

Constructing a Safer Industry

WA Construction Industry Suicide and Mental Health Benchmarking Study

**A Collaboration Between MATES in Construction WA
& the University of Western Australia**





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Foreword by the CEO

Since 2012, MATES in Construction WA (MATES WA) has been avidly working to reduce the representation of Western Australian Construction workers in our nation's suicide toll. Through dedication to its purpose and an unwavering commitment to changing the stigmas and processes involved with seeking and offering help, MATES WA has sought to improve outcomes for workers impacted by significant life issues, mental health challenges, and poor psychosocial wellbeing that can contribute to suicide.

The construction industry in Western Australia is diverse and unique, with approximately 10% of WA residents working in a construction related capacity. However, often the industry has been subject to a variety of assumptions, with workers typecast regarding their behaviours and experiences. Furthermore, the bulk of research conducted investigating these assumptions has largely been focused interstate without adequate representation from local industry.

To date, local industry has been lacking reliable data that provides a quality insight into the challenges faced by workers on site and within their personal lives. If industry is steadfast in its want to improve the wellbeing of its workforce, first it must seek to understand its experience. With that in mind, MATES WA has chosen to partner with the University of Western Australia to deliver this vital information to industry. Through collaboration with employers, unions, workers, and government stakeholders, MATES WA and the University of Western Australia have undertaken surveys with over 1743 people representing civil, resource, commercial, and residential construction industries inclusive of all levels of operations and a variety of regional and metropolitan locations. This survey has provided data for comparison against a variety of preexisting national measures to provide in-depth understanding of our construction community.

It is MATES WA's hope that this information is utilised by industry and government to prioritise and respond to the needs of our construction community with targeted and meaningful interventions. Ultimately, if industry is to continue progressing towards a suicide free community, we must be able to combine reliable data with meaningful strategies to improve outcomes. It is MATES WA's hope that this research lengthens our strides towards a healthier, happier, and suicide free industry while setting a benchmark against which progress can be measured.

I'd like to sincerely thank all stakeholders, participants and organisations involved with bringing this project to completion, along with the team at the University of Western Australia. The whole of community approach to suicide prevention demonstrated throughout this project remains vital to the progress of our mission.

EXECUTIVE SUMMARY

It is well recognised that construction workers are at an increased risk of death due to suicide. The ***Constructing a Safer Industry*** report presents results from a state-wide survey of 1,743 construction workers in Western Australia (WA).

The primary goal was to establish the prevalence of suicidal thoughts and behaviours, alongside broader mental health issues, and examine contributing workplace and life stressors.

Results demonstrate WA construction workers experience suicidal thoughts and behaviours at rates that are approximately three times higher than is typically seen in the adult Australian population, with depression and anxiety symptoms occurring at twice the national average.

Rates of suicidal ideation were compared across various risk factors, with loneliness, workplace bullying, work-life conflict, and substance abuse exhibiting notable associations. Loneliness was the strongest predictor of suicidal ideation, highlighting that the emotional isolation many workers feel, despite the interdependent nature of construction, may contribute to suicidal thoughts.

Workplace bullying exacerbates mental health challenges because it is a key feature of a hostile work environment. High work demands and the negative impact of work on personal life also contribute to emotional distress, while substance abuse, especially drug use, emerge as an indicator of mental health issues.

Importantly, strong interpersonal relationships, whether with significant others or supportive colleagues, act as a protective factor. Workers with positive support systems are less likely to report suicidal thoughts, even in the face of higher stress and psychological distress.

Results from this report underscore the urgent need for targeted mental health interventions and the promotion of supportive workplace practices. Addressing these challenges will improve the overall wellbeing of construction workers and create a safer industry. By implementing targeted mental health policies, fostering positive workplace relationships, and providing accessible support services, the construction industry can take meaningful steps toward reducing suicide rates and promoting a safer, healthier work environment.

Background

The construction industry is the third largest employment sector in Australia (1, 2). Over the period between 2001 and 2018, the number of people employed in the construction industry rose from 680,000 (7.7% of the Australian working population) to over 1.1 million (9.1% of the Australian working population) (3). The demand for workers continues to rise to meet continued investment in residential, commercial, and industrial construction (4, 5).

