sessions or more in a week (New Zealand Association of Counsellors, 2020). While some counsellors

offer appointments outside office hours, most work Monday to Friday 9am – 5pm (Careers, 2023).

From personal experience and despite being overrepresented in the suicide statistics, I have noticed very few construction workers seeking counselling support from me and/or my office colleagues. Although I have thoroughly searched the research section on the NZAC website, and Robertson Library databases, to date there does not appear to be any research available which specifically investigates how many construction workers engage in counselling annually, and/or the issues which brought them to seek help. Given there is so much demand for mental health practitioners, there appears to be significant time constraints on registered counsellors to lead or participate in collaborative practice-based research (Manthei, 2022).

### The Shortage of Mental Health Practitioners

New Zealand media articles highlight the challenges of accessing mental health services despite the continued campaigns for people to reach out for support if they are struggling with stress and low mood (Rucklidge et al., 2018). There is a chronic shortage of psychiatrists and psychologists in New Zealand (Lang, 2022; Madden-Smith, 2021), which leads to other mental health professionals feeling the pressure to see clients on the more moderate spectrum of mental distress. Recently, New Zealand Immigration has added several mental health professions to its Green List Roles with Tier 1 status which means people with the appropriate qualifications can apply for residency immediately rather than having to wait a minimum of two years (New Zealand Immigration, n.d.).

Successive governments have failed to invest in specialised primary care mental health services despite the ever-increasing need (MacDonald, 2018). According to registered psychotherapist Kyle MacDonald, the current approach in the public mental health system is to wait until someone is in acute distress and then patch them up and send them home. MacDonald (2018) also notes that despite the societal belief that talk therapy is expensive, very few practitioners make a significant income from their work because they work reduced hours to minimise the risk of burnout, and the business overheads are substantial.

As a practitioner, I feel the pressure to cover many different areas of the counselling spectrum. ACC sensitive claims (ISSC) counselling for survivors of sexual abuse and assault is desperate for more qualified and experienced therapists to meet the demand (Nicol-Williams, 2022). Although this type of work is financially rewarding, it is emotionally challenging for therapists, and many restrict how many clients they see each week. Most balance out their caseload with shorter-term or brief intervention clients, such as those seeking support via EAP funded sessions. These types of time limited agreements also have their pitfalls because the vast majority of people will wait until they are feeling acutely distressed before seeking support. In my experience, three funded counselling sessions is rarely enough to create long-term meaningful change in a person's life.

I am an experienced counsellor having been employed with community agencies since 2009, and then working as a private practitioner since 2013. The need has always outstripped supply and I am nearly always fully booked for weeks in advance. At present, I turn away four or five people looking for counselling every week, and I am not alone.

### New Ways to Tackle Mental Distress

Given the under-resourced workforce as discussed above, there is a need for new ways to tackle poor mental health and wellbeing. With increased awareness of mental distress, as well as how life and work challenges can have a detrimental effect on our mood, there has been an increased interest in wellbeing promotion (Rucklidge et al., 2018). Many schools and workplaces are investing in resilience and wellbeing training to bridge the gap and promote early intervention mental wellbeing and support. During a recent eMental Health International Collective (eMHIC) webinar, there was an extensive discussion about whether this investment in mental health literacy was likely to reduce the burden on clinical services. The research results from the panel of international experts indicates that increasing targeted, evidence-based, ethnoculturally appropriate mental health literacy programmes in the community would result in people using learned tools to help themselves and help others. It also increased their capacity to access earlier the appropriate services for their needs when experiencing mental distress (eMHIC, 2023). Anna Dorsey is the founder of Headlight which is a community based mental health literacy programme based in Queenstown, New Zealand and was one of the experts on the eMHIC webinar panel. She spoke about the importance of having facilitators who have lived experience, credibility, and influence with their audience (eMHIC, 2023). For example, farmers responded more positively to the mental health literacy programmes when they were presented by a facilitator who also has a rural background. More and more community groups, agencies, and businesses are adding these mental health and wellbeing programmes into their organisations in order to support their communities better. There are some criticisms though, with the biggest being ‘what defines wellbeing?’

### Wellbeing

‘Wellbeing’ has become a buzz word featured on anything from food packaging, to tissue boxes, and fitness apparel. According to Insight Ace Analytics, the mental wellness industry generated over US\$140 billion during 2022 and is expected to rise eight percent annually to US\$275 billion by 2031 (Insight Ace Analytic, 2023).

There is often a mix up between the terms wellbeing (or well-being), and wellness. The Oxford dictionary defines *wellness* as “the state of being healthy – especially when you actively try to achieve this” (Oxford English Dictionary, 2023b). It is a term which was very rarely used in written English text until the 1950s.

Well-being has been penned ten times more often in written English since its first known use in the mid 1500s. The hyphen has been dropped in recent years and is now acceptable in both written forms. The Oxford definition for *wellbeing* is “a state of being healthy, happy, or prosperous; good or safe condition; the ability to flourish and prosper” (Oxford English Dictionary, 2023a).

Wellbeing is defined by the World Health Organisation (WHO) as:

“... a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions. Well-being encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose...” (World Health Organisation, n.d.).

While these definitions show there is some variation, the main commonalities are that wellbeing is not any one specific element or thing. Wellbeing encompasses the person as a whole including their personal lives as well as external environmental or life factors.

### Approaches to Workplace Wellbeing

As there are varying definitions of what wellbeing is, there are various theories of what wellbeing encompasses. One of the most used theories in New Zealand as well as globally is the Five Ways to Wellbeing. The New Economics Foundation's (NEF) Foresight Project on Mental Capital and Wellbeing report suggests that a small improvement in wellbeing can help decrease some mental distress and also help people to flourish (Government Office for Science, 2008). The report suggests that connecting with others, physical activity, focusing on the present moment, learning, and accomplishing new things, as well as being charitable are essential to mental wellbeing.

*Figure 1 – (Image redacted) Five Ways to Wellbeing. Image sourced from <https://www.allright.org.nz/articles/five-ways-to-wellbeing>*

The Five Ways to Wellbeing Model (see Figure 1) has then been extrapolated for the workplace context in New Zealand. This model is also highlighted on the Worksafe website as being effective for construction workers (Worksafe, 2022). Their research surveyed fifty-seven participants, of which only nine worked within the construction industry. The results of the research found that workplaces could effect change by paying attention to work-life balance, interpersonal relationships, reward and recognition, organisational culture, role expectations, and support (Worksafe, 2022). With such a small cohort of construction participants, it is negligible whether any definitive conclusions could be drawn from their results.

In the United Kingdom (UK), it is known as the Five key drivers of workplace wellbeing and appears to be more comprehensive (see Figure 2).

*Figure 2- (Image redacted) The five key drivers of wellbeing.*

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The drivers for workplace wellbeing focuses on physical and mental health, relationships with others, security at work and financially, purposeful work, and a stable working environment. The UK model is significantly more detailed than any other Five Ways to Wellbeing model I have seen available in Aotearoa New Zealand. It is interesting to note that the element of giving has been dropped for the workplace environment in this particular UK model, although many larger corporations have Corporate Social Responsibility policies which may include donating to charitable organisations, special leave for volunteering, or paid time for supporting community projects (Reckmann, 2023). I suspect the removal of giving is likely due to the cost to businesses and the time voluntary work takes away from productivity.

Positive Psychology continues to be at the forefront of the workplace wellbeing industry globally (Day et al., 2014). PERMA is an acronym for Positive emotions, Engagement, Relationships, Meaning, and Accomplishment/Achievement (Seligman, 2011). It is widely quoted as being a holistic model which encompasses the whole person (Madeson, 2023; Seligman, 2011). The PERMA model has evolved into the PERMA+ model as more elements of wellbeing are researched and added which include sleep, nutrition, resilience, and physical activity (Madeson, 2023). One of the limitations of the PERMA+ theory is the lack of cultural consideration, and how connection to the land and ancestry are important aspects of wellbeing for many cultures. This is an important aspect of our local multicultural construction sector.

In New Zealand, Sir Mason Durie described his Te Whare Tapa Whā model for holistic human health and wellbeing in his book *Mauri Ora* (Durie, 2001). The model is widely used in the social services and health sectors to highlight the importance of wairua (spirituality), hinengaro (mental and emotional wellbeing), tinana (physical health), and whānau (family and social connections) for the person as a whole (Durie, 2001). In 1997, Moeau added the fifth element taha whenua (connection to the land and/or roots) to create the Whare Tapa Rima model (Fielden et al., 2020). As seen in Figure 3, Whare Tapa Rima is often misidentified as Te Whare Tapa Whā. Despite each one of these elements needing to be attended to for good overall health and wellbeing, taha whenua is often discarded. Without attention to this essential element, the health and wellbeing model becomes flawed. We are not independent of our external environment. The terrain or foundation our wellbeing is built upon is part of who we are, regardless of our cultural ancestry.

**Figure 3** –(Image redacted) *Whare Tapa Rima misidentified as Te Whare Tapa Whā created by Sir Mason Durie (1984)*

Image sourced from <https://mentalhealth.org.nz/te-whare-tapa-wha> © 2024 Mental Health Foundation

The New Zealand organisation Revolutionaries of Wellbeing (or ROW) was founded by Sarah McGuinness. ROW incorporates the Te Whare Tapa Whā model within their workplace wellbeing framework. McGuinness states that workplace wellbeing is one of the biggest issues facing organisations with mental ill-health and burnout intensifying, especially post COVID. She believes the pandemic may have sped up the focus on wellbeing, and it is critical organisations commit to proper investment in appropriate resources. (Revolutionaries of

Wellbeing, n.d.). With increased focus on the wellbeing of their workers, there has been an increasing number of wellbeing professionals employed to manage the welfare of the workforce.

### What is Workplace Wellbeing Management?

The rise of the wellbeing management industry has raised some questions and concerns from several corners (Leading Safety / The Business Leaders' Health and Safety Forum, 2022; Slade et al., 2017). What are the required skills and qualifications for someone who can competently assess, create, and implement wellbeing initiatives within the workplace? In what part of an organisation does a wellbeing manager fit? Should they be part of the human resources team, or health and safety, or management, or should wellbeing management be standalone? Is wellbeing management effective? What is the evidence that it is helpful to the workforce? What strategies and initiatives are most effective? How does wellbeing management benefit people employed in blue collar or hands-on industries?

At present there are no specific workplace wellbeing management qualifications in New Zealand. There are elements of wellbeing management within other qualifications such as human resource management, organisational health and safety, industrial or organisational psychology, health and wellbeing, and some business management papers. There are some standalone post-graduate programmes at universities in Australia and the United Kingdom specialising in Workplace Health and Wellbeing, some of which are available via distance learning.

*Figure 4 – (Image redacted) Pathways towards an integrated approach to workplace mental health. Note: dotted lines indicate that there are multiple pathways. Image sourced from Wellbeing, Recovery, and Mental Health (Slade et al., 2017. p. 294)*

Given wellbeing management is an emerging field with few formal tertiary level qualifications, it seems that while there is interest, and a desire to implement wellbeing strategies within organisations, there is confusion about who and how it should be done. Page et al. (as cited in Slade et al., 2017) found that most workplaces started their wellbeing journey with an ad hoc approach mainly focused on EAP and lunch time wellbeing seminars. They found that over time some workplaces moved towards a more sophisticated effort (see figure 4).

Mental health and wellbeing are often discussed as 'psychosocial risks' when regarding workplace health and safety. A recent article by health and safety software company Ecoportal asked who should be responsible for wellbeing, and explored whether it should be incorporated into health and safety (H&S) or human resources (HR). Strick (2022) suggests that wellbeing managers should be an independent part of an organisation, arguing that HR creates a power imbalance given it deals with employment contracts and remuneration, and H&S is about compliance, liability, and legal obligations under the Health and Safety at Work Act (2015). For employees to feel confident their wellbeing is valued, and a clear path to support is accessible, any wellbeing management needs to be independent of compliance or legal ramifications. Added to this, the wellbeing manager needs to have mental health literacy, and an understanding of help and supports available within both the organisation and wider

community (Slade et al., 2017). There are calls for any wellbeing manager to have some sort of mental health and wellbeing qualification to truly understand the needs of employees (Leading Safety / The Business Leaders' Health and Safety Forum, 2022).

In combination with the lack of qualifications, the rise in interest in the wellbeing industry (and the potential to garner an income from it) has opened the door to untrained social media influencers and motivational speakers. Qualified professionals are becoming increasingly concerned about some of the messages which are being spread on social media platforms and community groups. Dr Andrew Greenshaw is a professor in psychiatry and neuroscience at the University of Alberta and was one of the panel experts during a recent eMHIC webinar. Greenshaw voiced his concern about the “fly-by-night” practitioner who despite being well intentioned, their practice often is very concerning (eMHIC, 2023). All the panel experts emphasised that any mental health literacy education must be evidence-based, as well as developmentally and ethnoculturally appropriate (eMHIC, 2023).

A recent New Zealand study found a number of factors which had an impact on the effectiveness of interventions. These include the mode of delivery, duration of intervention, the use of combined interventions, and the characteristics of the target group (Leading Safety / The Business Leaders' Health and Safety Forum, 2022). Most wellbeing interventions are focused on white-collar professionals or office-based staff. The most common recommendations include breaking up excessive sitting, flexible working conditions (including hybrid or full time working from home), flexible working hours, lunch time workshops/seminars focused on physical and mental wellbeing, having nutritious food available in the workplace, and financial literacy (Day et al., 2014; Leading Safety / The Business Leaders' Health and Safety Forum, 2022; Slade et al., 2017). The most effective interventions are those that focus on modifying aspects of the work environment to reduce and prevent symptoms of burnout (Leading Safety / The Business Leaders' Health and Safety Forum, 2022).

### Wellbeing Management to Tackle Workplace Stress and Burnout

Burnout is described by the American Psychological Association as the following:

Physical, emotional, or mental exhaustion accompanied by decreased motivation, lowered performance, and negative attitudes toward oneself and others. It results from performing at a high level until stress and tension, especially from extreme and prolonged physical or mental exertion or an overburdening workload, take their toll (American Psychological Association, 2018).

According to Forbes, burnout is increasing globally across all industries (Segal, 2022). Therapist burnout has been a common discussion point within the counselling groups I am a member of and was ratified by the NZAC research findings of school guidance counsellors (Smith & Maindonald, 2021). According to ROW founder Sarah McGuinness who also struggled with burnout in 2021, no one is immune (Meier, 2021).

Worldwide, the construction industry has one of the highest rates of work induced burnout due to several factors which include long work hours, hard physical labour, extreme weather conditions, work/family conflicts, bullying, harassment, and tight project schedules/timelines (Bowen et al., 2013, 2014a, 2014b; Cao et al., 2020; Elms, 2017; Leung et al., 2014; Lingard et al., n.d.; Lingard & Francis, 2009; Lingard & Turner, 2015; Love et al., n.d.; van Heerden et al., 2021). Workplace wellbeing interventions designed for larger organisations with office-based workers are unlikely to be effective for blue collar workers given their very different work environments.

Following the COVID pandemic, many business owners are asking how they can more effectively support the mental health and wellbeing of their staff. The authors of *Putting Science to work: Understanding what works for workplace mental health* state “Mental health science is the key to answering this question. It is not enough for employers to be investing in well-intentioned initiatives; they need to also invest in science to understand what actually works” (Newman et al., 2022, p.3). They suggest businesses should draw on the existing data to understand which initiatives are most likely to be effective for their workforce. They also believe businesses have an obligation to build on the body of knowledge by thoroughly measuring the effect of their interventions and sharing their findings with others. “It is only when businesses become both users and co-creators of evidence that we can fully understand what works, for who, in what context, and why – to the benefit of all” (Newman et al., 2022, p.3).

So, could workplace wellbeing interventions be effective in tackling mental distress, burnout, and suicidality within the construction industry? First, we must fully understand the unique specifics of the New Zealand construction sector, and the findings from previous research.

## Research into Mental Health and Wellbeing in the Construction Sector

As discussed in the previous section, there has been research to investigate the stressors in construction which contribute to poor mental wellbeing and suicidal ideation. The most in-depth studies of construction worker mental health and wellbeing challenges have been completed by Australian researchers Helen Lingard and Valerie Francis. In their book *Managing Work-Life Balance in Construction*, they identified the main stressors for Australian construction workers as being work conflicting with modern family life, particularly in dual income earning households, and modern expectations of fathers being more available for their children, as well as the challenges with hard physical work, long hours, remote and/or isolated locations (Lingard & Francis, 2009). Again, Australian researchers Powell et al. (2018) found during their research that many employees endure poor mental health symptoms, such as stress, panic attacks, insomnia, fatigue, and anxiety in silence. They reported that the participants in their study felt an ‘unspoken’ pressure to ‘prove their worth’ by working long hours, present total availability, and presenteeism (Powell et al., 2018).

New Zealand research had been more limited until Building Research Association of New Zealand (BRANZ) commissioned Bryson and Duncan in 2018 to conduct research interviews

with 19 participants from across the construction industry to gather their views on the culture within the industry and how it might be impacting workers. Interviewees identified a number of factors they believed were likely to be contributing to the mental distress and suicide statistics for the construction industry workforce. They included the following: a culture of toxic masculinity which sets the tone for everything else that happens within the industry - the “take a concrete pill and harden up” attitude among the workforce - the high-pressure nature of the industry, drug and alcohol use, well-informed customers who demand more, a high-risk worker population, an undervalued career path, intergenerational issues on worksites, and intolerance of diversity (Bryson & Duncan, 2018). In 2019 BRANZ again commissioned Bryson and two other researchers to establish the main risk factors of mental distress by analysing coroners’ reports of 300 construction workers who died by suicide between 2007 and 2017. The researchers noted workplace pressures such as job insecurity or uncertainty, the stresses related to running a business, pressure to deliver under deadlines, juggling responsibilities, and dealing with an injury or illness that affected their ability to work (Bryson et al., 2019).

Jenkin and Atkinson (2021) from the University of Otago were commissioned by MATES in Construction NZ to investigate coroners’ reports to identify the numbers, characteristics, and rates of construction workers who had taken their own lives between 01 July 2007 and 30 June 2019. They found the construction industry is overrepresented in the national suicide statistics with an average of 53 workers taking their own lives annually. Ninety-eight percent of these construction workers are male, with those 20-24 years of age (16%), and 45-49 years of age (13.7%) representing the highest proportion of suicides. Most were from the construction services subset including labourers, painters, carpenters and joiners, technicians and trades, electricians, and plumbers. The highest number of suicides were in Auckland, followed by Christchurch. Over a fifth (21.3%) of the deaths were Māori, which is higher than the Māori population lost to suicide outside of the construction sector (Jenkin & Atkinson, 2021). There was a significant link between the high number of suicides and lower socioeconomic status of the workers’ occupation within the construction industry.

While these previous research findings are thorough and insightful, the researchers neglected to identify practical ways, or advise on, how to promote and implement mental health initiatives within the construction industry. One of the authors of this report, clinical psychology doctoral researcher Andrew Walmsley, stated later during a Massey University news article, “We need to develop more mental health services which are responsive to men’s needs,”... “Compared to females, men under-utilise mental health services. This raises the question: ‘do we change men to match the service? Or change the service to match men’s needs?’” (Massey News, 2019).

Walmsley believed ‘shoulder-to-shoulder’ interventions are likely to promote mental health conversations in a male-dominated industry (Massey News, 2019). Walmsley highlighted the Australian suicide prevention initiative called MATES in Construction which at the time was only being trialled in Auckland. The challenge, with the idea of co-workers or colleagues supporting each other, is that it could be the blind leading the blind.

A limitation of Walmsley's view of 'shoulder-to-shoulder' interventions and Australian research done by Lingard and Francis (2009) and Powell et al. (2018) is that they are largely based upon participants working on large scale commercial or industrial sites where there are many of the same construction workers onsite consistently every day. Therefore, co-workers are more likely to pick up if someone does not appear to be their usual self or seems to be struggling emotionally in order for them to be supported and/or referred to an appropriate service. However, many New Zealand construction workers and subtrades are sole traders, self-employed, or part of a micro-business with only one or two employees. These workers are likely to do short visits to multiple sites per day. The workers onsite are also likely to be from different trades and businesses, and therefore, unknown to each other.

### Construction Specific Mental Wellbeing Initiatives for New Zealand

Walmsley presented his doctoral research findings in April 2021 and discussed how much more research is needed to establish a framework on tackling the ever-increasing suicide statistics within the construction workforce. He identified that there needed to be more effective use of psychoeducational interventions such as mobile phone apps, workshops, and better use of EAP (Walmsley, 2021). Given that the majority of Aotearoa New Zealand construction enterprises are sole traders and micro-businesses, the cost of EAP is prohibitive. I have found that an accurate cost of the services has been difficult to find due to the differing services each provider offers. Based on what I researched, EAP appears to become more cost effective for larger businesses (Baskar et al., 2021; Ledimo, 2018; Naswall et al., 2022; Slade et al., 2017). However, the low utilisation rates for EAP of between one and thirteen percent raises the question about whether it has a good return on investment for business owners (Baskar et al., 2021). As noted, Walmsley also supports shoulder-to-shoulder initiatives and/or mentoring interventions such as MATES in Construction and Building Wellness Taranaki. Both organisations are newly established in New Zealand, with only MATES being available nationwide.

Established in New Zealand in 2019, MATES in Construction is based on the Australian intervention which delivers mental health and suicide prevention programmes across construction-related workplaces (MATES in Construction, 2022). Initially starting on sites in Auckland, in 2022 the charity organisation secured funding to expand the programme nationwide.

Other organisations have established their own wellbeing interventions such as contracting private EAP providers for their members (e.g. Master Builders), and/or creating something unique such as Wellbeing on Tap which is an initiative of Master Plumbers. In 2021, ACC granted the Mental Health Foundation (MHF) \$900,000 to create the Live Well Build Well programme which is based on the successful agricultural wellbeing programme 'Farmstrong' (ACC, 2021) The MHF commissioned Ipsos to complete research to investigate wellbeing within the construction industry. This included a literature scan and in-depth interviews to gather responses from 35 people with insight into the residential construction sector (Ipsos, 2022; Ipsos MHF, 2023). There appears to be a commitment to ongoing quantitative research

across the construction industry to measure the impact of the Live Well Build Well programme including indicators and behaviour changes over time (Ipsos, 2022). There are very limited mental health and wellbeing resources specifically designed for construction workers.

There has been research on subsets within construction such as architects, engineers, project managers, and residential construction workers but what about the tradies on the tools and/or onsite in the other subsets? The people working within building services, or construction completion services are the most at risk of dying by suicide, but there is a lack of research into what tradies say they need or want. University of Canterbury organisational psychologists explain that when we involve employees (or the end user), enquire about their needs, and ask for their opinion and/or feedback, they are more likely to utilise the workplace wellbeing interventions that are implemented (Naswall et al., 2022).

In summary, this chapter has discussed the challenges of the counselling industry, including the lack of legal restriction on the term ‘counsellor’, the shortage of mental health practitioners across the spectrum, the chronic lack of government funding for mental health services, and the high risk of burnout for practitioners. The increased awareness in mental health and wellbeing has created a space for wellbeing management to emerge. While there are concerns about who, when, and how wellbeing management fits within an organisation’s structure, there is clearly a desire by employers to minimise the psychosocial risks under the Health and Safety at Work Act (Best et al., 2021; Ipsos MHF, 2023; Leading Safety / The Business Leaders’ Health and Safety Forum, 2022; Slade et al., 2017). Implementing wellbeing initiatives in office-based white-collar organisations appears to be more straightforward than blue-collar industries such as construction. The challenges identified from coroners’ reports about construction workers who had died by suicide are a tick-box list for the definition of burnout. There is a lack of research which asks building trades and construction workers what mental health and wellbeing supports are currently available to them, and what supports they would like access to in the future.

In the next chapter I discuss the methodology of my research project, from questionnaire design to data collection and analysis.

## Chapter 4 - Methodology

In this chapter, I discuss the methodology of my research project including the design, ethics, Māori consultation, eligibility and recruitment of participants, methods of data collection and analysis.

### Methodology

Quantitative research allows for the rapid collection and analysis of data by statistical methods. It is widely used in psychology and social sciences to gather large responses from a wide population to identify patterns, test assumptions and/or hypotheses (Mcleod, 2023). Social science researchers are most interested in the experience and/or behaviours of groups of people, rather than investigating the view of a single individual (Allen, 2017). From my professional practice I considered the ethics related to the societal stigma of discussing mental distress openly. The capacity for anonymity and confidentiality through surveys was advantageous to minimise this concern (Coffelt as cited in Allen, 2017). As discussed earlier, the construction sector is dominated by micro and small businesses dispersed throughout New Zealand which meant the research method needed to be easily accessible to capture the opinion of these workers.

Given that my research was investigating mental health and wellbeing supports for building trades and construction workers employed throughout New Zealand, an online survey was the most appropriate research methodology for time and capability restraints of a lone researcher. Large sample sizes are required for accuracy and to make generalisations for the wider population (Mcleod, 2023). Although I felt confident that my survey would garner a large response, I was prepared to add qualitative research in the form of semi-structured interviews. I completed a draft amendment to my ethics application in case my presumption was wrong; however, with 385 valid responses and dozens of comments submitted, adding qualitative research was not seen as required.

### Methods

#### Questionnaire Design

By creating a multichoice questionnaire, I was able to tailor my survey to shed light on these unknowns. Supplying the multichoice options enabled consistency and comparability of the results during the analysis phase. Throughout the survey, there were opportunities for participants to choose alternative answers via the 'other' comments box. There was also one open-ended question to invite opinion.

In consultation with my professional mentor, I was careful to use language which was appropriate for the construction sector. Several tradie acquaintances piloted the final questionnaire before it was published unchanged.

The survey was split into five sections:

The first section of questions asked about the likelihood of a participant discussing their mental health and wellbeing with a supervisor or colleague. A 2021 pulse survey of construction workers in the United States of America suggested that less than 20% of workers would openly discuss their mental wellbeing with their co-workers (Gruttadaro & Beyer, 2021). Given the only national organisation to support construction workers is largely based on shoulder-to-shoulder interventions of sharing mental health concerns with a co-worker or workplace ‘connector’, it was important to ascertain the willingness of New Zealand construction workers to reach out to others in the workplace. Also in this section, participants were asked who they were most likely to seek for support if they were experiencing low mood and/or mental distress.

The second section asked questions about what mental health and wellbeing supports were currently available in their workplace, as well as what initiatives were available to identify mental distress and low mood. This was included to gather a base line of what supports workers currently had access to. The intention was to also compare the results of this section with the results from the third section of the survey to see if there were gaps in current mental health and wellbeing supports.

The third section asked questions around what mental health and wellbeing supports would be most helpful to building trades and construction workers, what topics were of most interest, what was the best way to get those supports to them, and who did they believe should be providing these supports.

Given that construction is one of the largest industries, employing over 300,000 people in New Zealand, the fourth section asked what mental wellbeing practitioners could do to support building trades and construction workers better and/or more effectively. This section also included an open-ended question asking if there were any further comments and/or recommendations the respondent may like to add.

Finally, sociodemographic characteristics, such as ethnicity, gender, age, relationship status, dependents, occupation, position, employment status, and income range, were formatted in a way that is consistent with research conducted by Jenkin & Atkinson (2021), and Turner et al. (2009), to ascertain comparability with their results. Income ranges were broken down into New Zealand income tax brackets.

### Ethics Application

Research ethics was an important consideration for this study because of the topic on overall mental health and wellbeing for this vulnerable group as well as its high representation in

suicide statistics. I was purposeful to not include any questions about current mental distress or suicidal ideation in the survey, instead focusing on what mental health and wellbeing supports are currently available to construction workers and what initiatives they would like provided to them in the future. Confidentiality, freedom from harm, respect for people, and informed consent were at the forefront of my mind while designing my research project. These considerations are also embedded within the New Zealand Association of Counsellors' Code of Ethics, of which I am a full member. The Category A Ethics Application form was completed and submitted in July 2022. Following feedback from the ethics committee, I made the necessary amendments, and approval was granted in August 2022. As mentioned previously, information about appropriate mental health and wellbeing support services was given at the end of the survey.

The following supporting document can be found in the appendices.

- Ethics Committee approval letter (Appendix 1).

### Māori Consultation

The purpose of consultation with the Kaitohutohu Office is to support students and their research projects to ensure they include and benefit Māori in a culturally appropriate and collaborative manner. There are approximately 40,000 Māori employed in the construction industry and that figure is only rising with the increase in people entering apprenticeships (MBIE, 2015, 2022, 2024). A report for the Māori Economic Development Advisory Board by the Ministry of Business, Innovation and Employment showed there was a clear commitment to support Māori already employed in the industry, as well as encourage more to become part of it (MBIE, 2015). My research project included questions inviting opinions of what hauora/wellbeing initiatives, resources, interventions might be helpful to the building trades and construction workforce. Given that 21.3% of trade and construction workers lost to suicide over the past 12 years were Māori (Jenkin & Atkinson, 2021), I believed that it was essential to engage with them and provide a space for them to voice their needs. Without Māori participation, I considered my research as incomplete, and therefore it would have limitations academically, as well as for practical outcomes for trade and construction workers. I actively sought out Māori stakeholders to collaborate and share my research project. The response from the Rakahau Māori (Director: Māori research) was affirming of my research project and its potential benefits to Māori working in the construction sector.

The following supporting documents can be found the appendices:

- Kaitohutohu Office consultation (Appendix 2).
- Response from Kaitohutohu Office (Appendix 3).

### Eligibility and recruitment of participants.

The online survey was open to all building trades and construction workers aged over 18 who were currently employed in New Zealand. This allowed the findings to be compared and contrasted across the subsets of the construction sector. In saying that, much of the promotion

of the survey was heavily focused on those construction workers who worked on-site with one of the recruitment posters specifically requesting the views of tradies (see Appendix 5). Due to the high representation in suicide statistics within the sector as well as lack of previous research on tradies, I was anxious to ensure their views were central to my research project.

### Data collection

The research survey was created on-line via Qualtrics XM. The anonymous web link and QR code to the survey was distributed by email, posters, and social media posts.

The landing page for the survey had all the information about the research project and the purpose of the study. Also included on this page were contact details for myself, Prof. Jo Kirkwood, my academic mentor, and a statement about understanding and consenting to completing the survey (see Appendix 4). This information and consent was required to be read and agreed to before the participant could continue on with the survey. The survey comprised of 25 multichoice questions along with a comments box for any additional thoughts and/or recommendations (see Appendix 4). Given the sensitive topic, it was important that any questions the respondent did not want to answer could be skipped.

The research information and survey link were shared via e-newsletters and direct emails to members by industry bodies and stakeholders (Appendix 6). Paper copies of the poster displaying the QR code were placed on the counter of construction related merchants in the Canterbury region. Social media posts were distributed via my personal Facebook, LinkedIn, and Instagram accounts (see Appendix 8). Instagram garnered the biggest response in terms of ‘likes’ and ‘shares’ across all social media platforms. Facebook deleted my posts and suspended my account because I used the word ‘suicide’. After my account was reinstated, I reworded the information in the posts to more generic terms such as ‘taking their own life’.

The survey was active from 28<sup>th</sup> March 2023 until the 20<sup>th</sup> July 2023. Originally, the survey was set to close on the 20<sup>th</sup> June 2023 but I was asked to leave it open for another month by two stakeholders in order for them to share the research information with their members. Supportive stakeholders who shared the survey included Plumbers, Gasfitters, Drainlayers Board, Site Safe NZ, Master Brick and Blocklayers, Roofing Association of NZ, Turn the Corner, Scaffolding, Access and Rigging, One Tradie at a Time, as well as individual branches of Redpaths, and Mico.

The Wānaka App wrote an article about the mental health of local tradies and also included a link to the survey (see Appendix 7). Most of the stakeholders listed above provided information about how many of their members the survey reached. From this information, I estimated the research information and survey reached approximately 25,000 building trades and construction workers nationwide.

## Methods and Procedure of Data Analysis

Overall, 479 started the survey and there were 387 usable responses. Removing responses from those employed outside the building trades and construction industry, and those who were currently employed overseas, left 385 valid responses. As expected over 88% of respondents were males, 11% were female, and 1% preferred not to say. The respondents were from most areas of Aotearoa New Zealand, with the exception of Westland which garnered no response.

Although it was not required, over one hundred comments were made by respondents and created an area for qualitative analysis. Rouder et al. state “Open-ended survey responses, where respondents provide responses in an unstructured, open-text format instead of defined response categories, are often a successful way to solicit authentic and unexpected feedback, highlight the diversity of responses or nuances in opinions, and capture the “why” that complements quantitative survey data” (2021, p.1). The comments provided by building trades and construction workers gave insight into the realities of what they perceive as important for their own mental health and wellbeing as well as the wider workforce.

Thematic analysis of open-ended responses was done by collating common themes, comments, and/or topics to garner a deeper understanding of the research results. A table was created to collect the common themes, count how many related to these themes, and collect comments, quotes, and examples. These were then separated into different sections which included personal factors, work-related psychosocial risks, and other factors related to the wider construction sector, as well as other societal factors.

In this chapter, I explained my research design and rationale as well as the method and setting for the project. I discussed the specific participant group I was researching and how I designed the research survey in order to gather as much insight as possible from a quantitative research method. The open-ended questions within the survey created a space for additional insight, and by using thematic analysis strong comparative conclusions could be made. In the next chapter, I discuss the findings and analysis of the results.

## Chapter 5 - Survey Findings

In the first part of this chapter the quantitative results were translated into statistical graphs for analysis. The data allowed common themes and contrasts to be established between subsets within the construction sector. Sociodemographic information highlighted where there were differences in region, gender, age, ethnicity, and/or role within the construction sector. In the second part of this chapter the thematic analysis of the comments are reviewed and discussed.

Additional sociodemographic information collected as part of the survey can be found attached as Appendix 8. There are further insights into the respondent's location, working hours, income, specific role within the construction industry, and number of employees within their workplace. Also collected was information on relationship status, and whether the respondents had children. All this information is incredibly valuable to understand the specific needs of those working within construction; however, they were additional to the specific focus of this research project.

### Do you feel confident to support a co-worker who is struggling with their mental health and wellbeing?

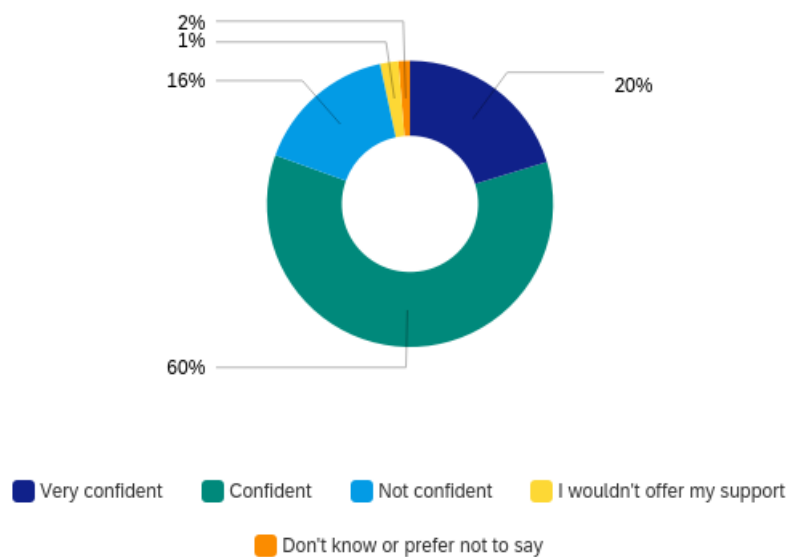


Figure 5 - Confidence to support a co-worker.

Overall data indicated that 80% of those surveyed feel confident or very confident to support a co-worker who is struggling with their mental health and wellbeing. Only 15% said they did not feel confident, 2% said they did not know or preferred not to say. Just 1% said they would not offer their support to a co-worker struggling with their mental health and wellbeing.

Deeper analysis of these results using respondents' demographic information: Those aged over 65 years are the most confident to support a co-worker struggling with mental distress (20%

stating they feel very confident and 60% stating they feel confident). Conversely those aged 18-34 years of age feel the least confident (27% of 18–24-year-olds and 22% of 25–34-year-olds). Female construction workers feel very confident to support a co-worker (27%) compared to the average overall results.

There were some differences related to ethnicity with 96% of Asian construction workers feeling confident or very confident to support a co-worker struggling with their mental health and wellbeing. This was closely followed by Pacific Islanders (95%) and Māori (83%). Pākehā/NZ Europeans appeared to be the least confident to offer support to a co-worker (20%) with 2% reporting they would not offer their support. Those employed in micro and small businesses (84%) indicated they felt more confident than those working within medium (81%) and large workplaces (78%).

**Would you openly discuss your own mental health concerns with your boss, manager, or supervisor?**

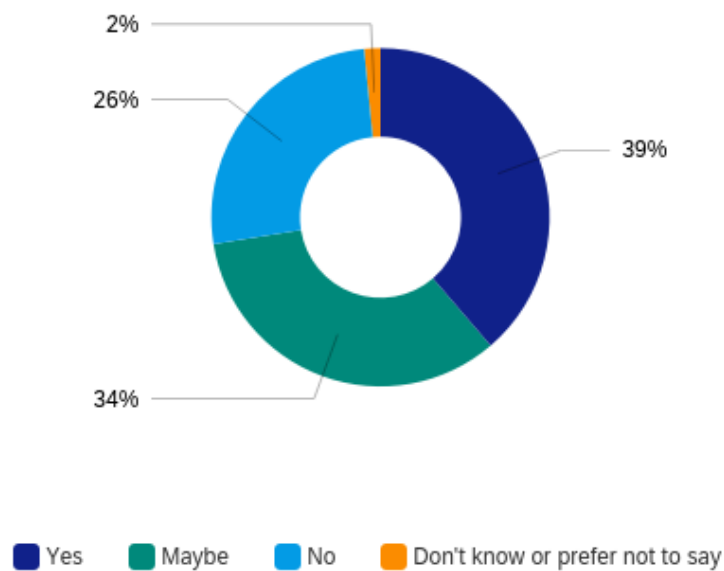


Figure 6 - Openness to discuss with workplace superior.

Nearly forty percent of respondents said ‘yes’, they would openly discuss their mental health concerns with their boss, manager, or supervisors. A further 34% said ‘maybe’, 26% said ‘no’, and just 2% stated they did not know or preferred not to say.

Deeper analysis of these results using respondents’ demographic information: Over 55% of respondents aged 18-24 years stated they would not openly discuss their own mental distress with their boss, manager, or supervisor. This decreased with age with those aged 45-54 years stating they would reach out to their superior (46%). Only 18% of female construction workers reported that they would not discuss their own mental health concerns with their boss,

compared to 26% of all respondents. More female construction workers stated they would openly discuss concerns with their boss (48%) compared to 39% of all respondents.

Fifty seven percent of Asian construction workers stated they would openly discuss their own mental wellbeing concerns with their boss, manager, or supervisor. Māori were the least likely to openly discuss their own mental distress with their boss, manager, or supervisor (31%), followed by Pākehā/NZ European (27%).

### Would you openly discuss your own mental health concerns with a co-worker?

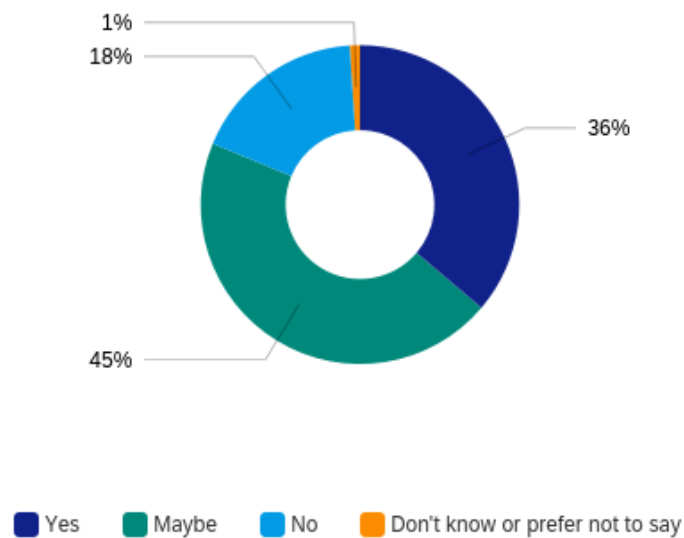


Figure 7 - Openness to discuss with co-worker.

Compared to the previous question, slightly less respondents selected ‘yes’, they would openly discuss their mental health concerns with a co-worker (36%). Forty five percent of the survey participants selected ‘maybe’, and 18% said ‘no’ to openly discussing with a co-worker.

Deeper analysis of these results using respondents’ demographic information: Of those aged 18-24 years, 27% stated they would not discuss mental distress with a co-worker compared to 42% of 35–44-year-olds who stated ‘yes’. The youngest group surveyed also garnered the largest selection of the “did not know or preferred not to say” option. Similar results to the last question with 48% of the female respondents selecting that they would openly discuss their mental health concerns with a co-worker. Notably only 6% of female respondents said they would not openly discuss with a co-worker compared to 18% of all subsets.

Like the previous question, 61% of Asian construction workers reported they would openly discuss their own mental wellbeing concerns with a co-worker. There was consistency across all other subsets. The results were consistent for micro and medium sized businesses. More employees working within small businesses stated ‘yes’ (42%) they would openly discuss their

mental health concerns with a co-worker which was higher than any other subset. Of those working within large businesses 25% stated ‘no’ to the same question which was more than any other size of operation.

**Who are you most likely to openly discuss your own mental health concerns with?**

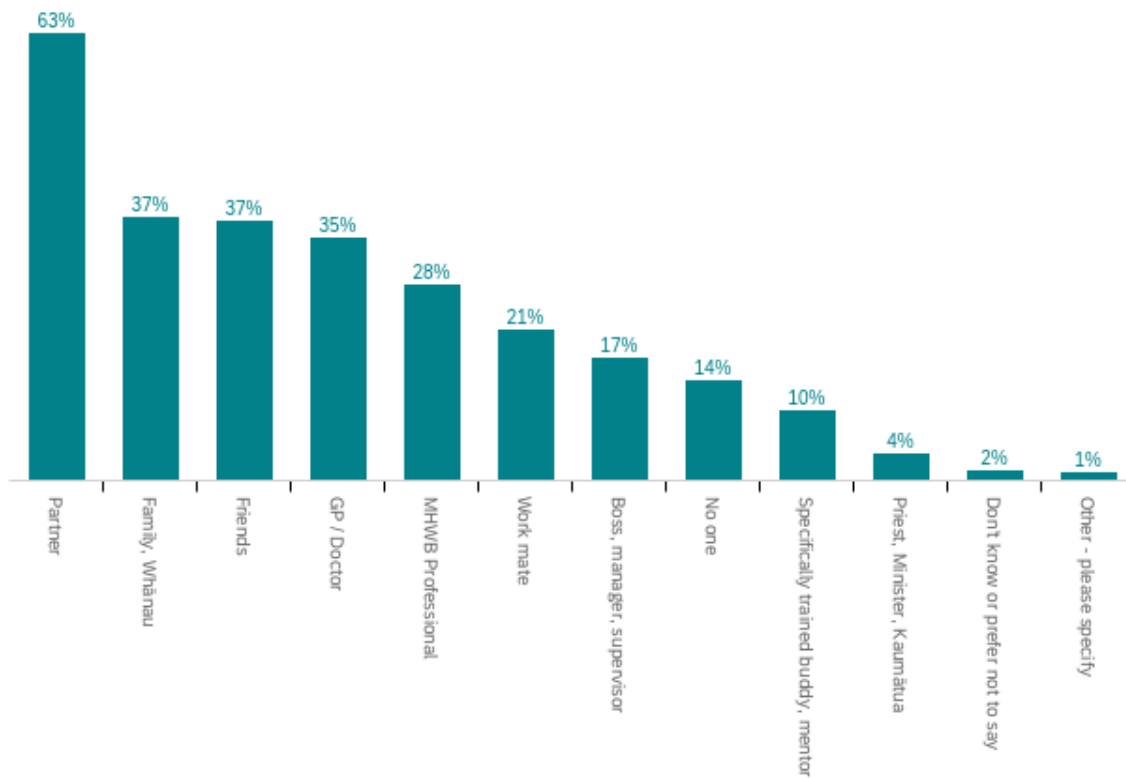


Figure 8 - Person (or people) most likely to be sought for support by participants.