The construction industry is in many ways unique in its demographic makeup and daily stressors, all of which may contribute to this workforce having a higher-than-average risk of suicide and other serious mental health issues and crises (6). Demographically, the construction industry is predominantly a male workforce. Indeed, recent Australian labour force data shows that 88% of construction workers are men (7). This is important because suicide is a gendered phenomenon such that men are more likely to die by suicide than women (8), whereas women are more likely to think about, plan, and attempt suicide. A possible explanation for this is that men are more likely to engage in violent and lethal means that increase the chance of death from suicide attempts (9). Additionally, specific job-related characteristics within the construction industry, such as restricted job autonomy, job instability, bouts of unemployment or underemployment, and extended periods away from social support networks may exacerbate suicide risk (10).

Suicide in the Construction Industry

Construction workers have been identified as being at risk of suicide, relative to the general population, with global suicide rates amongst construction workers on average 25% higher than comparison groups (11). During the 2001 to 2018 period, there were 3,621 suicides among male construction workers in Australia and 9,918 suicides among employed males in all other occupations. In other words, male suicide in the construction industry accounted for 27% of the total number of suicides during this period. Interestingly, some evidence suggests that the rates of suicidal ideation do not significantly differ from individuals in different occupations within Australia. One possible explanation for the high level of suicide-related deaths in the construction industry is adherence to traditional masculine norms that may impede positive help-seeking behaviours (12) because men are traditionally expected to be self-reliant (13). Consequently, individuals may resort to coping strategies that are not effective (e.g., drugs, alcohol, or ignoring the issue) that can increase the risk of severe mental health issues developing and elevating the risk of suicide (14).

Australian research on male Queensland construction workers revealed higher mortality rates compared to the general adult Australian male population (15). Likewise, international research involving construction workers demonstrated that the risk of suicide among construction workers was 11.8 times higher when compared to public administration employees (16). Indeed, A meta-analytic review—a study that summarises previous empirical studies—found that common construction occupations, such as labourers and skilled tradesmen, experienced increased suicide risk when compared with a broader working-age population (6).

Suicide Risk Factors

A literature review was conducted by our research team to identify factors that may contribute to risk of suicidal thoughts and behaviours among construction workers (see Appendix C for the full literature review). Our review consisted of 32 pieces of research we identified and reviewed, which we distilled into three broad categories of risk and protective factors—prior or current mental health difficulties, workplace factors, and personal life factors.

These findings were used to inform the development of an anonymous self-report survey. The survey assessed the overall prevalence of suicidal ideation and mental health issues, whilst also capturing both protective and risk factors. **Figure 1** shows the topics included in the survey.

Figure 1. *Suicide Risk and Associated Risk and Protective Factors Framework*



Research Aims

(1) Prevalence and benchmark of suicidal thoughts and behaviours

- a. Establish a prevalence benchmark of suicidal thoughts and behaviours in the WA construction industry.
- b. Compare prevalence rates to available general adult Australian population normative information and across the industry.

(2) Prevalence and benchmark of mental health issues

- a. Establish a prevalence benchmark of other mental health issues in the WA construction industry.
- b. Compare prevalence rates to available general adult Australian adult population normative information and across the industry.

(3) Prevalence and benchmark of workplace risk and protective factors

- a. Establish a prevalence benchmark of workplace risk and protective factors in WA.
- b. Compare workplace risk and protective factors in WA with normative information and across the industry.

(4) Prevalence and benchmark of personal life risk and protective factors

- a. Establish a prevalence benchmark of personal life risk and protective factors.
- b. Compare personal life risk and protective factors in WA with normative information and across the industry.

(5) Identify how suicidal thoughts and plans differ across levels of risk and protective factors

- a. Identify rates of suicidal thoughts and behaviours across workplace factors.
- b. Identify rates of suicidal thoughts and behaviours across personal life factors.

(6) Identify vulnerable and resilient WA construction worker profiles that map combinations of risk and protective factors that may influence suicide risk

- a. Identify combinations of work and personal factors that may put WA construction workers at increased risk of suicide.
- b. Identify combinations of work and personal factors that may make WA construction workers more resilient to suicide.

METHODS

**How was this research
conducted?**

Methods

Participants and Procedure

Construction workers from across Western Australia participated in the survey. People were eligible to participate if they had been employed within the industry within the past 12 months and were aged 16 or over. Participants were recruited using several strategies:

- via email lists held by MATES and our partnering organisations
- at MATES events, including training and luncheons
- on-site visits and posters located on worksites with QR codes
- social media advertising
- word-of-mouth and champions within organisations
- directly contacting individual organisations

Adaptive sampling was used to help ensure representativeness of the survey, with the socio-demographic characteristics of survey respondents monitored throughout to inform MATES' recruitment efforts. The weekly reports provided timely information as to whether the survey was reaching major sub-populations within the construction industry (e.g., gender, employment type) and was receiving a range of voices that reflect the true diversity within the WA construction industry.