Sixty-three percent of construction workers surveyed selected their partner as the option with whom they were most likely to openly discuss their mental health concerns. This was followed by whānau/family (37%), friends (37%), and a general practitioner (GP) or doctor (35%). Over a quarter of respondents selected they would talk with a mental wellbeing professional (28%) such as a counsellor, psychologist, social worker, etc. The option of fellow workers (21%) and a boss, manager, or supervisors (17%) were preferred over speaking to no one at all (14%). Specially trained workplace buddy, mentor, or ‘connector’ such as those who are accredited with MATES in Construction were selected by 10% of the respondents. Seeking out support from a priest, minister or kaumātua was an option for 4% of construction workers. Only 2% chose ‘do not know or prefer not to say’. Those who selected ‘other’ later specified in the comments box that they would speak with their business partner, and/or other like-minded contractors.

Deeper analysis of these results using respondents’ demographic information: Those aged 18–24 years old reported they would likely reach out to a mental wellbeing practitioner (55%), before partner (45%), family/whānau (45%), and friends (27%). As the group’s age increased, reaching out to a partner, friends and family/whānau is most likely followed by GP and mental

wellbeing practitioner. Only 9% of 18–24-year-olds and 18% of 25–34-year-olds report they would speak to a GP/doctor about their own mental health and wellbeing. Respondents who were aged over 65 reported they were more likely to not reach out to anyone (22%) over seeking support from a mental wellbeing practitioner (17%). The notable difference was that female construction workers were more likely to seek support from a mental wellbeing professional (42%) over a GP or doctor (32%).

Asian construction workers reported they would seek support from family (68%) and workmates (48%) before reaching out to friends (43%) or a GP/doctor (43%). In this ethnic group a workplace buddy or ‘connector’ (22%), or no one at all (13%), was preferred over seeking support from a mental wellbeing professional (9%). Māori and Pasifika were most likely to reach out to their partner, whānau/family, and friends before discussing with a GP (24% Māori and 42% Pasifika) and/or a mental wellbeing practitioner (28% Māori and 21% Pasifika). Pākehā/NZ European reported their partner (64%) was their preferred option followed by a GP or doctor (36%), with friends (34%), mental wellbeing professional (32%) and family/whānau (31%) rounding up their top five. Those working in the North Island reported they were more likely to talk with a GP/doctor (38%) than a mental wellbeing practitioner (25%). South Island construction workers were the opposite with 36% stating they would likely to talk with a mental wellbeing practitioner before a GP/doctor (29%).

**What is currently available to identify high stress and/or poor mental wellbeing in your workplace?**

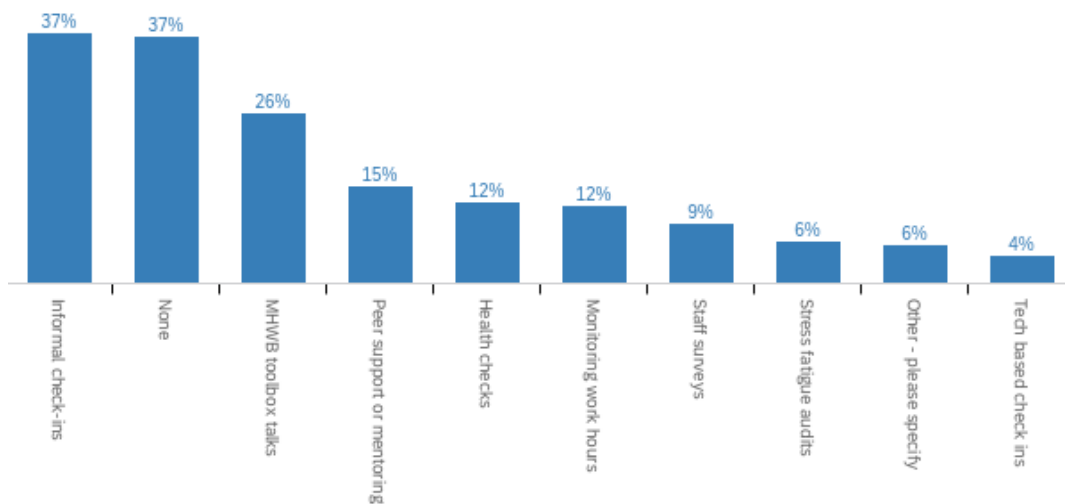


Figure 9 - Strategies currently available to participants to identify mental distress.

When asked what strategies are currently available in their workplace to identify high stress and/or poor mental wellbeing, 37% of construction workers selected ‘none’ at all and 37% noted ‘informal check-ins with the manager or supervisor’. The overall lack of supports continued with only a quarter stating they had access to mental health and wellbeing toolbox talks (26%), peer support or mentoring from a co-worker (15%), and/or health checks with a nurse or GP (12%). The monitoring of work hours was specified by only 12% of respondents.

Deeper analysis of these results using respondents' demographic information: Over 55% of 18–24-year-olds and 46% of 25–34-year-olds stated there were no current initiatives to identify high stress and/or poor mental wellbeing in their workplaces. Informal check-ins with a manager or supervisor, and toolbox talks with a mental wellbeing component were the most available initiatives in workplaces across all age groups. Female respondents reported the most available strategy to identify mental distress was informal check ins with a manager or supervisor (67%). Only 21% of female construction workers stated there were no initiatives available in their workplace.

Asian construction workers were the exception to the overall results shown above. They listed toolbox talks with a mental wellbeing component as the most available initiative (50%) at their workplace followed by stress, fatigue, and mental wellbeing audits (36%). Asian and Pacific Islander responses (when grouped) had similarities as did Māori and Pākehā/NZ European. It is possible this was because of similarities in employers, worksites, and subsets in construction.

There were similar regional results overall; however more South Island workers stated there were no initiatives in place to identify high stress and/or poor mental wellbeing (39%) compared with their North Island counterparts (33%). Approximately 43% of tradies stated there were no current initiatives to identify high stress and/or poor mental wellbeing in their workplace. More sole operators and micro-businesses (39%) reported there were no initiatives to identify stress and/or poor wellbeing, however, as the size of operation increased, this lessened to 32%, with informal check-ins (40%) and mental health and wellbeing toolbox talks (33%) being the most used strategies in large businesses.

**What approaches are currently available 'in-house' to support and/or enhance mental wellbeing in your workplace?**

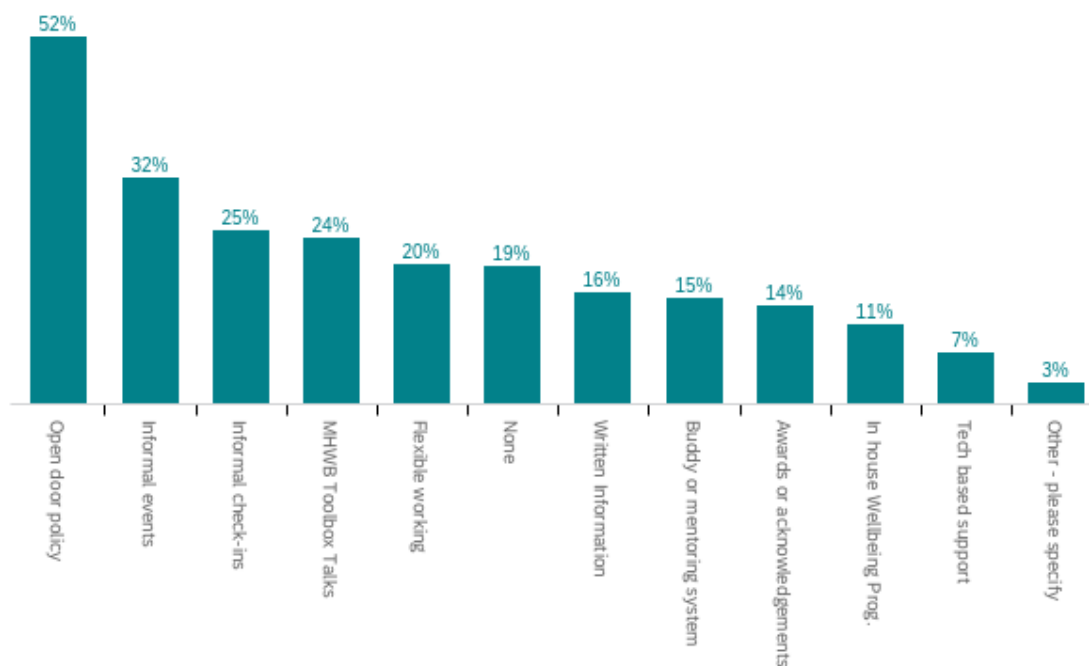


Figure 10 - Strategies currently available within a participant's workplace to enhance mental wellbeing.

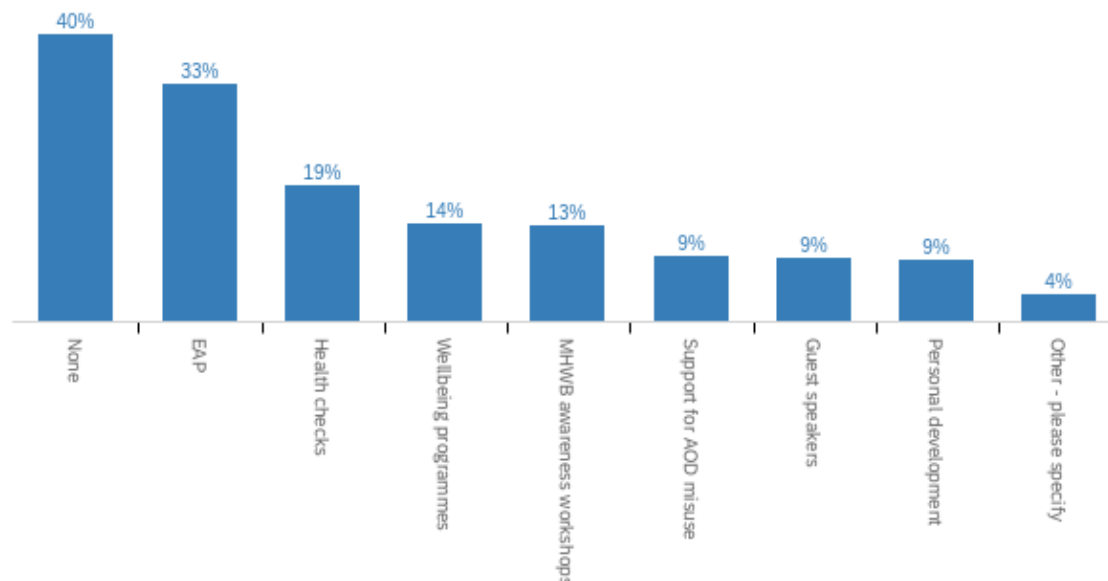
The most applied in-house approach to enhance mental wellbeing in the workplace was an open-door policy with their manager or supervisor (52%), followed by informal events such as BBQs, team building, and fun days (32%). Informal check-ins with an unspecified colleague were available to a quarter of respondents. Similarly, 24% of workers had regular toolbox talks which included a mental wellbeing component available to them within their workplace. Twenty percent of workers reported access to flexible hours, while a similar number had no in-house mental wellbeing supports or initiatives available to them at all (19%). Written information (16%), buddy or mentoring system (15%), awards or acknowledgments of success (14%), and in-house workplace wellbeing programmes (11%) were the least available approaches within workplaces. Despite the increased use of digital technology in recent years, only 7% of those surveyed had in-house technology-based initiatives in the form of phone apps, websites, or online platforms available to them. Some respondents commented on the other approaches available to them which were more consistent with external agencies available to their workplace (e.g. EAP, MATES in Construction) rather than 'in-house' and this will be investigated next along with figure 11.

Deeper analysis of these results using respondents' demographic information: Almost half of 18–24-year-old respondents reported there were no in-house supports to enhance mental wellbeing in their workplace. Informal check-ins and/or open-door policies with managers/supervisors, and informal events were listed as the most commonly used in-house workplace supports available across all age groups. Regular toolbox talks with a mental health and wellbeing component appeared to be more available to those aged over 35 years.

Forty percent of Asian respondents stated they had regular toolbox talks which include mental wellbeing, along with 35% reporting there was an open-door policy with their manager and/or supervisor. One quarter reported no supports available in their workplace to enhance mental wellbeing. Only 10% of Māori respondents stated they had access to a buddy or 'connector' and 17% had regular toolbox talks which include mental wellbeing. Open door policy (55%), informal events (34%), and flexible working initiatives (31%) covered the top three supports available within their workplaces. For Pasifika, access to a buddy system or 'connector' (37%), and regular toolbox talks (37%) were identified as the mental health and wellbeing initiatives available 'in-house' within their workplaces after the open-door policy (47%).

There were similar regional results overall; however South Island workers were less likely to have regular toolbox talks which include a mental wellbeing component (18%) than their northern counterparts (26%). The availability of no supports to enhance mental wellbeing reduced as the size of business increased from 32% micro, 22% small, 16% medium, down to 13% for large businesses. As discussed above, open door policies with managers and supervisors were the most used initiative, followed by informal events for all business sizes.

**What supports are provided by your workplace but delivered by other 'outside' organisations to support and/or enhance mental wellbeing?**



**Figure 11** - Strategies currently available to a participant's workplace from external agencies to enhance mental wellbeing.

Forty percent of those surveyed reported there were no supports provided to their workplace from external providers. One third had access to the services of EAP providers, and 19% had health checks and/or similar initiatives available within their workplace but delivered by external organisations. Less than 15% had access to workplace wellbeing programmes, mental health and wellbeing awareness workshops, and/or support for addictions/substance misuse. Invited guest or motivational speakers along with wellness and personal development programmes were the least available external supports provided to the workplaces of those surveyed. Comments in the 'other' category included Kereama Carmody (former wellbeing coach for Master Plumbers members only), MATES in Construction, the Melon Health app and digital platform, and a private counsellor contracted to an individual workplace.

Deeper analysis of these results using respondents' demographic information: Supports from outside organisations available to workplaces appeared to be minimal with 82% of 18–24-year-olds, 49% of 24–34-year-olds, 38% of 35–44-year-olds, and 42% of 45-54-years-olds reporting there were none available. Approximately one third of Asian respondents reported having supports from outside organisations in the form of wellness and personal development programmes, workplace wellbeing programmes, and mental health and wellbeing workshops. Another third (32%) reported there were no outside supports available in their workplace. For Pasifika respondents EAP and health checks were the most available mental wellbeing initiatives from outside organisations available for their workplaces. More Māori (43%) reported there were no supports or initiatives from outside organisations available from their workplace while only 29% of Māori respondents reported having access to EAP.

Nearly half (47%) of South Island based respondents reported there were no outside mental health and wellbeing supports provided to them by their employer/workplace compared to 37%

of those surveyed from the North Island. Additionally, those employed in the South Island had less access to external EAP providers (25% vs 38%). EAP was the most commonly available support for workers with 37% of owners and managers, 35% of office-based construction workers, and 33% of tradies having access to external providers. There were no outside mental wellbeing supports available to 58% of micro-businesses and 52% of small businesses. EAP was available to only 12% of micro and 27% of small business employees. This increased with the size of operation becoming the most available support for those employed within medium (40%) and large (49%) workplaces, followed by health checks, wellbeing workshops, and programmes.

**What mental wellbeing supports and initiatives would you like made available to you regardless of region, role, or size of workplace?**

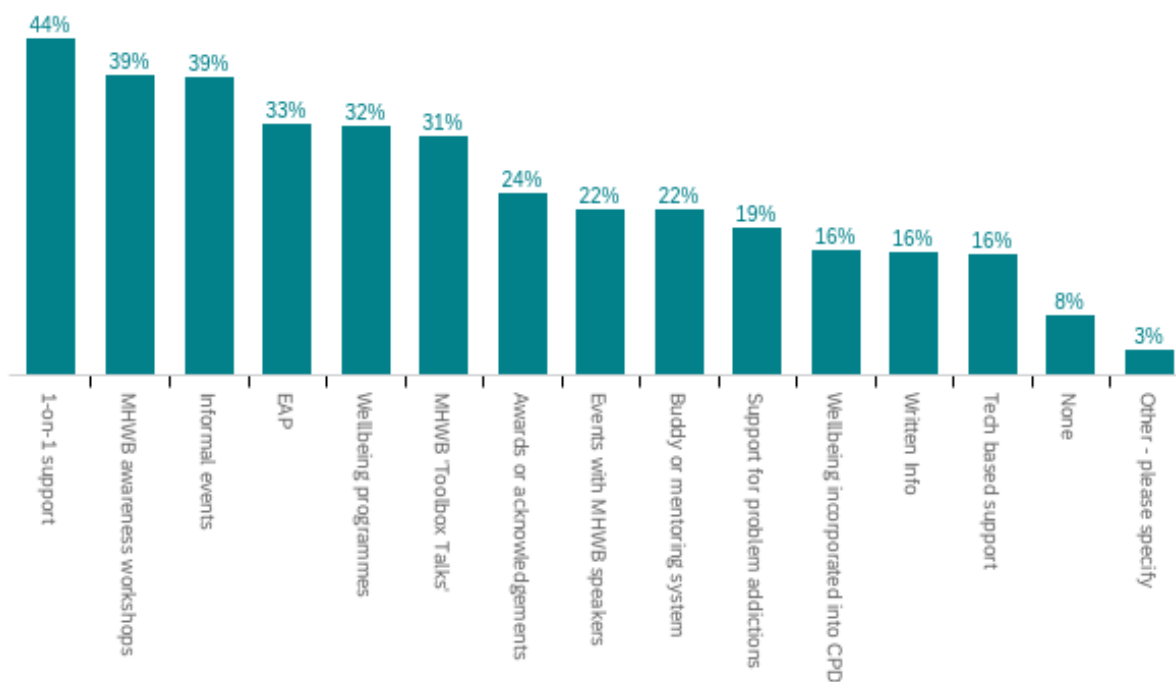


Figure 12 - Participants preferred options for MHWB supports and initiatives.

Overall, one-on-one support such as counselling, talk therapy, life, and/or business coaching was listed as the top desired support by the construction workers surveyed regardless of age and/or gender. This was closely followed by informal events, mental health and wellbeing awareness workshops, and construction-friendly wellbeing programmes. EAP was rated highly, with a third of respondents selecting this option.

Deeper analysis of these results using respondents’ demographic information: Asian, Māori, and Pākehā/NZ European all had consistent responses. For Pacific Islanders EAP, mental health and wellbeing trainings/workshops, a buddy or mentoring system, and informal events were equally rated (all 50%) as the most wanted initiatives for this group. More South Island construction workers selected one-on-one support (51%) compared to the North Island

respondents (39%); however, the latter was more interested in informal events in the form of BBQs, team building, and fun days (40%).

After analysing the roles within construction, it was found that 45% of tradies wanted one-on-one support compared to 38% of office-based workers and 37% of owners and managers. EAP was separated out as a different entity from one-on-one support with 26% of office-based workers, 29% of owners/managers, and 31% of tradies stating they would like this made available to them. Nearly half of all office-based construction workers stated they wanted support in the form of mental health and wellbeing workshops compared to 40% of owners/managers, and 36% of tradies. Informal events in the form of BBQs, team building, and fun days was a popular choice for tradies and owners/managers (mean 39%).

**What are the best ways to get these mental wellbeing supports and initiatives to you regardless of region, role, or size of workplace?**

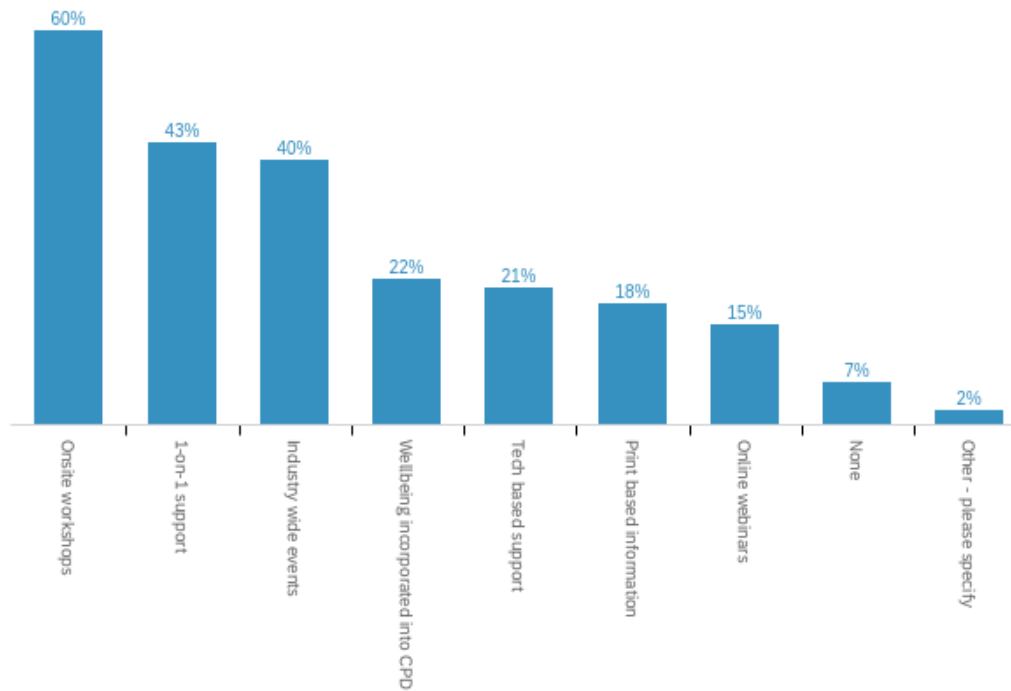


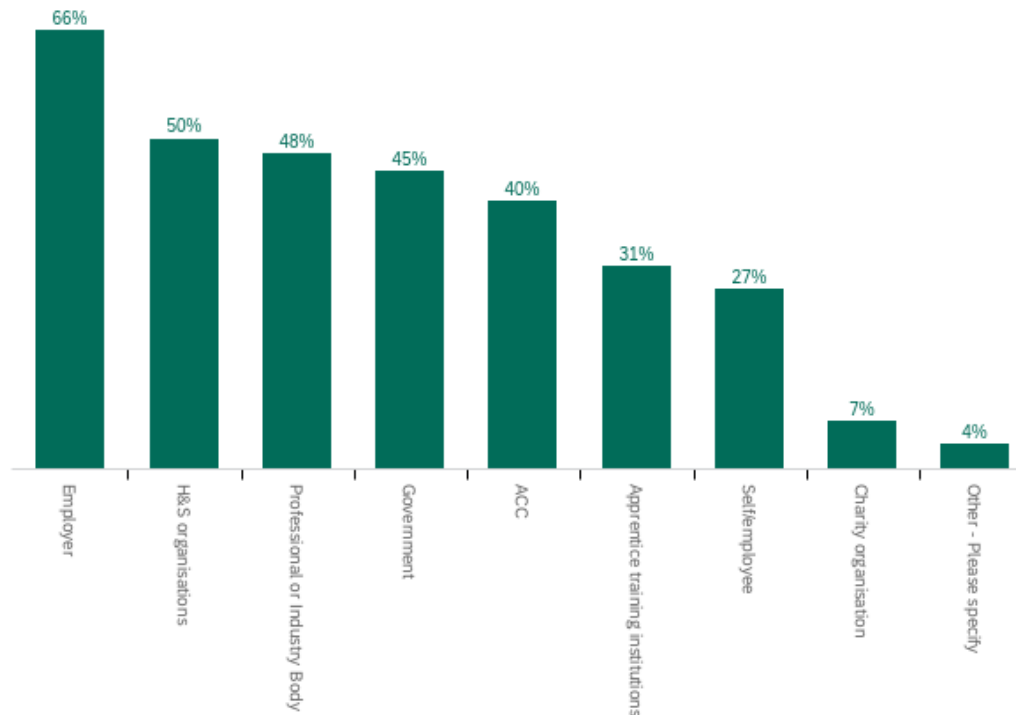
Figure 13 - Participants preferred mode of delivery for MHWB supports and initiatives.

In person, onsite trainings/workshops, one-on-one support, and industry wide events were consistently identified as the best ways to get mental wellbeing supports and initiatives to the construction workers surveyed. Only 21% of respondents selected technology-based support in the form of phone apps, website, and/or digital platforms. This along with the low desire for online webinars (15%) is at odds with the current initiatives used by some professional bodies and/or charity organisations (i.e. NZIOB, LWBW).

Deeper analysis of these results using respondents’ demographic information: Tradies were more likely to want one-on-one support (43%) than office-based workers (34%) and business owners/managers (32%). Only 19% of tradies wanted wellbeing information incorporated into

CPD compared to office-based workers (32%), and owners/managers (27%). One-on-one support was the most preferred way of getting mental health and wellbeing supports to sole operators and micro-businesses (56%) whereas in-person workshops and trainings were preferred by all other workers in larger operations.

**Who do you think should be responsible for providing these mental wellbeing supports?**



*Figure 14 - Participants' opinion of who should provide MHWB supports to the construction workforce.*

Two thirds of those surveyed believed the employer should be responsible for providing mental wellbeing supports. Half of respondents stated that health and safety organisations such as Site Safe and CHASNZ, should provide these supports. These two health and safety organisations are responsible for much of the education and certification of NZ construction workers. These organisations along with most construction related professional associations/bodies (such as Plumbers, Gasfitters, Drainlayers, Board; Licensed Building Practitioners; Electrical Workers Registration Board) require an annual fee to maintain a worker’s valid registration or certification. Despite this, these statistics did not change a lot when analysing the role respondents had within the construction industry. It was expected that more tradies would select the health and safety organisations along with professional bodies over any other options however, there was no significant difference. ACC (40%) and the government (45%) also featured strongly as the groups who should be responsible for providing supports. Almost a third stated that apprentice training institutions could provide supports; this appeared to be strongly related to the age of respondents. A little over a quarter (27%) believed the employee or themselves are responsible for providing mental wellbeing supports, while only 7% of respondents selected a charity or similar type organisation as an option. There were several comments left in the ‘other’ section which included ‘nobody’, ‘yourself’, ‘everyone’, ‘trade suppliers’, and suggestions for a brand-new specialised organisation.

Deeper analysis of these results using respondents’ demographic information: Those aged between 18-24 years believed the apprentice training institutions should be providing supports which is unsurprising considering 64% of them are apprentices. More female respondents selected apprentice training institutions higher (56%) which is likely linked to a high proportion of female respondents pursuing apprenticeships.

More Asian respondents believed a health and safety organisation (68%) and employer (63%) should be providing supports for construction workers. Pasifika construction workers believed the employer should be responsible for providing mental wellbeing supports (89%) followed by a health and safety organisation such as CHASNZ or Site Safe. Māori respondents listed government (69%) and ACC (69%) as those who should be providing support followed by professional bodies (62%). Sole operator and micro-businesses stated government (48%) should be providing supports rather than the employer (38%).

**What mental health and wellbeing topics are you most interested in learning about?**

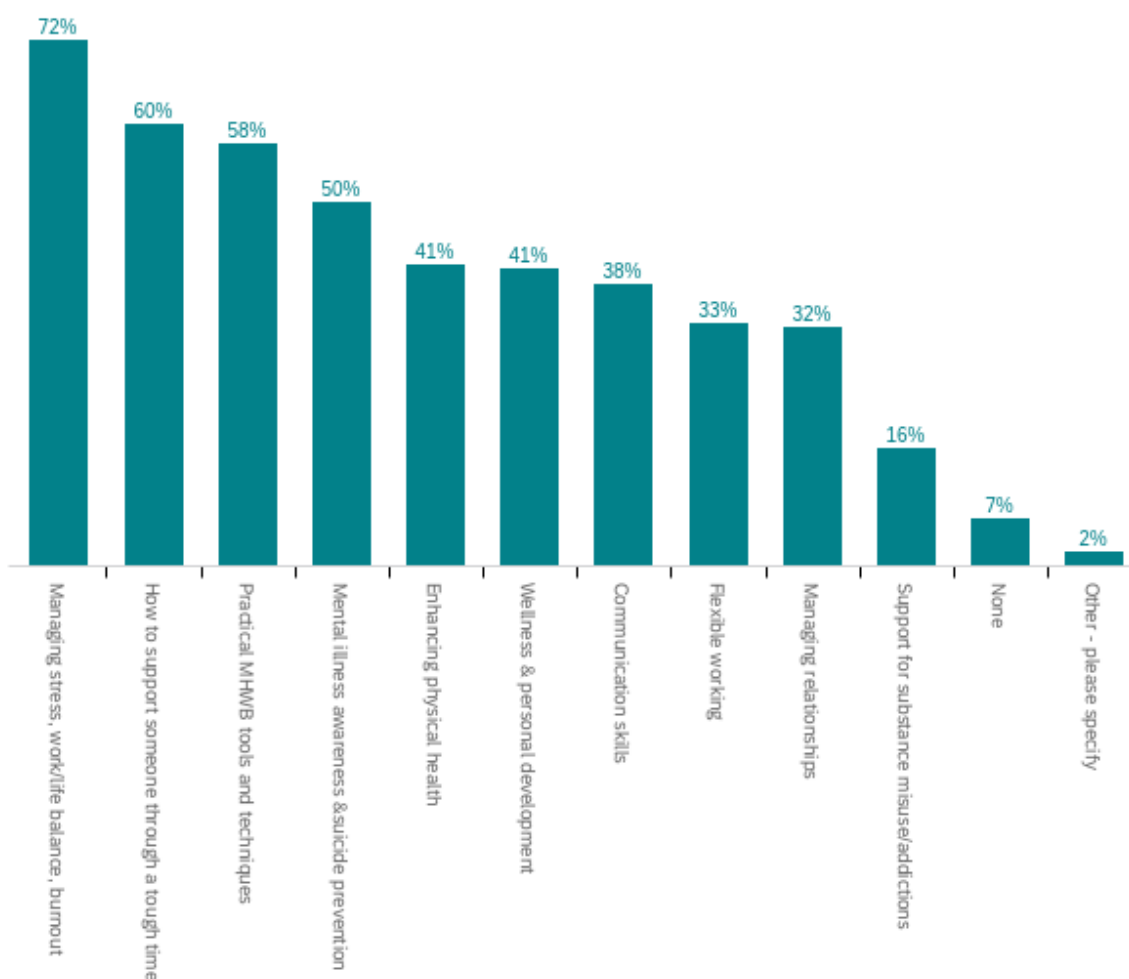


Figure 15 - Topics of most interest to participants.

Almost three quarters of those surveyed selected they were most interested in learning more about how to manage stress, achieve work/life balance, and prevent burnout. How to support a

friend/mate through a tough time was important for 60% of respondents, closely followed by the desire to learn practical mental wellbeing tools for work and life. For half of respondents, mental illness awareness and suicide prevention was an important topic for them. Enhancing physical health through nutrition, and injury prevention was a topic of interest for 41% of the surveyed construction workers, as was wellness and personal development. For about a third of respondents communications skills, flexible working strategies, and managing relationships were aspects of life they would like to learn more about. Only 16% of those surveyed selected they were interested in support for problem gambling and/or alcohol and/or drug misuse. Comments related to the ‘other’ selection box were knowing how to identify that you need support yourself, managing anxiety, anti-racism in the workplace, and someone stated, “the lot”.

Deeper analysis of these results using respondents’ demographic information: Māori listed managing stress, work/life balance, burnout (83%) and how to help a friend/workmate through a tough time (76%) as important. Third on the list was wellness and personal development (66%), with practical mental wellbeing tools (62%), and conflict resolution (52%) rated as higher than mental illness awareness and suicide prevention (45%). There was consistency across all sized operations except for sole operators and micro-businesses who listed wellness and personal development (43%) ahead of mental illness awareness and suicide prevention (37%).

**What would increase your likelihood to engage in mental wellbeing supports and initiatives?**

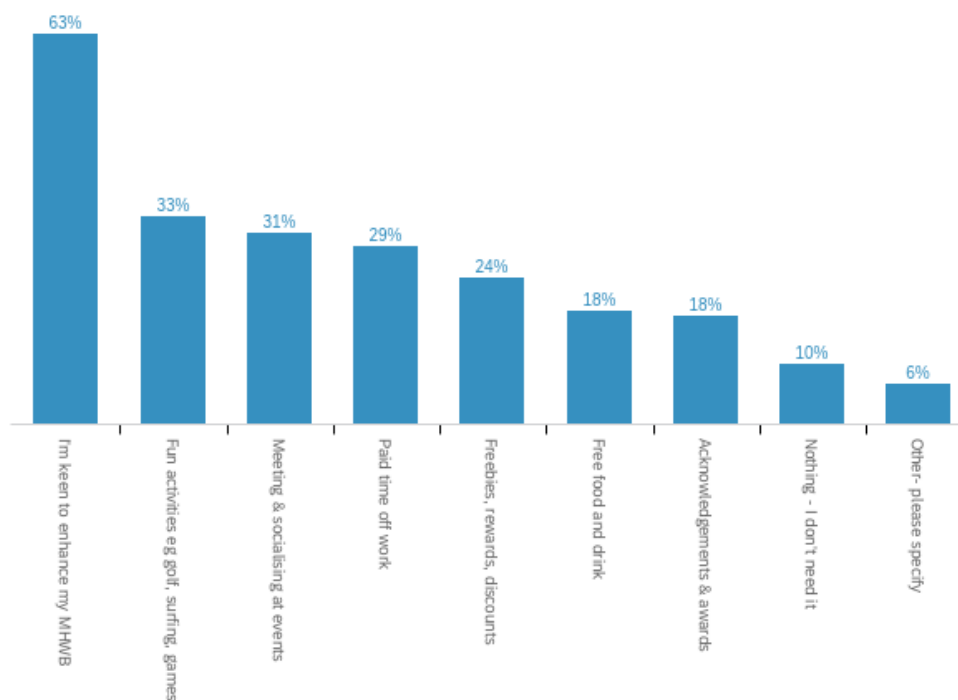


Figure 16 - Strategies to increase engagement in MHWB initiatives.

Almost two thirds of those surveyed were keen to engage in supports and initiatives to enhance their mental wellbeing. A third would be more interested if it involved fun activities such as golf, surfing, and/or games, with a further 31% stating meeting others and socialising with others would increase the likelihood of them engaging in mental wellbeing supports and initiatives. Approximately a quarter of respondents stated paid time off (29%) and freebies, rewards, and discounts (24%) would increase their engagement, with 18% stating free food and drink as well as acknowledgements and rewards were drivers. Ten percent of those surveyed selected that nothing would increase their engagement in supports while a further 6% left comments. These comments included rewards from tool and construction brands, and running events at suppliers or wholesalers during work hours for increased accessibility. Some comments expressed interest in hearing “information from qualified mental wellbeing professionals such as counsellors who know what they are talking about”, reducing stigma, sharing experience and knowledge as well as dispelling fears about how mental illness affects other areas of life like applying for mortgages/loans, and/or other licenses (e.g. gun licence).

Deeper analysis of these results using respondents’ demographic information: Over 90% of female respondents said they were keen to engage in supports and initiatives just to enhance their mental wellbeing. Most Asian respondents were keen to participate in initiatives to enhance their mental wellbeing (62%) closely followed by paid time off (43%) and freebies, discounts, and rewards (43%). These appeared to be more important to Asians than fun activities (33%) and meeting others (29%) which were rated as more important to other ethnicities.

Of the office-based workers 81% were keen to engage in supports to enhance their mental wellbeing compared to 53% of tradies and 66% of owner/managers. Acknowledgements and rewards were more important to tradies (20%) than other subsets. Paid time off became more important as the size of operation increased (19% for micro-business employees compared to 34% for those in large businesses).

### **What can mental health and wellbeing practitioners (counsellors, psychologists, social workers) do to better support construction workers?**

Approximately two thirds of all those surveyed stated mental health and wellbeing practitioners offering subsidised or fully funded sessions, and after-hours appointments would support construction workers better. A further 40% believed offering to meet onsite would be helpful while 38% would like mental wellbeing practitioners to be more visible in the community, online, and/or onsite. Over a quarter selected including whānau and/or support people as important for better supporting construction workers as well as offering video/phone sessions (23%). Less than ten percent stated there was nothing practitioners can do better to support construction workers while 6% made comments in the box provided.

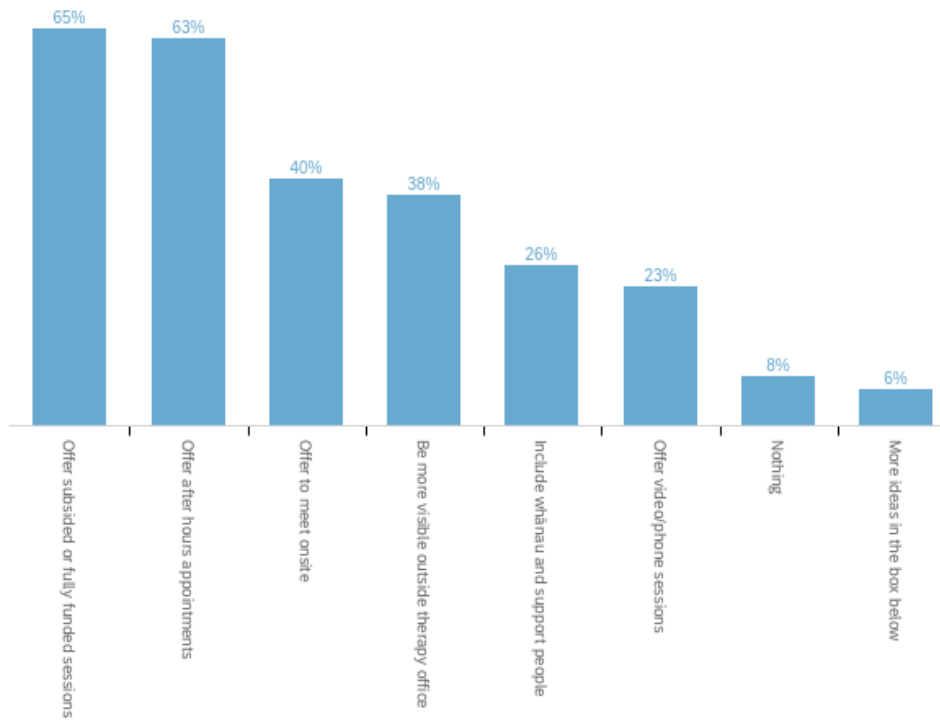


Figure 17 - Strategies for how MHWB practitioners could support participants better.

These comments included: offer onsite toolbox talks, work more in the Māori context, be more accessible, create a site/app/book where mental health and wellbeing information can be easily accessed, create programmes for business owners and managers to implement their own in-house wellbeing initiatives, and be more inclusive of different nationalities.

Deeper analysis of these results using respondents' demographic information: Those aged between 18 and 24 years were not as keen to meet a mental wellbeing practitioner onsite (27%) as the other respondents. More females selected they would like to be offered after hours appointments (91%) and for mental wellbeing practitioners to be more visible online, onsite, and in the community (61%). The inclusion of whānau and/or support person was most important for Asian respondents at 56%, followed by Māori at 50%, Pacific Islanders at 39%; however, only 18% of Pākehā/NZ European selected this option as important feedback for mental wellbeing practitioners. Meeting onsite was rated highest in the Pasifika subset at 56%.

## Thematic Analysis of the Comments

As part of the survey, respondents were given the opportunity to add any further comments or information they would like to make about mental wellbeing supports and initiatives for the construction industry. Unexpectedly, this garnered over one hundred comments and created the opportunity to investigate these through thematic analysis. The common themes were separated

into different sections which included personal factors, work-rated psychosocial risks, and other factors related to the wider construction sector, as well as other societal factors.

## Personal Factors

### *Personal Challenges – 5 Comments*

- Someone commented about language barriers causing challenges to accessing support.
- The consequences of divorce along with broken families were commented on.
- The impact of losing a family member to suicide was disclosed by two respondents.
- “My main stress in life has little to do with work and more to do with general societal issues...if anything work is a positive thing for my own mental health.”

### *Personal Mental Health – 5 Comments*

- Feelings of anxiety was commented on several times throughout the survey.
- Related to this was a comment suggesting the covid lockdowns increased awareness of anxious feelings “...slow but smothering feeling that came upon me during this period scared the shit out of me”.
- Another commented on their own mental distress and how there was little support available to them at the time. “I was in a bad spot once in construction myself...the only reason I didn’t jump off the 12<sup>th</sup> floor is because I had something to live for...and I thought about other people’s trauma onsite seeing that”.

Some of the comments were related to both personal factors and work-related psychosocial risks. Work/life balance is a personal factor as well as a work-related psychosocial risk because work pressure and stress are impacting on the construction workers’ personal time and mental wellbeing. The fear of consequences related to a few areas from personal finances, and licences to worry about to being the focus of gossip. Self-employment or working in isolation were discussed as challenges to accessing mental wellbeing supports. This relates to the lack of accessible supports across workplaces and worksites for numerous construction workers. Accepting gender differences was commented on, some felt mental wellbeing supports needed to be more focused on “men’s problems” while others commented that there needs to be more female representation in the industry. Access to mental health and wellbeing supports was one of the most discussed topics within the survey. It appears to be wide ranging from how to support a friend through a tough time, to getting time off work to go to mental wellbeing appointments, the cost of those sessions, finding a practitioner who has availability and/or is accessible near the construction worker’s location, or offers online sessions.

## Personal Factors and Work-Related Psychosocial Risks

### *Access To Mental Health and Wellbeing Support – 16 Comments*

- Personal challenges of getting time off work to go to appointments, and cost of sessions.
- Some discussed their willingness to support others when they are distressed but do not know what to say and where to send them for support.

- Better access to supports and mental wellbeing practitioners, with more funding and subsidies to help with the cost of sessions.
- In addition to the question within the survey, some respondents added more comments on the importance of them being offered after-hours appointments, online sessions, and meetings onsite.

#### *Work/Life Balance - 4 Comments*

- Comments related to working long hours and struggling to find the time for own leisure activities and mental wellbeing.
- One commented on feeling pressure to be more available for workplace during their personal time.
- “Pressure on men having to support a family and maintaining mental health.”

#### *Fear Of Consequences – 4 Comments*

- A number commented on worrying about seeking support from a mental wellbeing practitioner in case it affected them applying for mortgages or loans, and certain types of licences. This is a common fear in the rural sector as well, particularly for those who hold a gun licence.
- There were comments around the stigma of mental illness, fear about a lack of confidentiality, as well as worry about becoming “gossip fodder” and/or fear of being ridiculed by others.

#### *Sole Contractor/Self-Employed – 4 Comments*

- Some commented on the challenges of working alone and/or in isolation. Another discussed that in their region there were very few mental wellbeing supports available.
- “Difficult when working alone”.
- “No MH support options when self-employed”.

#### *Gender – 4 Comments*

- Gender features in a few comments. One commented that while poor mental health in the construction industry is viewed as a male problem, as more females enter the industry it will become a female problem too.
- “Talk about men’s problems”.
- “There needs to be more female representation in the industry...”

Many of the comments related to workplace and/or work site challenges. These were collated into themes commonly discussed within the health and safety sector as psychosocial risks. There appeared to be agreement among the respondents that work demands, other people’s harmful behaviour, and poor support, planning and communication were having an impact on the mental health and wellbeing of construction workers. Some commented on the pull to work overseas (particularly Australia) because of the poor pay rates in New Zealand.

## Work-Related Psychosocial Risks

### *Job Demands – 15 Comments*

- Multiple comments on long work hours, pressure, and main contractor demands.
- Also discussed was the lack of time to show inexperienced workers how to use tools (linked to poor support), which results in poor workmanship which adds more stress.
- “No one ever seems to address the time pressure and deadlines as the main cause”.
- “Poor health and safety implementation, poor work conditions, liquidated damages clauses”.