Ethics

Approval for the research was obtained from the University of Western Australia Human Research Ethics Committee (2023/ET000975).

Measures

The questions used in the survey to measure suicidal thoughts and behaviours, mental health, and risk and protective factors within one's work and personal life are described below.

All instruments were previously validated, and many offered normalised benchmarking data against which results from this survey could be accurately compared and interpreted. The full survey instrument appears in Appendix B.

Suicidal Thoughts and Behaviours

History of Suicidal Thoughts and Behaviours

Several questions were used to measure the presence of suicidal thoughts (e.g., *"Have you ever seriously thought about taking your own life?"*).

If participants indicated lifetime suicidal thoughts, they would sequentially be asked further questions, such as whether they had also planned or attempted suicide in their lifetime. Participants were also asked if they had desired suicide in the past 12 months, after which they were questioned further regarding suicide behaviours in this timeframe (17).

These questions were designed to align with the ABS National Study of Mental Health and Wellbeing 2020-2022 (17).

Recent Suicidal Thought Severity

To capture the severity of recent suicidal thoughts, the Suicidal Ideation Attributes Scale (SIDAS) (18) was used, which has been found to be suitable for community use and allow for identification of probable high suicide risk. These questions were only asked if participants indicated suicidal thoughts in the past 12 months (e.g., *“In the past month, how close have you come to making a suicide attempt?”*) with a 10-point response scale from *“not close at all”*, to *“made an attempt”*).

Mental Health Issues

Psychological Distress

The K10 questionnaire measured psychological distress (19), which assesses core symptoms of depression and anxiety. It consists of 10 questions, focusing on how frequently respondents experienced different aspects of emotional wellbeing over the past four weeks, rated on a 5-point response scale ranging from *“none of the time”* to *“all of the time.”* For example, *“Thinking about the past 4 weeks, how often have you felt that everything was an effort?”* The K10 scores can be categorised into clinically validated severity levels: low, moderate, high, and very high distress. These categories help identify individuals at risk for anxiety or depressive disorders.

Burnout

Burnout was measured by a single question (20): *“How would you rate your level of burnout?”* Participants could choose from 5 levels, ranging from no symptoms to feeling completely burned out. In previous research, this question has been validated against the more comprehensive Maslach Burnout Inventory (21).

Alcohol Consumption

Five questions in total were used to measure typical alcohol consumption, aligning with the Household, Income and Labour Dynamics in Australia (HILDA) Survey (22).

Risky Drinking

Participants were asked: *“Please write below the number of drinks you would typically have of your selected beverage on a day that you drink alcohol.”* An individual was categorised as risky if they reported typically consuming 5 or more standard drinks on a day that they drink alcohol.

Binge Drinking

Participants were asked how often they engage in binge drinking (5 or more standard drinks on an occasion for females, 7 or more for males). Participants were categorised as binge drinkers if they engaged in binge drinking more than twice per month.

Drug Use

Participants were first asked, *“Have you ever used illicit drugs (including prescription medication used for non-prescribed purposes)?”*, after which they were able to self-report which drugs they had used.

Workplace Factors

Workplace Social Support

Two questions were taken from the Copenhagen Psychosocial Questionnaire-III (23) to measure support within the workplace on a 5-point response scale from *“never/hardly ever”* to *“always.”* The questions were: *“How often do you get help and support from your immediate superior, if needed?”* and *“How often do you get help and support from your colleagues, if needed?”*

Workplace Bullying

Participants were provided with a description of the definition of bullying and then asked to indicate on a 5-point frequency scale ranging from “never” to “daily,” “How often have you been bullied at work in the past six months?”

Workplace Experiences

Several statements were used from the *Household, Income and Labour Dynamics in Australia (HILDA) survey* (22), with respondents indicating on a 7-point response scale the extent to which they agreed. The statements covered:

- Job demands (e.g., “My job is more stressful than I had ever imagined.”)
- Job stress (e.g., “I fear that the amount of stress in my job will make me physically ill.”)
- Job security (“I have a secure future in my job.”)
- Pay satisfaction (“I get paid fairly for the things I do in my job.”)
- Work-life conflict (“In the past 6 months, my work life frequently interfered with my personal/family life.”)
- Presenteeism (“In the past month, I had gone to work despite feeling that I really should have taken sick leave due to my state of health.”)
- Job competence (“In the past 6 months, I felt like I had the skills and abilities to perform well in my job.”)

Personal Life Factors

Loneliness

The 3-question short form UCLA-Loneliness scale (24) was used to measure how often respondents experienced different aspects of loneliness (e.g., “How often do you feel that you lack companionship?”) on a 3-point frequency response scale from ‘hardly ever’ to ‘often’. Respondents with a score over 6 or over on this scale are categorized as “Lonely”, which indicates feeling lonely some of the time or often. Those under this score are categorised as “Not Lonely”.

General Social Support

The 12-question Multidimensional Scale of Perceived Social Support (25) was used to measure perceived adequacy of social support from three sources: family, friends, and significant other (e.g., “There is a special person who is around when I am in need”). Questions were presented on a 7-point agreement scale ranging from “very strongly disagree” to “very strongly agree”. Scores were then summed for each source and divided into three categories or tertiles: low (1-3 on average), moderate (3-5 on average), or high (5-7 on average).

Financial Security

The Reported Financial Wellbeing Scale (26) was used to measure current financial wellbeing of participants. Participants were presented with five statements in total, with higher scores indicating better financial wellbeing.

Analytic Approach

The following section outlines our analytic approach, aligned with the core research aims. Where applicable, we followed standard rounding procedures, hence some statistics do not equal 100.

Data Preparation

Data from this sample were first evaluated for representativeness. We evaluated the extent to which our sample had similar demographic characteristics as those reported in reports on the

overall WA construction industry. This focused on identifying large differences in the composition of gender, occupational type, and age in our sample compared to national statistics. An examination of response or selection bias has been reported in the Appendix A.

The sample had a higher proportion of female workers and workers aged 35-54 years. Further, apprentices were slightly underrepresented, as well as labourers and trade workers. Survey weights were thus used to partially adjust for the over- and under-representation of particular demographic groups (27). Survey weights allow for the statistical correction of observed relationships. When presenting prevalence statistics, more weight is given to groups that were underrepresented, so their responses have a greater impact on the overall results.

Prevalence and Benchmark of Suicidal Thoughts and Behaviours & Mental Health, Workplace Factors, and Life Factors.

The prevalence of suicidal thoughts/behaviours, broader mental health, workplace, and life factors have been presented sequentially in separate sections.

Each section follows a similar structure presenting: (1) prevalence rates among the current sample of WA construction workers; (2) comparisons to available general adult Australian population data; and (3) which demographic groups or professions have higher risk of poor outcomes (e.g., are female workers more likely to report suicidal ideation?). While prevalence rates have been shown for all mental health factors, they have only been presented for workplace and personal life factors if they were later found to be associated with recent suicidal ideation.

Normative Australian Population Data

For suicide and broader mental health, results from the National Mental Health and Wellbeing Survey (2020-2022) were used as a comparison, a nationally representative sample.

For workplace factors, data from the Household, Income and Labour Dynamics in Australia (HILDA) Survey was used as a comparison, which presents reliable data from a range of demographic and occupational backgrounds, allowing for an analysis of how workplace factors are associated with mental health outcomes across different sectors and population groups. No comparative data were available for work-life conflict, presenteeism, and job skills.

For personal life factors, comparative data for loneliness was sought from the 2022-2023 Mental Health Commission of NSW “Loneliness in Focus” report, and the 2020 HILDA survey for comparing financial wellbeing. No comparative data were available for social support.

Suicidal Thoughts and Plans Across Levels of Risk and Protective Factors

Additional analyses were conducted to examine factors most strongly associated with suicidal thoughts and behaviours. The 12-month prevalence of suicidal thoughts and behaviours were compared across differing levels of potential risk/protective factors, such as higher or lower levels of loneliness or bullying within the workplace. This allows us to determine the extent to which suicidal thoughts and behaviours are likely to occur when workers report exposure to a range of stressors (e.g., are lonely or bullied workers more likely to consider suicide?).

Risk and Protective Factors: Profiles of Vulnerable and Resilient WA Construction Workers

While the prior analyses indicate how each factor may independently be associated with higher risk of suicidal ideation, specific factors may be a stronger contributor or combine with others to greatly impact risk of developing suicidal thoughts. Advanced regression models (Decision Trees) were constructed to examine how different workplace and life stressors combine to influence suicidal ideation risk in the prior 12 months. For instance, is a combination of loneliness, absence of support, and high job stress linked to higher risk of recent suicidal thoughts? This aims to enhance our understanding of suicide within the industry.