### *Harmful Behaviour – 12 Comments*

- Multiple comments related to discrimination and racism.
- Gaslighting
- “Heartless remarks” by superiors
- Threats
- Bullying, harassment
- “Misinformation”

### *Poor Support – 9 Comments*

- Multiple comments on managers or supervisors not being helpful, supportive, or approachable.
- One commented on the “lack of training around soft skills, people in positions of power/leadership with little to no training and support which fosters a stressful situation for everyone around that person”.
- “Need to support workers from overseas”.

### *Poor Planning and/or Communication – 8 Comments*

- “Poor design from engineers and architects have added to the stresses on workers in the industry, particularly site managers and project managers”.
- “...inexperience in the building industry...”
- “Very poor management of construction projects that put huge pressures especially on service trades to complete works in compressed timeframes”.
- “Clients and programmes drive most intense situations onsite...”
- One comment regarding their “new job – not sure what is available” suggesting a lack of adequate induction into their new workplace.

### *Inadequate Reward & Recognition (incl. income) – 5 Comments*

- Quite a few comments related to poor pay.
- Concerns about losing workers to overseas jobs (particularly Australia).

Of all the comments that were made by respondents, the majority were about the lack of support from wider industry, professional bodies/associations, and the government. While there was some discussion about the unhelpful mentality within the construction sector of ‘harden up’ as

well as comments on what they believe is not working as well as it could, the respondents also gave some examples of the supports and initiatives they would like to be offered. There appeared a strong desire for these supports to be meaningful, appropriate, accessible, and free (fully-funded).

## Work-related Psychosocial Risks and Construction Sector/other Wider Factors

### *Desire For More Construction Specific Support – 21 Comments*

- There were numerous comments related to onsite toolbox talks, and mental wellbeing practitioners getting onsite.
- Programmes for business owners to implement their own in-house wellbeing initiatives.
- Multiple comments stating there should be **free** counselling/mental wellbeing support for all construction workers.
- Need for more mental health and wellbeing practitioners available nationally and funded as part of the apprenticeship scheme.
- Moreover, comments related to more education and awareness which included statistics, so they feel like they are not alone in their struggle.
- Targeted programmes for minority groups.
- “Best way to connect is in person”.
- “...don’t necessarily understand MH challenges but want to know more about it and how to help others”.
- “Increasing awareness of hidden stressors and access to professional help”.
- “...teach resilience and give people the tools to handle stress and failures”.
- “It would be fantastic to see more promotions on build/construction sites for mental wellbeing support”.
- “It would be in the industries best interest to focus heavily on mental health and wellbeing.”

### *Industry Mentality and/or Current Mental Wellbeing Supports/Initiatives – 15 Comments*

- Multiple comments about the ‘harden up’ mentality within the construction sector.
- Current model of “relying on others rather than taking personal responsibility...easy avenue to blame others for not sorting out your problems”.
- “Industry very much stuck in the ‘don’t talk about it’ stance....talking about suicide does not encourage it”.
- “Our workplace has stopped us training with MATES in Construction due to the belief that it puts us in a dangerous situation, and we are not equipped to handle”.
- “The construction industry needs a massive overhaul with the management of mental health”.
- “A lot of the mental wellbeing that needs to be addressed comes from the industry culture...ambulance at the bottom of the cliff...need to start looking after our people...”
- “Hidden issue”

- “...toxic masculinity and ‘lad’ behaviour all breed a shit attitude of builders just need to be tough, rugged and have hard emotions”.
- “...phone helplines ineffective and impersonal”
- “...good awareness within major contractors and large-scale construction companies but very little is done for the small sub-contractors or smaller businesses around this topic”.
- “...even with all these resources men in particular feel they cannot reach out as they are meant to be seen as the supportive strong role in family and life...”
- “Construction has one of the worse suicide rates of any industry, so removing any stigma or barrier to entry is in everyone’s best interest. Issues with mental health is so problematic and is holding the industry back”.
- “As a tradie for over 15 years I have never seen any of the Mates in Construction type outfits anywhere, ever. So, what are they doing?”

#### *Tick Box/Band-Aid – 6 Comments*

- There were a few comments related to the idea that the mental health and wellbeing of construction workers is not taken as seriously as it could be.
- “It has to mean something... when you are going through something, getting an automatic text from a ‘well-being angel’ constantly doesn’t feel like they care, it’s just a box they are ticking”.
- “Construction companies say they care about your mental health with their safety documentation, but their actions show that their documentation is just a tick box exercise!”
- “Unfortunately, there is still a tick box mentality from some people regarding providing help to those in need...”

#### *Industry Bodies and Government – 4 Comments*

- Comments suggesting the government provisions lack meaningful support, lack sufficient funding, and lack of continued investment in support services across the board which also impacts construction workers.

In this chapter, the quantitative results were translated into statistical graphs and then summarised. Any sociodemographic information which highlighted significant differences were also noted. The thematic analysis of the comments identified personal factors, work-related psychosocial risks, as well as highlighting important challenges related to the wider construction sector. In the next chapter the key findings from the survey will be discussed further along with recommendations for potential mental wellbeing supports and future research opportunities.

## Chapter 6 - Discussion And Recommendations

In this chapter the key findings from the results of the survey and thematic analysis are discussed in more detail and are compared and contrasted with previous studies along with my own experience. These include the level of confidence participants felt when talking about mental health and wellbeing, the supports currently available in their workplace, and the supports they would like access to. A deeper analysis of the topics the participants are most interested in hearing about and how to get this information to them are also discussed. This chapter also provides feedback for mental wellbeing practitioners, and the wider construction sector as well as recommendations for a more collaborative affiliation between support services. Finally, I conclude this chapter with recommendations for potential mental health and wellbeing supports and services for future development, and specific areas for further research.

### Confidence To Talk About Mental Health and Wellbeing

As noted in the previous chapter, most of my participants felt confident or very confident to support a co-worker struggling with their mental health and wellbeing. This is an encouraging result especially when read in conjunction with the other questions put to my respondents regarding whether or not they would openly discuss their own mental health concerns with others. Nearly forty percent of the respondents stated they would reach out to their boss, manager, or supervisor, and a further third said they would discuss their distress with a co-worker. The confidence to support others is significant and means there will likely be a willing and supportive colleague should a person reach out to someone within their workplace and/or work site. This contrasts with the research findings of American construction workers (Gruttadaro & Beyer, 2021) who found that only 17% would openly discuss their mental health with supervisors, and 18% would openly discuss it with a co-worker. I believe this difference is related to our national campaigns to increase mental health awareness from organisations such as the Mental Health Foundation, and the health promotion division of Te Whatu Ora / Health New Zealand. Although a relatively new national initiative, MATES in Construction is also a likely contributor to workers more confidently seeking support as well as helping others struggling with mental distress. Judging by their social media posts, the MATES programme appears to be aimed at those employed in larger organisations. When analysing the results through the demographic information more deeply, it appeared that those who were more confident to talk about mental health were employed in larger businesses, this particularly applied to Asian and Pasifika respondents.

There were some differences in confidence within the participants related to ethnicity, age, and gender. As noted earlier, Asian and Pasifika felt more confident to support a distressed co-worker as well as reach out to their boss or manager and fellow colleagues. Pākehā/NZE were the least confident and/or willing to support others or talk about their own mental health. However, this was true for the Pākehā/NZE male participants only; female respondents

reported they were more confident to seek and offer support regardless of age, region, or ethnicity.

Those aged 18-24 years old were the least likely to discuss their own mental distress with a co-worker, and most unlikely to seek support from their boss, manager, or supervisor. This is worrying given my findings showed that most workplaces offer this as their main strategy to identify distress and/or enhance mental wellbeing. This younger age group did, however, state they are most likely to reach out to a mental wellbeing practitioner such as a counsellor, psychologist, social worker, or coach. It is probable that these young people had access to a guidance counsellor during their school years, and therefore seeking support is more normalised, with less stigma than in older age groups. The majority of the 18–24-year-old participants reported their occupation as apprentice. Given that the training wage rate for an apprentice is low, the cost of paying for a private mental wellbeing practitioner is likely to be a hinderance despite their confidence to reach out for support. Other participants preferred to seek support from people closer to home.

After partner, family/whānau and friends, the GP and/or doctor was fourth on the list of who respondents were most likely to reach out to if they were struggling with their mental wellbeing. Those aged 18-34 years and/or were employed in micro-businesses were more likely to reach out to a mental wellbeing practitioner than a GP; however, many medical practices now employ Health Improvement Practitioners (HIPs). These qualified and registered mental health professionals are an excellent short term support option for construction workers along with their capacity to refer people to other appropriate community services. However, the most significant challenges are the long wait lists for these community agencies. The alternative is a referral to private practitioners which people may not be able to afford and also depends on whether the practitioner has suitable appointment times available.

## Supports Currently Available in the Workplace

Construction workers are often advised to reach out to someone within their workplace and/or access the supports their employer provides (Love et al., n.d.; Walmsley, 2021; Wilson & Bryson, n.d.). Nevertheless, the responses from my participants suggest there are very few mental wellbeing supports and initiatives available to them.

When asked what strategies are currently accessible in their workplace to identify high stress and/or poor mental wellbeing, disturbingly, the majority of construction workers selected 'none'. Only slightly behind this was 'informal check-ins with the manager or supervisor.' These informal conversations and open-door policies with managers and/or supervisors were widely used across all business sizes, regions, and industry subsets. This raises the question - are these managers and supervisors equipped to support and advise construction workers struggling with their mental health? Where are these managers gaining their knowledge from? What supports are they providing? Where are they referring these construction workers to for

further support? Do the employees find these informal conversations effective in addressing their mental health needs? Answers to these questions are an area for further research.

Toolbox talks are typical health and safety practice on construction sites as well as an important part of staff meetings; however, only a quarter of respondents reported having regular toolbox talks which have a mental wellbeing component. The talks are an important aspect of workplaces to identify physical as well as psychosocial hazards under the Health and Safety at Work Act (2015). Asian respondents were the only subset to oppose this trend with half reporting toolbox talks as their most available support to identify stress and/or poor mental wellbeing followed by mental wellbeing audits. As discussed earlier, this ethnicity is more likely to be employed in larger businesses where according to my research toolbox talks appear to be utilised more frequently. This is likely due to many workers being on the same site at one time as opposed to sole traders or micro-businesses with few staff. Monitoring work hours was specified by only an eighth of all the survey participants despite this being a regularly endorsed strategy to identify high stress and/or poor mental wellbeing overseas (Bowen et al., 2013, 2014a, 2014b; Bradley et al., 2010; Leung et al., 2014; Lingard et al., 2012; Lingard and Francis, 2009; Turner et al., 2009). It is possible this is due to the high prevalence of sole traders and micro businesses in Aotearoa New Zealand and therefore there may not be a person whose role it is to monitor worker hours.

The size of each respondent's workplace had a direct correlation with access to in-house supports as well as external supports available to their workplace. Those employed in a micro-business reported significantly less access to mental wellbeing initiatives than those working within larger operations. Based on personal experience, I believe this is due in part to the lack of construction specific supports as well as the cost of external providers. This is evidenced by my findings that EAP was available to half of those working for large businesses and steadily declined to only being available to an eighth of respondents employed in micro-businesses. From personal experience, I believe, like many micro and small businesses, the return on investment (ROI) is questionable given the increased cost per employee per annum as well as the low utilisation of EAP services (Baskar et al., 2021). My research showed that those working in the South Island are more likely to be employed in residential construction companies with less than 19 staff. They are also less likely to have any mental health and wellbeing supports available to them compared to their North Island counterparts. This disparity of available mental wellbeing supports between islands was not expected and could be an area for further research.

Despite the findings from other researchers highlighting at-risk groups within the suicide statistics (Bryson et al., 2019; Jenkin & Atkinson, 2021; Wilson & Bryson, n.d.), 43% of Māori participants of my study reported there were no supports or initiatives from outside organisations available to their workplace with less than a third having access to EAP. There were similar findings among my participants who are tradies which is another group who has been identified as a high suicide risk (Bryson et al., 2019; Jenkin & Atkinson, 2021). With over forty percent of tradies also reporting there were no supports at all available in-house or from outside agencies, my research found there was scope for improvement for these at-risk groups.

## Potential Supports and Initiatives as Identified by Construction Workers

Previous research has asked business owner or managers what they thought their workers might want or need in the way of mental wellbeing supports (BDO, 2023; Bowen et al., 2013; Hanna & Markham, 2019; Hulls et al., 2020; Patching et al., 2018; Xero & MHF, 2019). However, my research project was unique because it sought the personal opinion of the construction workers themselves.

The results were clear in showing that the majority of those surveyed would like one-on-one support in the form of counselling (or similar talk therapy) and/or coaching (life and business). This was followed by mental health and wellbeing workshops as well as informal events in the form BBQs, team building, and fun days. EAP was separated out as a stand-alone entity within this survey despite its similarities to one-on-one support because some EAP providers offer additional services to talk therapy such as legal, medical, nutrition, and HR advice, while other EAP providers do not. In addition to the preference for one-on-one support, another third of respondents selected EAP as a support they would like made available to them along with construction-friendly wellbeing programmes.

Most respondents stated that in-person, onsite, and one-on-one were preferred. This was closely followed by industry wide events in a similar format to the informal activities discussed previously. There are a multitude of industry specific events run across the country every year, including professional development seminars, workshops, conferences, tool/ brand promotions, and annual award evenings. It is my belief there is scope to add mental wellbeing education and awareness into these events as well as the creation of industry specific wellbeing programmes.

Surprisingly support for gambling, alcohol and/or drug misuse was only wanted by one-fifth of respondents. Alcohol misuse has been identified as one of the significant stressors and contributors to poor mental health for construction workers by previous researchers (Bowen et al., 2014b; Bryson & Duncan, 2018; HPA, 2021; Lim et al., 2017; Lingard & Turner, 2015); however it does not appear to be a major concern for those I surveyed. From personal experience I expected that more construction workers would want mental health and wellbeing initiatives to be incorporated into continuing professional development (CPD), however only a few selected this as an option.

Technology-based supports and online webinars did not rate highly as preferred ways to access mental wellbeing supports and initiatives. This was somewhat unexpected and contrasts with the Small Business Wellbeing Report (Xero & MHF, 2019) which found 53% would like online resources and 18% wanted access to mobile apps. The low interest in digital based supports could be important feedback for construction's professional bodies and charity organisations who are currently using these avenues to share their mental health and wellbeing initiatives.

When asked who they think should be responsible for providing mental health and wellbeing supports, the construction workers surveyed consistently chose ‘employer’, ‘health and safety organisations’, ‘professional or industry body’, ‘government’, and ‘ACC’ within their top five choices. Unsurprisingly, apprentices selected apprentice training institutions as their first preference, and respondents employed within micro-businesses chose ‘government’ and ‘ACC’ as the ones they think are most responsible for providing support. There was no clear consensus across all subsets as to who should be responsible for providing supports. There were several comments from my participants suggesting that everyone should be contributing towards and/or providing supports. These findings challenge the current model of only two national industry-specific organisations being available to construction workers in New Zealand (i.e. MATES in Construction and Live Well Build Well), where one organisation is predominately suicide prevention, and the other focuses on supporting residential construction workers by sharing mental wellbeing skills on their online platforms. The topics discussed as part of the Live Well Build Well programme appear to be in line with the findings from my research.

Managing stress, work/life balance, and burnout was selected by almost three quarters of survey respondents as the topics they are most interested in learning about. This is consistent with international research by the likes of Lingard and Francis (2009), and Leung, Chan, and Cooper (2014) who have written extensively on these topics. The Revolutionaries of Wellbeing Group Ltd found that 74% of workplaces surveyed in their 2023 State of Workplace Wellbeing Survey had staff experiencing high levels of stress and/or burnout (ROW Wellbeing, 2023). Interlinked with stress management, work/life balance, and burnout, the respondents were eager for practical mental wellbeing tools and techniques for their work and personal lives.

The construction workers in the survey who selected the option that they were interested to learn more about how to support a friend or workmate through a tough time also ties in with their desire for education around mental illness and suicide prevention. I believe the national charity MATES in Construction who specialise in mental ill-health awareness and suicide prevention is the most appropriate organisation to meet this need.

Enhancing physical health with nutrition and injury preventions, as well as wellness and personal development, were also important. Given the long hours and physical nature of the work within construction, this is not surprising. Rehabilitating from injury can be difficult when a person is employed as a tradesperson as there are not many ‘light duties’ on construction sites. There is scope here for additional support services to be developed specifically for construction workers to address these challenges in order to enhance their physical and mental health, as well as their personal development.

Communication skills including conflict resolution, managing relationships, and/or family challenges were important for approximately one third of respondents. As a counsellor I expected these would feature higher up the topics of interest list given these are the main reasons why most people seek counselling support. These communication challenges as well as alcohol and/or drug misuse are common themes within the counselling room and have also

been identified as stressors for construction workers, yet they do not feature strongly as topics of interest. As has been found in the general population it is possible that alcohol and/or drug misuse is a strategy to combat or cope with stress (HPA, 2021) and, therefore, not seen as a concern for those surveyed. Incorporating education around substance misuse would be an appropriate addition to any stress management programme for construction workers.

The construction workers surveyed have been clear about the topics they believe would be of benefit for their mental health and wellbeing. This gives workplace wellbeing managers as well as employers and interested parties important information about how they can better support construction workers. When asked what would increase the likelihood of them engaging in supports and initiatives, approximately two thirds of respondents stated they were keen to do it just to enhance their own mental wellbeing. Others were keen on supports being incorporated into fun activities which included socialising and having paid time off work. Given it is a common strategy within the construction industry, it was expected that freebies, rewards, discounts, and free food and drink would feature high on the list, however it was listed as important for less than a quarter of respondents.

## Feedback For Mental Wellbeing Practitioners

Despite construction workers being over-represented in the suicide statistics they do not appear to reach out for support with mental health and wellbeing practitioners as often as other populations (Bryson & Duncan, 2018; Turner et al., 2009; Walmsley, 2021). When asked what practitioners could be doing better to support construction workers, two thirds of respondents stated they wanted subsidised or fully funded sessions. This was further confirmed in the comments box, which emphasised that the cost of seeking support from a mental wellbeing practitioner was one of the major barriers to seeking help. Also important for the respondents was the need for after-hours appointments. Given the usual working hours of a construction worker is 7am to 5pm, accessing support during office hours can be difficult. In my experience it is not standard for mental wellbeing practitioners to be paid extra when working outside normal office hours, therefore, there is little incentive to do so. This leaves a significant gap between the services required by construction workers, and the availability of practitioners. Given the expressed desire for one-on-one support during this survey, it is probable that more construction workers would seek mental wellbeing support if the sessions were funded and available outside standard working hours.

In addition to offering appointments outside standard office hours, most stated that meeting a mental wellbeing practitioner onsite would be helpful for my participants. This was confirmed in the comments box by some and discouraged by others. Younger construction workers (18-24 years) were the least keen to meet with a mental wellbeing practitioner onsite compared to those over 45 years. There were several comments about qualified mental health and wellbeing practitioners going to workplaces and/or worksites to discuss mental health and wellbeing during toolbox talks. Mental wellbeing practitioners being more visible in the community and online was most important for most of the female respondents and those aged 18-34 years. For

Asian, Māori, and Pasifika respondents having a support person and/or whānau included in the sessions was more important than meeting onsite.

The provision for video and phone sessions was wanted by nearly a quarter of respondents. Like me, there are a lot of counsellors who now offer video sessions in addition to face-to-face consultations. There are some mental wellbeing practitioners who exclusively counsel via online platforms (such as Zoom, Teams, Doxy-me) (Psychology Today, n.d.). It would be beneficial for mental health and wellbeing practitioners to be made aware of these specific needs, as stated by the survey participants, to facilitate smoother access to support. Also, it appears a freely accessible list of the mental wellbeing practitioners willing to do toolbox talks within workplaces and/or on worksites would be beneficial. Educating HIPs and GPs about the mental wellbeing supports needed by construction workers is recommended as these health professionals are as likely to be sought for help as mental wellbeing practitioners.

## Implications for the Wider Construction Sector

The comments written by the survey participants revealed some important topics which were not specifically asked in the survey. There was a mix of personal factors, work-related psychosocial risks, and construction sector and/or wider societal factors.

The personal factors were largely related to feelings of anxiety, relationship breakdowns, grief and loss, and the trauma of losing a loved one to suicide. These topics are common conversations in the counselling room and not necessarily specific to the construction industry. Support from a mental health and wellbeing practitioner would be entirely appropriate for these topics rather than expecting some type of workplace wellbeing programme or initiative to intervene and/or manage.

There were some comments which met the criteria for work-related psychosocial risks such as job demands, harmful behaviour, poor support, planning and/or communication. While the purpose of the survey was not to seek information or to analyse these psychosocial risks, they do have an impact on the mental wellbeing of building trades and construction workers. It is expected in late 2024 Worksafe will release its standards and framework for psychosocial health risk management which are aligned with the international ISO45003 Psychosocial Health and Safety at Work Guidelines (Worksafe, 2023). Presently the draft is still out for consultation and there appears to be some ambiguity as to who will be responsible for managing these psychosocial hazards if they are caused by someone or something outside a business (or workplace). These rules and regulations are rather straightforward for larger businesses who operate from one location and/or have little interaction with other businesses; however in construction there can be multiple independent subcontractors on one jobsite. Should there be an incident caused by one subcontractor impacting on another independent subcontractor – who is responsible? Currently the law states that the main contractor is responsible for mitigating the psychosocial hazard, yet they are often not on site and/or do not adequately follow up on the concern.

Some psychosocial hazards are caused by the main contractor, and it has an impact on the subcontractors, however because of the power imbalance (and the potential loss of revenue for the subcontractor) it is often overlooked. Examples of these were commented on within the survey including the poor management of construction projects that add huge pressures on service trades to complete works in compressed timeframes. Others also commented on the challenges of time pressures stating they drive some of the most intense situations onsite, and the belief that time pressures and deadlines are the main cause of poor mental wellbeing in the construction industry. These comments are significant because the time pressures and deadlines have been identified as compounding stressors for construction workers (Bryson & Duncan, 2018), and a contributing factor for tradies who have died by suicide (Bryson et al., 2019), however, there does not seem to be an easy fix. We can keep ‘treating’ the symptoms but what about addressing the cause?

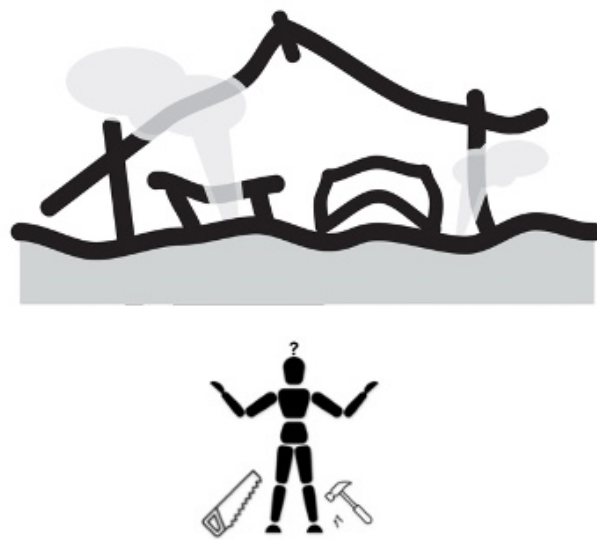
The Construction Sector Accord (2022) Transformation Plan stated that wellbeing, health, and safety for all people was a priority focus area, although since the change of government this appears to have been terminated (Construction Sector Accord, 2022; NBR, 2024). For there to be meaningful change for the construction industry there needs to be more avenues for the workers to have a voice to share their perspective and lived experience. Apart from researching the coronial reports of the tradies who have died by suicide and my own research project which surveyed the living, there does not appear to be many incidents where the building trades and construction workers are themselves asked what is impacting their mental health and wellbeing and what supports and services would be most helpful to them. We have academics and social scientists making suggestions on what workers can do to boost their mental health; however, I do wonder how many have ever been on a construction site with a tool in their hand or have any lived experience of the stressors and challenges. The Construction Sector Transformation Plan may well have created change for large construction businesses; however, I question whether it would have addressed the needs of micro and small business owners who clearly stated in my research they want one-on-one support and in-person trainings to address the challenges of stress and burnout.

The discontinuing of the Construction Sector Accord may solidify for some that the concerns of construction workers were not taken seriously. Some of my participants commented on the industry having one of the worst suicide rates of any industry, and removing any stigma or barrier to entry is in everyone’s best interest. Others stated the issues with mental health is so problematic, they believed it is holding the industry back. The termination of the Construction Sector Accord Transformation Plan removes a significant component for collaboration with other likeminded organisations to create meaningful change.

## Collaboration for Meaningful Change

The Māori models for health and wellbeing Te Whare Tapa Whā and Whare Tapa Rima are widely used across education, health, and social services due to its relevance for all people

regardless of their ethnicity or cultural background (Durie, 2001; Fielden et al., 2020). When the models are incorporated into the construction sector there seems to be a disconnect between the lived experience of the workforce and the intention of the models' implementation. The impacts of external pressures such as tight deadlines, long working hours, hard physical labour, high job demands, and low profit margins flow onto the individual building trades and construction worker. At present, it seems that a person needs to collapse (or their whare has collapsed) before appropriate supports and services are activated to help (see Figure 18). Even then, the supports are limited with only MATES in Construction and Live Well Build Well available nationally.



*Figure 18 - Current approach to MHWB in construction sector (author's own).*

Continuing the building analogy, the industry as a whole has very few tools in the mental wellbeing toolbox. We may borrow tools from other industries, but are they fit for purpose for construction? A house is not built without first doing an assessment of the ground the house will be built upon (e.g. geotechnical report). If a house is built on unstable or unsuitable ground, it is likely to collapse. In New Zealand, most of us have needed to build our houses to withstand earthquakes. In some areas there may be environmental conditions which require specialist materials. Despite understanding the concept that we need to do an environmental scan and build to the conditions with specialised products, we do not follow the same process when it comes to the mental health and wellbeing of construction workers.

The results of my research allow insight into the supports and initiatives most needed by the Aotearoa New Zealand construction workforce. Rather than advising people they need to look after their own health - wairua (spiritual), tinana (physical), hinengaro (mental and emotional), whānau (family and social), and whenua (land or roots), we need to work in collaboration to create scaffolding to protect and strengthen their resolve. Clearly this is not a one-and-done

support service, it requires collaboration across government, industry, workplaces, workforce, individuals, whānau, and multiple specialised (in construction) support agencies and services. Just as we have specialist building products to combat the conditions of at-risk zones, there will be some individuals who will require more specialised supports (scaffolding) than others. For example, Māori are overrepresented in the suicide statistics, therefore an increase in support specifically tailored for Māori is appropriate. Another example is creating supports for those where English is their second language. Some will gain strength from the support, and then go on to use their learnings to strengthen and support others. The end goal should be to reduce the need for the scaffolding to build a thriving construction workforce.

A collaborative approach means there could be more organisations identifying issues, researching opportunities for change, gathering data, and reviewing the impact. For there to be sustainable, effective change for the industry workforce, we need to first investigate the whenua/ground beneath the construction worker’s whare (see Figure 19). To expect the workforce to attend to their own mental health through the Five Ways to Wellbeing, or only four of the five elements of Whare Tapa Rima (often misidentified as Te Whare Tapa Whā) without the industry leaders and government attending to external factors which impact them is unrealistic.

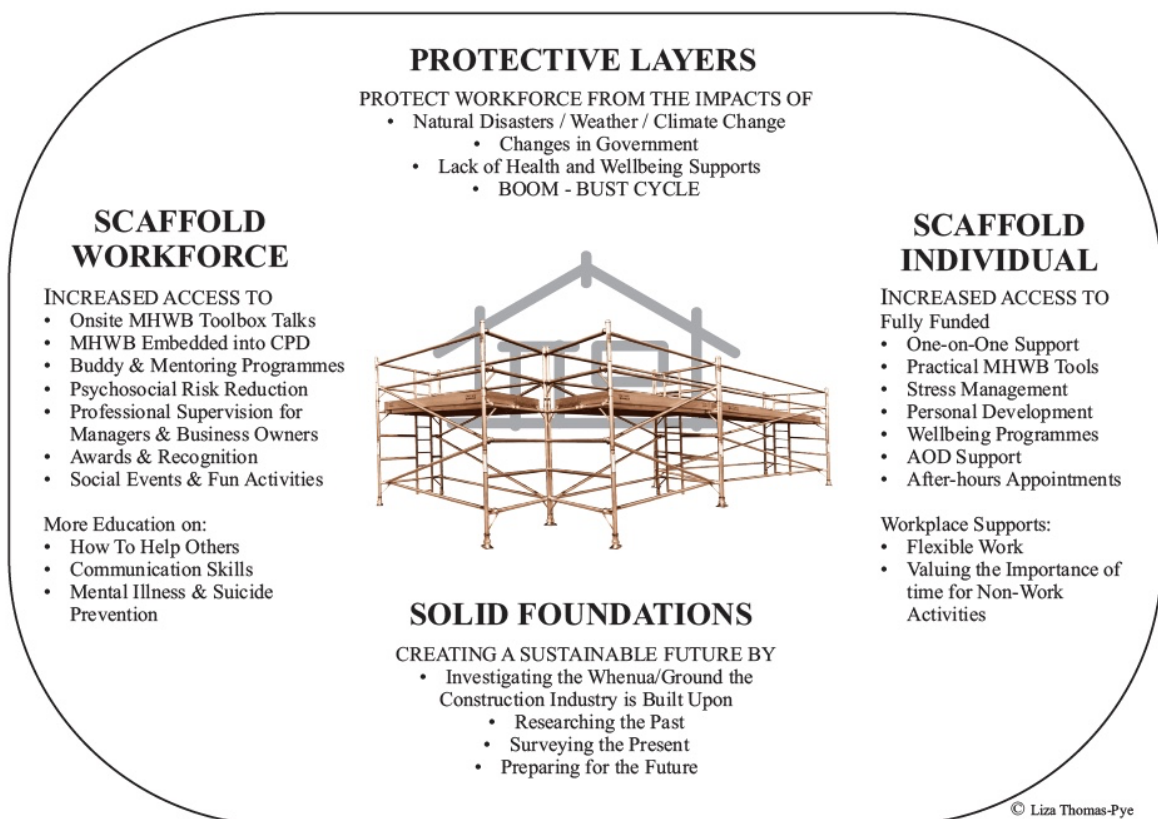


Figure 19 - Construction Wellbeing Model (author's own).

For there to be sustainable transformation within the construction industry we need to learn from the past, survey the present, and prepare for the future. I believe this requires a holistic

interdisciplinary approach which includes the opportunity for all subsets of construction to be heard and supported, not just the large organisations in the industry.

At present, there appears to be an unspoken friction and lack of collaboration between the very limited support services that are available to construction workers. It is possible this is due to the very limited funding options available to support agencies. I have heard concerns that without understanding the unique climate and needs of New Zealand construction workers, investing in ‘imported’ initiatives, may not be as successful here as they are overseas. It could also be the differing views on how the complexities of mental health and wellbeing ‘should’ be discussed and/or resolved. These barriers are detrimental to the mental health and wellbeing of the workforce and counter-intuitive to the shared vision for the construction sector to see a meaningful reduction in the levels of poor mental wellbeing and high representation in suicide statistics.

Government agencies such as Worksafe, MBIE, and ACC might increase the legislation and strengthen regulation compliance, however it is doubtful it will create any meaningful change while the root causes are not acknowledged and/or mitigated, and the workforce is void of appropriate mental health and wellbeing supports. There needs to be protective layers against the boom/bust cycle, increased costs, changes in government, and impact of climate change. Working in collaboration with the building trades and construction workers during this research project has garnered insight as well as their opinion on practical options for boosting the mental wellbeing of the workforce. My construction wellbeing model (see figure 19) provides a framework on which all likeminded individuals and organisations can collaborate. While absolutes are impossible and do not guarantee the reduction of the suicide statistics of construction workers, my study produced an impressive amount of valuable information about how we can support building trades and construction workers better.

## Recommendations for Support Services

- Immediate - It would be beneficial for young construction workers to have immediate access to free unlimited mental wellbeing support funded by government as part of their apprenticeship.
- Immediate - Additional targeted support for Māori, and those on-the-tools due to the high representation within the suicide statistics for both groups.
- Immediate – short term - Females not only feel more confident to support others struggling with their mental health; they are also most likely to be the partner of a male construction worker (although it was not specified there is an assumption the majority of male respondents were in a heterosexual relationship). Additional practical support educating this group on how to help others would be appropriate.

- Immediate – short term - Seek sustained funding options to subsidise one-on-one mental wellbeing support for all construction workers.
- Immediate – short term - Advice and support for the partners, family, and whānau of construction workers who are most likely to reach out to them when experiencing mental distress.
- Immediate – short term - Widespread advocacy for HIPs to be a viable option to support construction workers.
- Immediate – short term - Promote MATES in Construction, Building Wellness Taranaki, Live Well Build Well, and similar organisation as providers of mentoring programmes, shared experience, mental ill health awareness, and suicide prevention trainings.
- Short term - Educating mental wellbeing practitioners, GPs, HIPs, and allied health professionals on the specific challenges construction workers are facing as well as share the respondents' feedback regarding appointments outside office hours and the cost of sessions.
- Short term - Create a list of qualified mental wellbeing practitioners who are willing to provide onsite sessions and/or mental wellbeing toolbox talks.
- Short – medium term - Creation of construction specific evidence-based trainings and workshops to be delivered by qualified mental health practitioners on stress management, work/life balance, burnout as well as share practical tools and techniques to boost mental wellbeing.
- Short – medium term – Implementation of a professional supervision programme to support and educate business owners, managers, and supervisors to better assist employees who are struggling with their mental wellbeing.
- Medium term - More targeted support for micro and small businesses who are the least likely to have access to mental health and wellbeing supports, particularly on a one-on-one basis.
- Medium – long term - There is scope for additional support services to be developed specifically for construction workers to enhance their physical and mental health as well as their personal development.
- Long term - Lobby for more access to qualified mental health and wellbeing practitioners nationally.

## Opportunities For Further Research

- There were some significant differences between the North and South Islands. Respondents from the South Island appear to be predominately working in residential construction and employed in micro-businesses. Despite participants from the South Island being more eager for one-on-one support, they appear to have less access to mental wellbeing supports and initiatives as well as working longer hours for less income. Given the specific focus on residential construction workers by the likes of Live Well Build Well, it is recommended these disparities are researched further.
- Survey mental wellbeing practitioners about how many building trades and construction workers they have supported over the past year, and what the concerns/challenges were that instigated the construction workers to seek support.
- Engage in qualitative research following the implementation of mental wellbeing supports and initiatives for construction workers would be useful for studying long-term outcomes and analysis of what services were most beneficial.
- Longitudinal studies into the mental wellbeing of young people who are new to the building trades and construction industry to establish whether mental distress increases or decreases with time employed in the construction industry and their perceived stressors. This could also investigate the reasons why people decide to end their construction career. Another focus could be on female construction workers and the impact of the sector on their mental wellbeing.

## Communicating my Findings

(Section redacted)

### Sharing My Project with a Wider Audience

Given that the overall intention of my research project was to generate awareness, build my reputation as a thought-leader, and foster collaborative relationships with like-minded people, I will in the coming weeks share an adapted version of my executive summary (see Appendix 9) with key findings from the survey with:

- Site Safe NZ
- Roofing Association NZ
- Plumbers, Gasfitters, Drainlayers Board
- Master Brick and Blocklayers
- Scaffolding, Access, and Rigging NZ
- Archipro
- One Tradie at a Time

- Turn the Corner
- The Wānaka App
- Live Well Build Well
- Te Pūkenga (New Zealand Institute of Skills and Technology)
- Ministry of Business, Innovation and Enterprise
- Ministry of Health
- CHASNZ
- Master Plumbers
- Master Builders
- NZ Institute of Building
- BRANZ
- MATES in Construction
- Multiple construction businesses and individuals who expressed an interest in receiving a report of the findings.

The links to the report will also be available via LinkedIn, Instagram, and Facebook.

(Section redacted)

In this chapter, I discussed the findings of my survey, which included the lack of mental wellbeing supports currently available to building trades and construction workers as well as potential initiatives for the future. I provided valuable feedback for mental wellbeing practitioners as well as the wider construction sector about how they could be supporting the workforce better. I discussed the need for collaboration to create sustained and meaningful change for the whole construction industry. I explained my construction wellbeing model and made recommendations for mental wellbeing supports and future research. I also explained how my findings have been communicated to relevant stakeholders and interested parties. In the next chapter, I conclude the research section of my thesis.

## Chapter 7 - Conclusion

Throughout my research project, I have had the needs of fellow construction workers at the forefront. My aim was to provide a platform for building trades and construction workers to voice their needs and facilitate the implementation of appropriate mental health and wellbeing supports. I investigated what was currently available to them (which is very little) and what they would like available to them in the future. I have identified the psychosocial risks which were highlighted during the thematic analysis of their comments as well as provided tangible evidence and practical solutions. I created a holistic model which encourages collaboration by building upon the renowned Te Whare Tapa Whā and Whare Tapa Rima models. My construction wellbeing model encourages research into the whenua/ground beneath our workers, supports the creation of new initiatives to scaffold them, as well as calls for the government and industry leaders to create protective layers from the external factors which affect the industry. My research contests the theory that construction workers are ‘hard to reach’. The findings as a whole show there is a desire and need for better access to funded mental wellbeing initiatives and supports for building trades and construction workers. It seems that the true story is these supports are the ones that are ‘hard to reach’. With this important body of information there should now be a new holistic and collaborative focus to begin to doing things better.

“What you leave behind is not what is engraved in stone monuments,  
but what is woven into the lives of others.”

Greek Philosopher Pericles

## **Chapter 8 – Critical Reflection (Redacted)**

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# Appendices

## Appendix 1 – Ethics Approval Letter



16 August 2022

Liza Thomas-Pye  
c/- College of Work Based Learning  
Otago Polytechnic  
Private Bag 1910  
Dunedin 9054

Dear Liza

**Ethics approval for project**

**Reference Number:** 967

**Application Title:** *Mental wellbeing among site-based construction workers: Current initiatives and potential for the future*

Thank you for your application for ethics approval for this research project.

This letter is to advise that the Otago Polytechnic Research Ethics Committee review panel has approved your application following the amendments made in response to feedback.

This protocol covers the following researchers: Liza Thomas-Pye.

Project approval is valid for three (3) years from date of letter, and only while the researcher is undertaking their programme of study at Otago Polytechnic, if applicable.

If you decide not to go ahead with your research, or need to postpone or make any significant changes (methodology, participants etc.) please notify OPREC for amendment approval.

We wish you well with your work and remind you that at the conclusion of your research to send a brief report with findings and/or conclusions to the Ethics Committee.

All correspondence regarding this application should include the project title and reference number assigned to it.

Regards



Dr. Liz Ditzel  
Chair, Otago Polytechnic Research Ethics Committee

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## Appendix 2 – KTO Consultation

### Kaitohutohu Office Consultation

*Is the research conducted by Māori?*

No

*Will the research include Māori participants?*

Yes

*What differences might Māori representation bring to your research?*

My research project asks for opinions of what hauora/wellbeing initiatives, resources, interventions might be helpful to the trade and construction workforce. Given that 21.3% of trade and construction workers lost to suicide over the past 12 years were Māori, I see it as essential to engage with them and provide a space to voice their needs. Without Māori participation, I would consider my research as incomplete, and therefore it would have limitations academically, as well as for practical outcomes for trade and construction workers.

*How does tikaka (appropriate ways of doing things) support respectful and appropriate inclusion of Māori participants?*

The research project is completely anonymous, voluntary, and open to all those who are employed in the trade and construction industry. Whilst in research projects it would be completely appropriate, I have chosen not to offer a koha or gift in this instance. The reasons are to ensure that anonymity is not compromised, and also to avoid any incidences of coercion. Inviting all participants, including Māori, the opportunity to engage and voice their opinion on what would be helpful to promote hauora/wellbeing for themselves, their colleagues, workplaces, whānau, and wider community is in keeping with the principals of Te Tiriti o Waitangi, by supporting respectful and appropriate inclusion.

*In what way are the results likely to be of specific interest or relevance to Māori?*

According to MBIE (2015), construction is the fifth largest industry employing approximately 40,000 Māori, and that figure is only rising with the increase in people entering apprenticeships. My research will seek their opinion to create specific resources to support and promote hauora/wellbeing. The research will be available to be shared with appropriate industry bodies and/or organisations to ensure effective frameworks, resources and interventions are created to boost hauora/wellbeing for Māori.

*How might the research benefit Māori?*

As above, the research benefits Māori by giving them a platform to voice opinion, co-create ideas, frameworks, initiatives, and interventions which are appropriate and specific to Māori who work in the trade and construction industry. It is possible the research project could be replicated for other industries where Māori are strongly represented.

*What mātauraka Māori (Māori or indigenous knowledges) might your research explore, connect to, or incorporate?*

My research is based upon connecting to, and then hopefully contributing to, Sir Mason Durie's Te Whare Tapa Whā model of holistic health and wellbeing/hauora. The results of the research will be viewed through this lens, and participants' suggested initiatives,

resources and interventions will be grouped under one of the whare structures which make up the Māori Health Model. These are shown below.

(Image redacted) Mental Health Foundation. (2022). *Te Whare Tapa Whā*. Retrieved from <https://mentalhealth.org.nz/getting-through-together/wellbeing-for-parents-and-whanau/te-whare-tapa-wha-GTT>

*What connections might your research nurture with iwi and hapū?*

Given the large number of Māori employed in the trade and construction industry, the research might foster new understanding, collaboration, and engagement among those who work within construction, as well as organisations supporting the workforce. A recent report for the Māori Economic Development Advisory Board by the Ministry of Business, Innovation and Employment called *Building a Future: Māori in the Construction Sector* (2015) shows there is a clear commitment to support Māori already employed in the industry, as well as encourage more to become part of it. Research shows us the trade and construction industry is high risk - physically, financially, and emotionally. In my view, it is important that we make sure the industry is safe not just physically, but mentally and emotionally too. To date, there has been no research (in New Zealand or globally) which asks the onsite trade and construction workers what they believe they need and/or want to improve their hauora/wellbeing. Consulting and collaborating with them (and specialist training organisations such as the Māori and Pasifika Trades Training or MPTT) to co-create industry appropriate interventions/initiatives will have a flow-on effect for whānau, iwi, and hapū.

*What potential effects on encouraging the flourishing of tikaka me te reo Māori (Māori culture and language) might your research have?*

With appropriate consultation and development by Māori, the results from the research will likely be used to create culturally unique initiatives for all people working within the construction industry. Because of its effectiveness, Te Whare Tapa Whā model is widely used in the social services, education, and health and wellbeing industries. It is starting to be used more within the trade and construction industry. My research will hopefully contribute to encouraging the utilisation of hauora concepts for the trade and construction workforce, and encourage its integration into 'standard' health and safety policies and procedures.

*How does the research demonstrate Te Tiriti o Waitangi (Treaty of Waitangi) (for variations on what Te Tiriti principles are see e.g. Royal Commission on Social Policy, 1988; Waitangi Tribunal, 2019 (Wai 2575); Fourth Labour Government, 1989).*

The research demonstrates aroha for the trade and construction workforce. I have lived experience of the workplace and wider industry culture, and genuinely care about these people. The research shows partnership and inclusive participation. The research will be of little value without the input from the people who are employed in the trade and construction industry. The results will help develop initiatives, resources and interventions which have been co-designed with the workers' opinions at the forefront. The research project respects that the trade and construction industry is unique, and seeks to find appropriate outcomes for the workforce. The ultimate goal of the research is to boost hauora/wellbeing and lessen mental distress which can lead to suicide.