RESULTS

Sample Characteristics

Demographic Characteristics

The survey respondents included 1,743 participants with the full set of demographic characteristics presented in **Table 1** below. While the survey was accessed by 2,207 individuals, 464 responses were removed due to insufficient progression (under 25% completion) or overly quick completion times. Analysis of the available demographic data showed no systematic factors influencing survey completion.

Most of the sample was male with 78.3% identifying as such. An additional 21.3% identified as female, and 0.4% as other or preferred not to say. The average age was 39.5 years (SD = 11.95), ranging from 18 to 74 years. Most respondents identified as heterosexual (78.3%), and 21.7% as LGBTQAI+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, and other identities). Regarding marital status, nearly half were married (49.4%), with 26.2% in de facto relationships, 17.1% single or never married, and 7.3% divorced, separated, or widowed.

In terms of ethnicity, most participants were Oceanic (55.9%), followed by North African and Middle Eastern (27.1%). Other represented groups included South-East Asians (4.6%), Sub-Saharan Africans (3.2%), and Southern and Central Asians (2.6%).

Table 1. Demographic characteristics of survey respondents.

	<i>N</i>	<i>%</i>		<i>N</i>	<i>%</i>
Gender			Ethnicity		
Female	371	21.3%	North African and Middle Eastern	473	27.1%
Male	1365	78.3%	North-East Asian	35	2.0%
Other/Prefer Not to Say	7	0.4%	North-west European	19	1.1%
Age Group			Oceanic	974	55.9%
16 - 24 years	234	13.4%	Peoples of the Americas	27	1.4%
25 - 34 years	448	25.8%	South-East Asian	80	4.6%
35 - 44 years	515	29.5%	Southern and Central Asian	46	2.6%
45 - 54 years	359	20.5%	Southern and Eastern European	34	2.0%
55 - 64 years	167	9.6%	Sub-Saharan African	55	3.2%
65+ years	20	1.1%			
Sexual Orientation					
Straight	1364	78.3%			
LGBTQAI+	379	21.7%			
Marital Status					
Single/Never Married	298	17.1%			
Married	861	49.4%			
Divorced/Separated/ Widowed	126	7.3%			
De facto	458	26.2%			

Occupational Characteristics

The survey respondents had varying years of experience, with the largest group having over 20 years (32.9%), followed by 10-20 years (28.2%). A smaller proportion had less than 2 years of experience (9.1%). Overall, survey respondents had, on average, 14.4 years of experience in the industry ($SD = 11.3$ years). Roughly 9% of the sample was currently completing apprenticeships at the time of the survey.