References:

Ministry of Business Innovation & Employment (MBIE). *Building a Future: Māori in the Construction Sector report*. February 2015. Retrieved from <https://www.mbie.govt.nz/dmsdocument/1065-hkkar-construction-report-february-2015-pdf>

## Appendix 3 – KTO Response

Whāia te pae tawhiti kia tata. Whāia to pae kiā maua.  
Pursue the distant horizons so that they may become your reality.

Office of the Kaitohutohu Māori Research Consultation Feedback

Date: 16 August 2022

Researcher name: Liza Thomas-Pye

Academic mentor: Jo Kirkwood

Department: CWBL

Project title: Mental wellbeing among site-based construction workers: Current initiatives and potential for the future

Your research seeks to gain insight into ways that could promote mental health and wellbeing for trade and construction workers. Your research will conduct a structured online survey investigating (i) construction workers' will to engage with mental health and wellbeing support amongst their work colleagues and management; (ii) what mental health and wellbeing initiative they might engage with and how frequently this might be; (iii) comprehensive demographic information. This range of demographic information will allow you to analyse across groups, including importantly in terms of Te Tiriti o Waitangi (The Treaty of Waitangi), in accordance with ethnic and cultural differences.

You note a range of avenues to recruit participants including Māori & Pasifika Trades Training, which we are pleased to see. You recognise that many Māori work in the construction and trades industries. Further, you note that suicide in the trade and construction industries negatively affect Māori and the consequence importance this creates for including Māori representation in your study. Koha is often provided and an appropriate tikanga in research (we are confident the manaaki of koha and reciprocity it shows outweighs and fear of coercion, so long as the koha is not unbalanced. However, in the case of a large survey like this it is also appropriate that koha is simply in the form of a thank you message to participants (can this be automated in the survey software to continue to maintain strict anonymity?).

You anticipate using Te Whare Tapa Whā to help consider wellbeing and health in a holistic way. It might be useful to also consider some wider models, if time allows, looking at Rose Pere's Te Wheke and Te Pae Mahutonga. These will give you a broader sense of thinking about health and wellbeing from a Māori perspective. Some other texts that may be useful to support your work, which you may have looked at already are Maruiti 2027 Safehaven; and 'Haumarū Tāngata: keeping our whānau safe

We wish you all the best for your research and are available for further consultation and support should you feel it is useful. Kā manaakitaka ki tō rakahau.

Unlocking the innovation potential of Māori knowledge, resources and people.

Name: Scott Klenner

Position: Tumuaki: Rakahau Māori | Director: Māori Research, Otago Polytechnic

### **Mental health and wellbeing supports for NZ construction workers: Current initiatives and potential for the future**

To date there has been little to no research which has asked NZ building trades and construction workers what initiatives they need and/or want to boost their mental wellbeing.

My name is Liza Thomas-Pye. I'm a tradie's wife, co-owner of a building trade business, NZAC registered counsellor and mental wellbeing coach. This research survey is part of an Otago Polytechnic Master of Professional Practice seeking to better understand how mental health and wellbeing supports can be specifically designed for the building trades and construction industry workforce.

Any workers over the age of 18 years employed within the NZ building trades and construction industry are invited to participate. This is regardless of role (apprentice, professional, technical, manager, etc), subset (residential, civil, etc), or size of workplace. Should you agree to take part in this project you will be asked to answer 25 questions in an online survey. It shouldn't take more than 20 minutes.

The survey is completely anonymous. No identifiable details will be asked or stored (eg name, email, phone). The link to the survey is not monitored in any way to link back to your location.

You can decline to participate without any disadvantage to yourself. You can stop participating in the project at any time without having to give a reason, up until the submit button is pushed at the end of the survey.

Because the survey is completely anonymous, you cannot withdraw any information that has already been supplied after submitting. You can refuse to answer any question – just leave it unanswered and skip to the next question.

Results of this project may be published but any data included will in no way be linked to any specific participant.

The data collected will be securely stored in such a way that only those mentioned above will have access to it. Any raw data on which the results of the project depend will be retained in a secure location for seven (7) years on a password protected laptop after which it will be destroyed. All data from a project will be stored on the OP research data repository. It will be disposed of after seven (7) years, by the organisational management system according to Institutional policy and the relevant storage acts.

If you have any questions about the project, either now or in the future, please feel free to contact Liza Thomas-Pye (redacted) or Jo Kirkwood (redacted)

By clicking the button below, you acknowledge:

- Your participation in the study is voluntary.
- You are 18 years of age or over.
- You are aware that you may choose to terminate your participation at any time for any reason before pushing the submit button at the end of the survey.

Do you feel confident to support a co-worker who is struggling with their mental health and wellbeing?

- Very confident
- Confident
- Not confident
- I wouldn't offer my support
- Don't know or prefer not to say

Do you feel confident to support a co-worker who is struggling with their mental health and wellbeing?

- Very confident
- Confident
- Not confident
- I wouldn't offer my support
- Don't know or prefer not to say

Would you openly discuss your own mental health concerns with your boss, manager or supervisor?

- Yes
- Maybe
- No
- Don't know or prefer not to say

Would you openly discuss your own mental health concerns with a co-worker?

- Yes
- Maybe
- No
- Don't know or prefer not to say

Who are you most likely to openly discuss your own mental health concerns with? Please select as many options as needed.

- Partner
- Family, Whānau
- Friends
- GP / Doctor
- Mental wellbeing practitioner - counsellor, psychologist, psychotherapist, social worker, coach
- Priest, Minister, Kaumātua
- Boss, manager or supervisor
- Work mate
- Specially trained workplace buddy, mentor or 'connector'
- No one
- Don't know or prefer not to say
- Other - please specify

In this section we are asking what strategies are in place to identify mental distress, as well as what mental health and wellbeing supports or interventions are currently available in your workplace. Please select as many relevant options as needed.

What is currently available to identify high stress and/or poor mental wellbeing in your workplace?

- Informal check-ins with managers or supervisors
- Mental health and wellbeing toolbox talks
- Staff surveys
- Monitoring work hours
- Peer support or mentoring from fellow co-worker
- Health checks with nurse or GP
- Stress/fatigue/mental wellbeing audits
- Tech based check ins such as phone app, online, digital platform
- Other - please specify
- None

What approaches are currently available 'in house' to support and/or enhance mental wellbeing in your workplace?

- Open door policy with managers or supervisors
- Informal check-ins
- Informal events such as BBQs, team building, fun days with games/sport etc
- Flexible working (flexi hours, part time, work from home, job sharing, etc)
- Buddy or mentoring system incl. 'connectors' - eg MATES in Construction
- Regular 'Toolbox Talks' which include information on mental wellbeing
- Tech based support (ie phone app, website, digital platform)
- Information via newsletters, emails, posters, fact sheets
- In house Workplace Wellbeing Programmes
- Awards or acknowledgement of success
- Other - please specify
- None

What supports are provided by your workplace but delivered by other 'outside' organisations to support and/or enhance mental wellbeing?

- Employee assistance programmes or EAP
- Workplace Wellbeing Programmes
- Wellness and Personal development programmes
- Mental health and wellbeing awareness workshops/training
- Health checks and/or similar initiatives
- Support for alcohol and/or drug misuse
- Guest or motivational speakers
- Other - please specify
- None

The following questions are focused on what supports and interventions you think would be useful to promote mental health and wellbeing for the building trades and construction industry workforce. Please select as many options as needed.

What mental wellbeing supports & initiatives would you like made available to you regardless of region, role, or size of workplace? Please select as many options as needed.

- Employee assistance programmes or EAP
- One-on-one support such as counselling, life, business and/or financial coaching
- Information via newsletters, emails, posters, fact sheets
- Tech based support such as phone app, website, digital platform
- Construction friendly wellbeing programmes
- Mental health and wellbeing awareness seminars/workshops/training
- Events with motivational speakers offering strategies to build mental wellbeing skills
- Wellbeing information incorporated into CPD - Continuing Professional Development
- Regular 'Toolbox Talks' which include information on mental wellbeing
- Buddy or mentoring system incl. 'connectors' - eg MATES in Construction
- Informal events such as BBQs, team building, fun days with games/sport etc
- Awards or acknowledgement of success
- Support for problem gambling, alcohol and/or drug misuse
- Other - please specify
- None (15)

What are the best ways to get these mental wellbeing supports & initiatives to you regardless of region, role, or size of workplace? Please select as many options as needed.

- In person or onsite workshops and trainings
- Online webinars
- One-on-one support
- Print based information via newsletters, posters, fact sheets
- Tech based support such as phone app, website, digital platform
- Wellbeing information incorporated into CPD - Continuing Professional Development
- Industry wide events such as BBQs, team building, fun days with games/sport etc
- Other - please specify
- None

Who do you think should be responsible for providing these mental wellbeing supports? Professional or Industry Body you are registered with (eg PGDB, LBP, EWRB)

- Apprentice training institutions- eg Te Pūkenga, Apprentice Training Trust
- Employer
- Self/employee
- Charity (or similar type) organisation
- Government
- ACC
- Health and Safety Organisations such as Site Safe or CHASNZ
- Other - Please specify

What mental health and wellbeing topics are you most interested in learning about?

- Practical mental wellbeing tools and techniques for work and life
- Mental illness awareness and suicide prevention
- How to support a friend/workmate going through a tough time
- Managing stress, work/life balance, burnout
- Enhancing physical health, incl. nutrition, injury prevention
- Wellness and personal development
- Support for problem gambling / alcohol and/or drug misuse
- Managing relationships and/or family challenges
- Communication incl. conflict resolution
- Flexible working incl. flexihours, job sharing, 4 day week
- Other - please specify
- None

What would increase your likelihood to engage in mental wellbeing supports and initiatives?  
I'm keen to do it just to enhance my mental wellbeing

- Paid time off work
- Freebies, rewards, discounts
- Free food and drink
- Fun activities eg golf, surfing, games
- Meeting others and socialising at events
- Acknowledgements and awards
- Nothing - I don't need it
- Other- please specify

What can mental health and wellbeing practitioners (counsellors, psychologists, social workers, etc) do to better support construction workers? Please select as many options as needed.

- Offer after hours appointments
- Offer to meet onsite
- Include whānau and/or support people
- Be more visible - on social media/in the community/online/onsite
- Offer subsidised or fully funded sessions
- Offer video/phone sessions
- Nothing
- More ideas in the box below

Are there any final comments or information you would like to add about mental wellbeing supports and initiatives for the construction industry?

This last section is collecting demographic information to help us understand similarities and differences among the building trades and construction industry workforce so that targeted supports and interventions can be created.

Which area of NZ do you predominately work?

- Northland
- Auckland
- Bay of Plenty
- Waikato
- Hawkes Bay
- Taranaki
- Manawatu
- Wellington
- Nelson/Marlborough
- Westland
- Canterbury
- Otago
- Southland
- Other - Please specify

How old are you?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

Which one of the following best describes your gender?

- Male
- Female
- Non-binary / third gender
- Prefer not to say
- Other

Please select as many as needed to describe your ethnicity.

- Māori
- Pacific Islander
- Pākehā / NZ European
- Asian
- Other - please specify

Which one of the following best describes your relationship status?

- Single
- Married/Civil Union/De Facto
- Separated/Divorced
- Widowed
- It's complicated
- Prefer not to say

Do you have children?

- Yes
- Yes - but not living at home
- No
- Prefer not to say

What is your annual income?

- \$1-\$14,000
- \$14,001-\$48,000
- \$48,001-\$70,000
- \$70,001-\$180,000
- \$180,001 +

On average, how many hours do you work each week?

less than 20hrs

- 20-30 hours
- 30-40 hours
- 40-50 hours
- 50-60 hours
- 60+ please specify

Which one of the following best describes your employment type?

- Full time (wages or salary)
- Self employed
- Casual
- Part time (wages or salary)
- Other

What is your role and occupation within construction industry?

- Administration/Customer Service/Retail
- Labourer
- Apprentice - Please specify
- Tradesperson - Please specify
- Office based technician (eg quantity surveyor, architect, engineer, etc) - Please specify
- Business owner and/or management - Please specify
- Other - please specify

Which area of construction do you work in most of the time?

- Residential
- Civil
- Industrial
- Commercial
- Other - please specify

How many employees are there within your workplace?

- 1
- 2-5
- 6-10
- 11-20
- 21-50
- 51-99
- 100+ - please specify

Appendix 5 – Survey Poster for Print, Email, and Media  
Redacted

## Appendix 6 – Example of Email

Hi there,

I'm enquiring about the possibility of your organisation sharing my research survey across its media platforms. The research is to collate information about the mental health and wellbeing supports currently available in the construction sector, and also what construction workers state they would like provided in the future.

The results of the research will be freely available at the conclusion of the research project for anyone to access.

**About me:**

My name is Liza Thomas-Pye. I'm a tradie's wife, co-owner of a building trade business, NZAC registered counsellor, mental wellbeing coach & researcher.

**Project Title:**

Mental Health and Wellbeing Supports for NZ Construction Workers: Current Initiatives and Potential for the Future.

**About the research:**

The survey is part of an Otago Polytechnic Master of Professional Practice seeking to better understand how mental health and wellbeing supports can be specifically designed for the building trades and construction industry workforce regardless of the worker's role, region, or size of operation.

I'm seeking the views of anyone employed in the NZ construction industry over the age of 18 years, at any level - from apprentice to seasoned professional, from sole trader to CEO, tradie to technician, and from anywhere in NZ.

The survey will be open until the 20th June (possibly longer if I don't get enough coverage to represent a specific subset within construction ie. scaffolders, or painters, or roofers, etc).

It has 25 multi choice option questions and an open ended question for any additional feedback or comments. The survey is split into 5 sections:

- How confident are you talking about mental health and wellbeing?
- What mental health and wellbeing supports are currently available in your workplace (if any)?
- What mental wellbeing supports would you like made available to you (if any)?
- How can mental wellbeing practitioners support tradies better?
- Demographics

**Here's the link to find out more:**

[https://otagopolytechnic.au1.qualtrics.com/jfe/form/SV\\_9FZi0HwcjTvlyGi](https://otagopolytechnic.au1.qualtrics.com/jfe/form/SV_9FZi0HwcjTvlyGi)

I have attached a pdf poster in case that is helpful. While this document is focused on tradies, I am keen to hear the views of anyone over the age of 18 years who works in the construction sector (including you!).

You are most welcome to share this email with others and/or its contents across your platforms.

Redacted section

I'm more than happy to discuss the research further and answer any queries you may have. You can reply to this email (redacted) or phone/text me on (redacted)

Kind regards,  
Liza

## Appendix 7 – Wānaka App Article

Redacted

<https://wanakaapp.nz/NewsStory/tradies-chance-to-have-say-on-mental-health/647d61f4bfc11200284c0a09>

## Appendix 8 – Survey Participant Sociodemographic Information

### Which area of NZ do you predominately work?

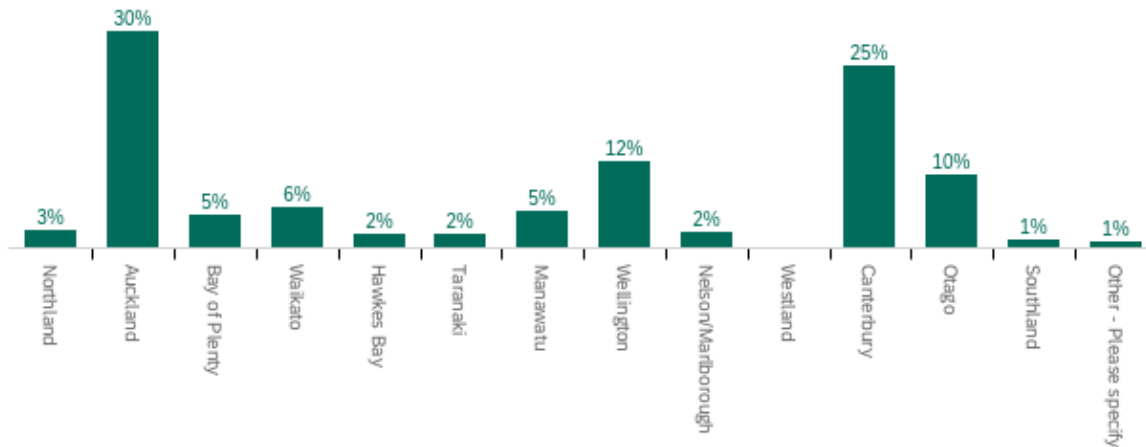


Figure 20 - Which area of NZ do you predominately work?

The survey received responses from most of the regions of Aotearoa New Zealand except for the West Coast of the South Island.

Deeper analysis of these results using respondents' demographic information:

For gender nothing significant except 48% of female respondents were from the South Island compared to 36% of all responses coming from those that dominantly work in the South Island. Most Asian construction workers are based in Auckland (54.2%) followed by Christchurch (16.7%). Like the Asian group, 89% of Pasifika respondents worked in the North Island, with over half in the Auckland region (52.6) and over a quarter in the Wellington region (26.3%). Māori and Pākehā/NZ European respondents were from all areas of Aotearoa New Zealand apart from the West Coast of the South Island where the survey garnered no responses. Workers employed in large organisations predominately worked in the Auckland region (42%), whereas micro and small businesses were more common in Canterbury (40%).

### How old are you?

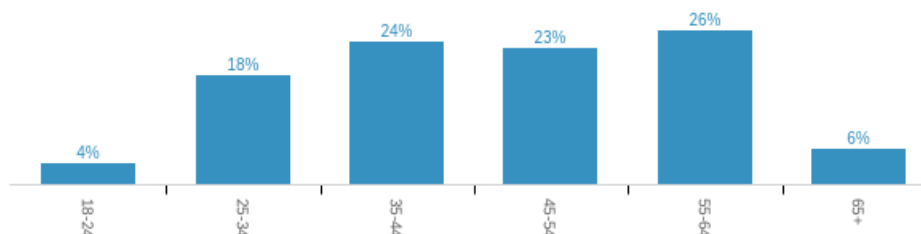


Figure 21- How old are you?

Over half (55%) of the respondents were over the age of 45 years. Just 4% were aged 18-24 years old.

Deeper analysis of these results using respondents' demographic information: More female construction workers (68%) were aged between 25-44 years than any other gender group (42%). While there was a diverse range of ages across all ethnicities, 75% of Asian respondents were aged 35-54 years and all were male. Over one third of owners and managers are in the 35-44 years age bracket. Nearly 50% of office-based staff are over 55 years old.

**Which one of the following best describes your gender?**

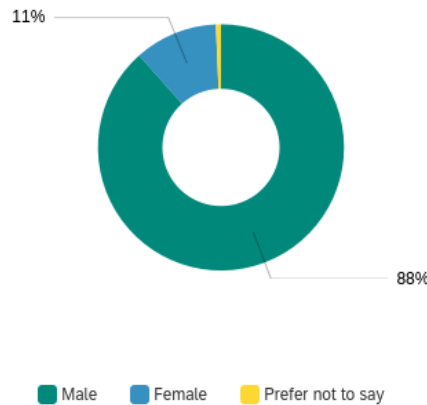


Figure 22- Which one of the following best describes your gender?

As expected, the majority of the survey participants were male (88%). Deeper analysis of these results using respondents' demographic information: Within the 18–24-year-old age group 55% of respondents identified as female. This reduces substantially to 20% in the 25–34-year-old age group, and then again to 6% in the 45–54-year-old age group. There was no female representation in the over 65-year-old age group. Apart from all the Asian construction workers surveyed being male, there was no link between ethnicity and gender. Large businesses appear to employ less female construction workers.

**Please select as many as needed to describe your ethnicity.**

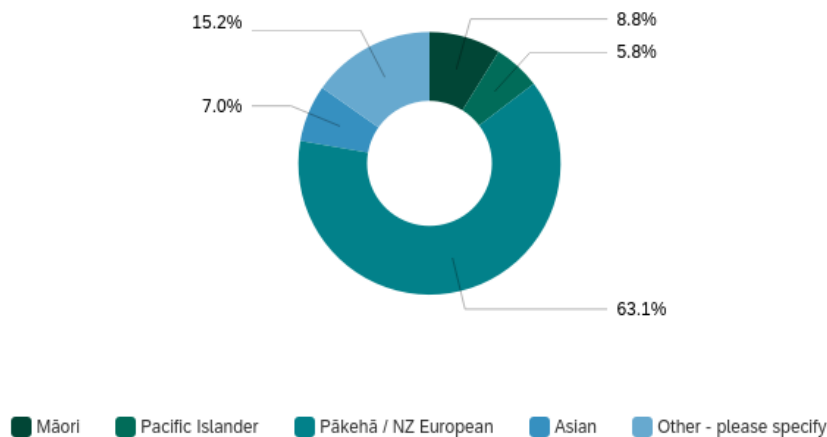


Figure 23 – Participants' ethnicity.

Almost two thirds (63%) of participants were Pākehā/NZ European. Māori made up 9% of respondents, followed by 7% Asian, and 6% Pasifika. The nationalities of the ‘other’ respondents included Europe, the United Kingdom, the Americans, and Australia.

Deeper analysis of these results using respondents’ demographic information:

There were more Māori and Pacific Islanders in the 18–24-year-old age group than any other. All age groups were dominated by Pākehā/ NZ European. Of the female construction workers, 82.4% identified as Pākehā/NZ European compared to 63.1% of all respondents. There were no responses from Asian female construction workers. Māori and Pasifika representation was similar across all genders. There were more Māori business owners or in management, and office-based roles than on-the-tools. Conversely, there were more Pasifika on-the-tools, and based in offices than in management or business owners. Asians more likely to be tradies and/or business owners/managers than office based.

**Which one of the following best describes your relationship status?**

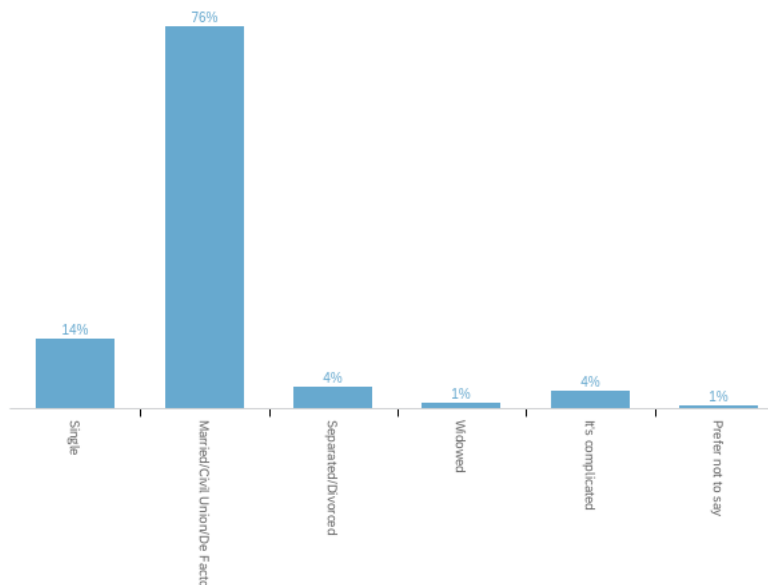


Figure 24 - Participants' relationship status.

Most respondents were in a relationship.

Deeper analysis of these results using respondents’ demographic

Relationships described as being married, in a civil union or de facto relationship increased with age. Of those aged over 65 years, 83% reported they were in a committed relationship.

More female respondents reported being single (27%) than all other genders. This could be due to the age of female respondents which is younger than the male respondents (see question 15). Tradies are more likely to be single (20%) than any other subset with just 3% of owners/managers and 7% of office-based staff reporting they were single.

## Do you have children?

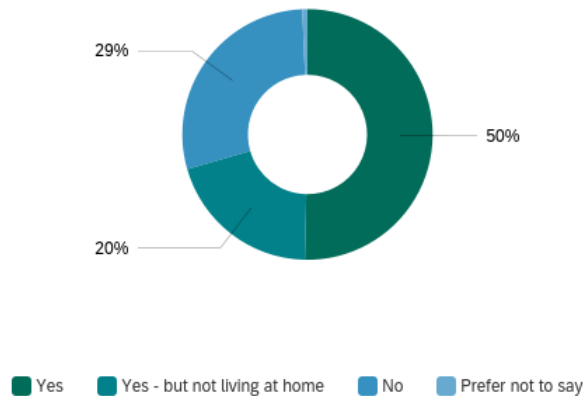


Figure 25 - Do you have children?

Half of all participants had children living at home, 20% had children living away from home. Deeper analysis of these results using respondents' demographic information: Respondents who reported they had children at home increased with age peaking in the 45–54-year-old age group with 72% stating they have children living at home. Only 33% of female respondents have children living at home compared to the average of 50% for all survey respondents. As with the last question, it is likely due to the younger age of the female construction workers. Approximately 70% of Asian and Pasifika respondents had children living at home compared to 54% of Māori and 46% of Pākehā/NZ European.

## What is your annual income?

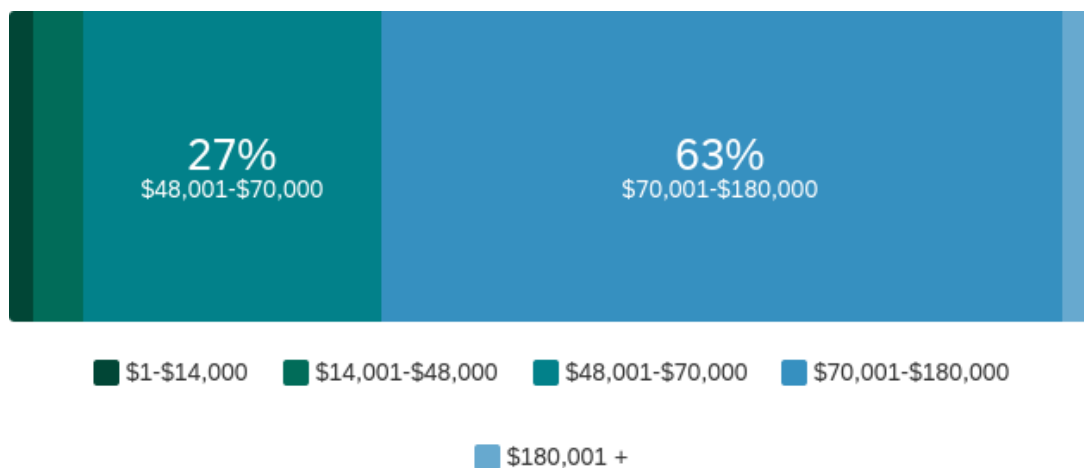
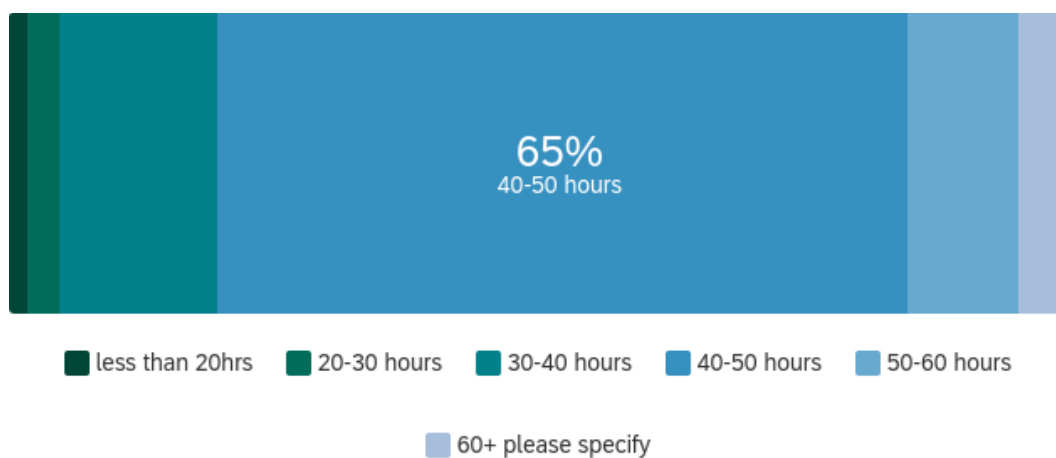


Figure 26 - What is your annual income?

Over 65% of participants earned more than \$70,000 per annum. Deeper analysis of these results using respondents' demographic information: Income appears to increase with age peaking in the 45–54-year-old age group. Unsurprisingly those aged 18–24 years are earning the least (most likely to be apprentices). Only 39% of female respondents earn between \$70,001 and \$180,000 compared to the male respondents.

None of the female respondents reported earning more than \$180,000 per year. Asian and Pasifika respondents appear to earn less than their Māori and Pākehā/NZ European counterparts. Only respondents who described themselves as Pākehā/NZ European and/or Pasifika indicated they earned more the \$180,000 per year. Income appears to be lower in the South Island compared to North Island with only 55% of South Island respondents earning over \$70,000 per annum compared to 68% of North Island participants. Over 78% of owners/managers earn in the \$70,000-\$180,000 income bracket compared to 70% of office-based workers, and just 56% of tradies. The larger the operation the higher the percentage of workers earning in the \$70,000 -\$180,000 income brackets (53% microbusinesses up to 75% large businesses.)

**On average, how many hours do you work each week?**



**Figure 27 - On average, how many hours do you work each week?**

Over 65% of participants work over 65 hours per week.

Deeper analysis of these results using respondents’ demographic information:

Working hours per week are consistent across all age groups, however those aged 65 and over appear to work less hours with 39% working 30-40 hours per week. Over half of all female construction workers worked more than 40 hours per week compared to over 70% of all respondents who reported working more than 40 hours per week. South Island respondents appear to work slightly longer hours than their North Island counterparts. Over 75% of tradies report working more than 45 hours which is similar to owners/managers. No office-based workers reported working more than 50 hours per week.

As business size increased so did the percentage of respondents reporting they work 40-50 hours per week. Those employed in medium and large businesses reported they work 50-60 hours or more which appears to be more than employees of smaller businesses.

## Which one of the following best describes your employment type?

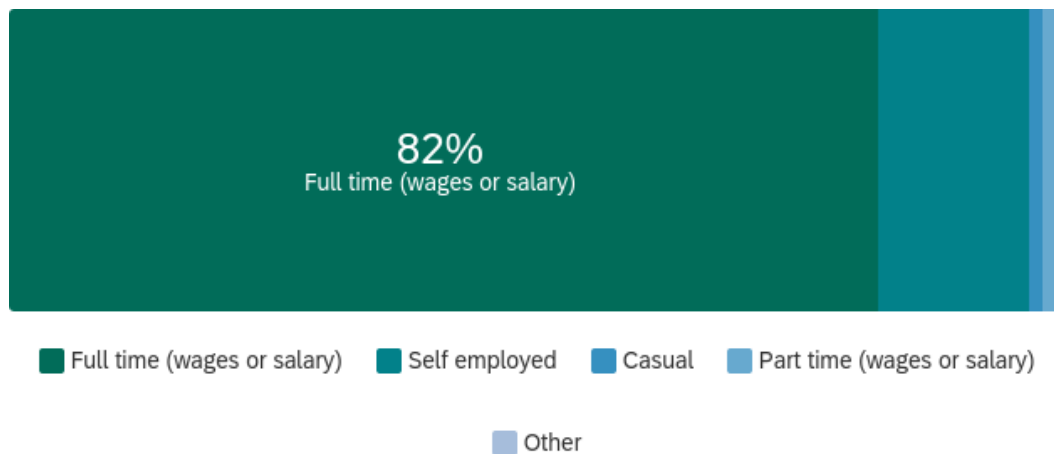


Figure 28 - Employment type.

Over eighty percent of respondents were employed in full time work either on wages or salary. Deeper analysis of these results using respondents' demographic information: Unsurprisingly, self-employment increases with age peaking in those over 55 years of age. More female construction workers are in part time employment than all other genders. More Māori (21%) and Pākehā/NZ European (20%) report being self-employed compared to Asian and Pasifika respondents who report they are full time wage or salary earners (95.5%). More South Island participants reports being self-employed than those from the North Island. Approximately 90% of tradies and office workers are full time wage or salary earners compared to 75% of owners/managers. Approximately half and half split of those on wages and those who are self-employed for the sole operator and micro-business breakdown. Full time waged or salary worker increases substantially as the size of operation increases with 95 and 96% of workers employed in medium and large operations being full time wage (and salary) earners.

## What is your role and occupation within construction industry?

Over half of respondents were tradespeople. This is unsurprising as the promotional material for the survey was aimed at tradies. Deeper analysis of these results using respondents' demographic information: The highest proportion of those aged 18-24 years of age are apprentices, this decreases significantly from aged 25 years plus. After 25 years the largest proportion of respondents were consistently qualified tradespeople, followed by business owners and/or managers. There are more female apprentices (24%) than there are qualified tradespeople (20%) compared to all other respondents (apprentices 7%, labourers 4%, and tradespeople 53%). All other roles are consistent across genders. Of the Asian respondents, 84% worked on the tools, and 81% Pasifika were also on-the-tools. Although only 62% of Pākehā/NZ European and 54% of Māori report themselves being on-the-tools, it is likely those who selected their role as business owners/managers (23%) are also on-the-tools. Of those who are on-the-tools, 83% were qualified tradespeople.

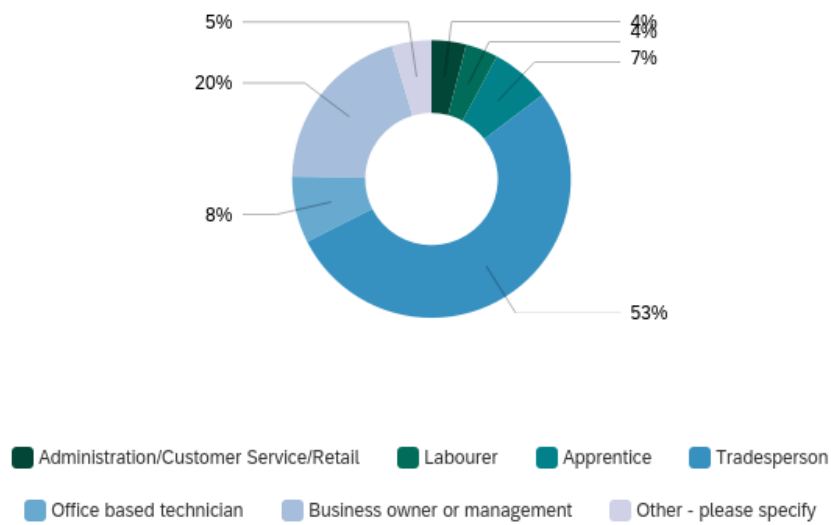


Figure 29- Role and occupation within construction industry.

**Which area of construction do you work in most of the time?**

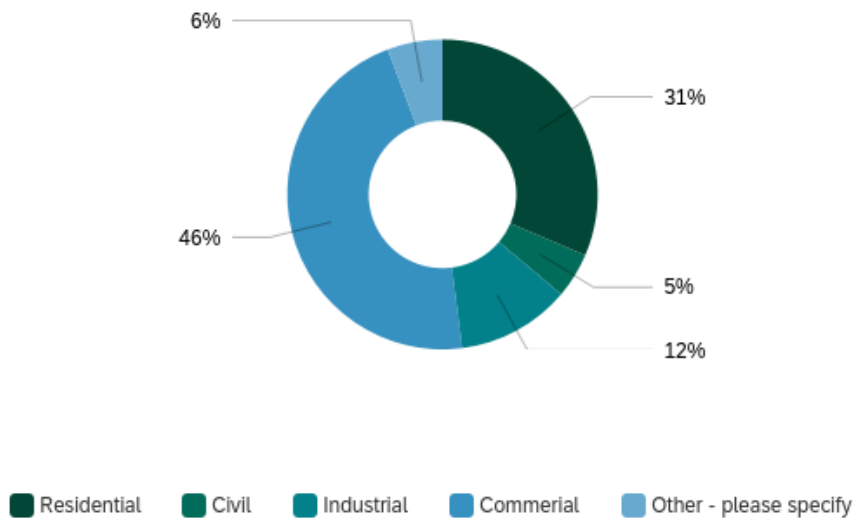


Figure 30- Subset of construction.

Respondent worked in all subsets, with the highest proportion employed in commercial and residential construction.

Deeper analysis of these results using respondents’ demographic information:

Female construction workers predominately worked in residential construction (48%) rather than in commercial (36%). None of the female respondents reported that they work in the industrial construction subset. Pasifika (53%) and Asians (52%) respondents stated they predominantly worked in the commercial sector, followed by residential (32% PI and 24% As). Māori respondents were fairly evenly split between residential (31%) and commercial (34%) subsets. Nearly half of those surveyed who listed their ethnicity as Pākehā/NZ European were

employed in the commercial construction sector (47%) followed by residential (34%). Quite a few respondents made the comment that they work in both residential and commercial and/or all areas of construction.

South Islanders are predominately engaged in residential construction work (47%), followed by commercial at 36%. North Islanders are the opposite with 46% of their work being commercial and 31% being residential. More respondents from the North Island also work in the industrial construction sector (5%) compared to the South Island (1%).

Some slight difference within this subset with more office-based workers employed in the industrial sector and less in the commercial area compared to other subsets. Residential construction the highest proportion for sole operators and micro-businesses (60% vs 28% commercial), this decreases to 14% and commercial grows to 61% as the size of operation increases.

### How many employees are there within your workplace?

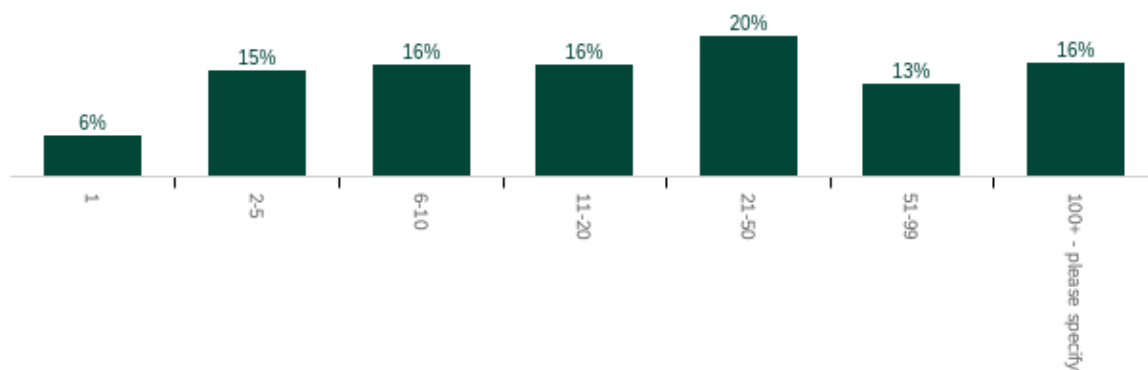


Figure 31 - Number of employees in workplace.

Over half of respondents were employed in micro or small businesses while only 16% were employed in large businesses.

Deeper analysis of these results using respondents' demographic information:

More respondents under 35 and over 65 years reported being self-employed or employed within micro and small businesses compared to those aged 36-64 who reported employment within medium and large organisations.

One third of all female construction workers are self-employed or work within microbusinesses. Only 15% of female respondents are employed in large businesses which employ more than 50 staff. Asian respondents were predominately employed in medium and large sized organisations (64%). Of the Pasifika respondents 31% were sole operators or worked within a micro-business, a further 31% worked within a small business employing between 6 and 20 people. Of the Māori construction workers surveyed a quarter worked as sole operators or were employed within micro-business, a further 28% were employed in small businesses, 14% in medium sized enterprises, and 34% in large operations. Pākehā/NZ European appeared to be evenly employed across all organisation sizes with 20% either sole operators or employed within a micro-business, 34% were part of small businesses with 6-20 employees, 20% were employed within medium sized operations, and a further 27% are employed in large businesses.

North Island participants were more likely to be employed in medium and large business which links in with higher representation in commercial 53% vs 21% for residential (South Island was the opposite with 36% commercial vs 47% residential)

Forty percent of office-based workers and owners/managers were employed in large businesses compared to just 28% of those on-the-tools. Just over half (51%) of tradies were employed in organisations with less than 20 employees.

## Appendix 9 – Executive Summary Sent to Communicate Research Findings

### Executive Summary of

## Mental Health and Wellbeing Supports for the NZ Construction Workforce: Current Initiatives and Potential for the Future.

By Liza Thomas-Pye (MNZAC)

Construction workers - You may be one, married to one, related to one, friends with one, employ one, or are in need of one, however, every day we all benefit from the skills of many of them.

In New Zealand, the construction sector leads the suicide statistics with workers twice more likely to take their own lives than the rest of the workforce (Jenkin & Atkinson, 2021). The challenges are complex with no quick fix solution. Rather than predominately relying on the coronial reports of those who have passed, we need to survey the living to investigate how we can support the construction workforce better. As a registered counsellor, wellbeing practitioner, and co-owner of a construction services micro-business, I sought to utilise my personal experience and professional practice to investigate mental health and wellbeing supports for the industry's workforce.

The aim of the project was to gain clarification about what was currently available within the participants' workplaces, as well as provide a platform for their opinion about what initiatives they would like made accessible to them in the future.

While reviewing previous research and relevant literature, I found there are multiple complex layers across other sectors which leads to a bigger problem for construction. There is a shortage of mental health practitioners across the spectrum, a chronic lack of government funding for mental health services, and practitioners are at high risk of burnout. The general increased awareness about mental health and wellbeing has created a space for wellbeing management to emerge. While there are concerns about who, when, and how wellbeing management fits within an organisation's structure, there is clearly a desire by employers to minimise psychosocial risks under the Health and Safety at Work Act (2015). Implementing wellbeing initiatives in office-based white-collar organisations appears to be more straightforward compared to blue-collar industries such as construction. Currently there are just two construction-specific support programmes nationally available, and seemingly little innovation to create more. This leads to the message that construction workers need to reach out to their colleagues or utilise the supports provided by their workplace. However, I found there was a lack of research which asked building trades and construction workers what mental health and wellbeing supports are currently available to them, and what supports they would like access to in the future. My research project was about to shed light on this knowledge gap.

Quantitative research in the form of a survey was used to gain insight from 385 participants currently employed in the New Zealand construction sector. The participants provided 130

comments which were investigated through thematic analysis to draw strong comparative conclusions.

The results found that while construction workers felt confident to talk about their own mental health with others, as well as support others experiencing mental distress, there were insufficient supports available within their workplace. Informal check-ins with a boss or manager were the most used mental health and wellbeing supports across all subsets of the construction industry. External supports in the form of Employee Assistance Programmes (EAPs) were available to just one third of participants.

Nearly half of the participants reported that one-on-one support such as counselling, talk therapy, life, and/or business coaching was their most preferred support option. This was closely followed by informal events, mental health and wellbeing awareness workshops, and construction-friendly wellbeing programmes. EAP also rated highly, with a third of respondents selecting this option.

Several psychosocial risks were highlighted during the thematic analysis of their comments including job demands, long work hours, poor communication and planning, tight deadlines, poor recognition and/or reward, and a lack of access to appropriate supports. Psychosocial risks were identified across the board from personal factors to work-related, as well as within the wider industry.

With the results from my research, I provided tangible evidence and practical solutions. I created a holistic framework which encourages collaboration by building upon the renowned Te Whare Tapa Whā model. My construction wellbeing model promotes more research into the whenua/ground beneath our workers, supports the creation of new initiatives to place scaffolding around them, as well as calls for the government and industry leaders to create protective layers from the external factors which affect the industry.

The research results informed my recommendations to create new targeted initiatives for construction workers as well as provided feedback for mental wellbeing practitioners. I advocated for more funding for these supports as well as better utilisation of the initiatives that already exist within the construction sector. I identified opportunities for further research to bridge the gaps in current knowledge to enhance the literature into mental wellbeing related to the construction industry workforce.

My research contested the theory that construction workers are 'hard to reach'. The findings as a whole show there is a desire and need for better access to funded mental health and wellbeing supports for building trades and construction workers. It seems that the true story is these supports are the ones that are 'hard to reach', and not the workers. With this important body of information there should now be a new holistic and collaborative focus to begin doing things better and answering the real needs of New Zealand construction workers.