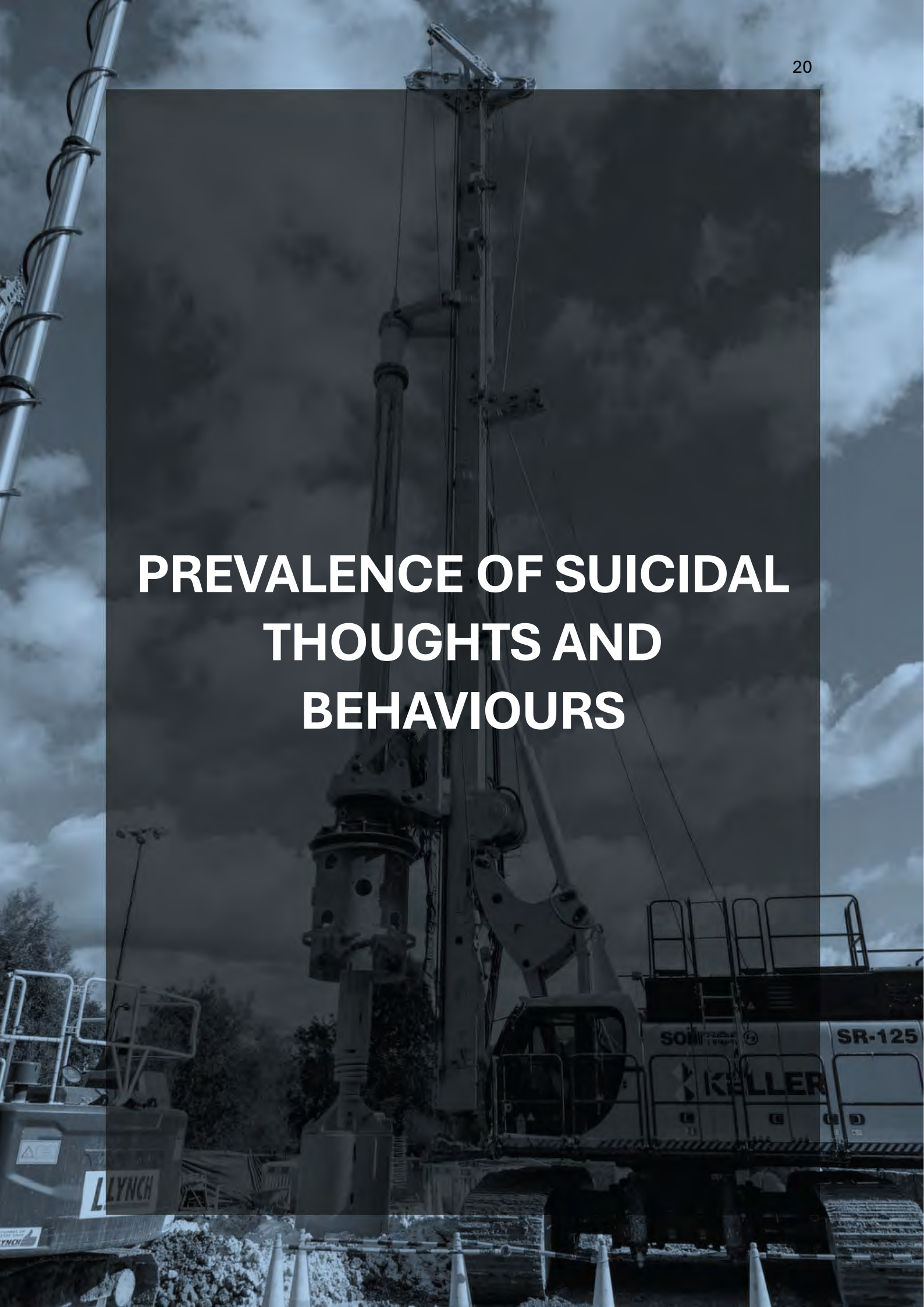
Regarding occupation, the most common roles were managers (30.4%), technicians and trade workers (29.0%), and professionals (21.0%), with smaller percentages in clerical, labour, and machinery operation jobs. The majority worked full-time (86.1%), with a small proportion employed part-time (4.0%) or casually (8.3%).

Most respondents worked at fixed metro locations (79.7%), while a smaller proportion were employed in Drive-in, Drive Out (DIDO; 7.2%), Fly-in, Fly-out (FIFO; 9.9%) arrangements, or fixed rural locations (3.3%). In terms of industry, 38.4% were involved in commercial building and construction, 20.4% in heavy civil construction, and 15.5% in industrial construction. Most worked on-site (63.6%), while 36.4% worked in offices.

Table 2. Occupational characteristics of survey respondents.

	<i>N</i>	%		<i>N</i>	%
Years of Experience			Working Arrangement		
< 2 years	158	9.1%	Full-Time	1501	86.1%
2 - 5 years	276	15.8%	Part-Time	69	4.0%
5 - 10 years	243	13.9%	Casual	145	8.3%
10 - 20 years	492	28.2%	Between Work	28	1.6%
20+ years	574	32.9%	Job Location		
Apprenticeship			DIDO	125	7.2%
No	1580	90.6%	FIFO	172	9.9%
Yes	163	9.4%	Fixed Metro	1389	79.7%
Primary Occupation			Fixed Rural	57	3.3%
Clerical and Administrative Workers	90	5.2%	Industry		
Labourers	153	8.8%	Commercial Construction	669	38.4%
Machinery Operators and Drivers	87	5.0%	Heavy Civil Construction	355	20.4%
Managers	530	30.4%	Industrial Construction	271	15.5%
Other	9	0.4%	Mining	79	4.5%
Professionals	365	21.0%	Residential Construction	208	11.9%
Technicians and Trade Workers	504	29.0%	Various/Other	129	7.4%
			Not Specified	32	1.8%
			Work-Site		
			Office	634	36.4%
			On-site	1109	63.6%

PREVALENCE OF SUICIDAL THOUGHTS AND BEHAVIOURS



Lifetime and Recent Suicidal Thoughts

Quick Points

- Suicidal thoughts within the prior 12 months were approximately three times higher than the general adult Australian population.
- Of those who indicated ideation in the prior 12 months, approximately a quarter (25%) reported experiencing severe suicidal thoughts in the month prior to the survey.
- Labourers, apprentices, and drive-in drive-out workers tended to have heightened rates of recent suicidal ideation.
- Divorced workers reported the highest rates of lifetime and recent suicidal ideation.

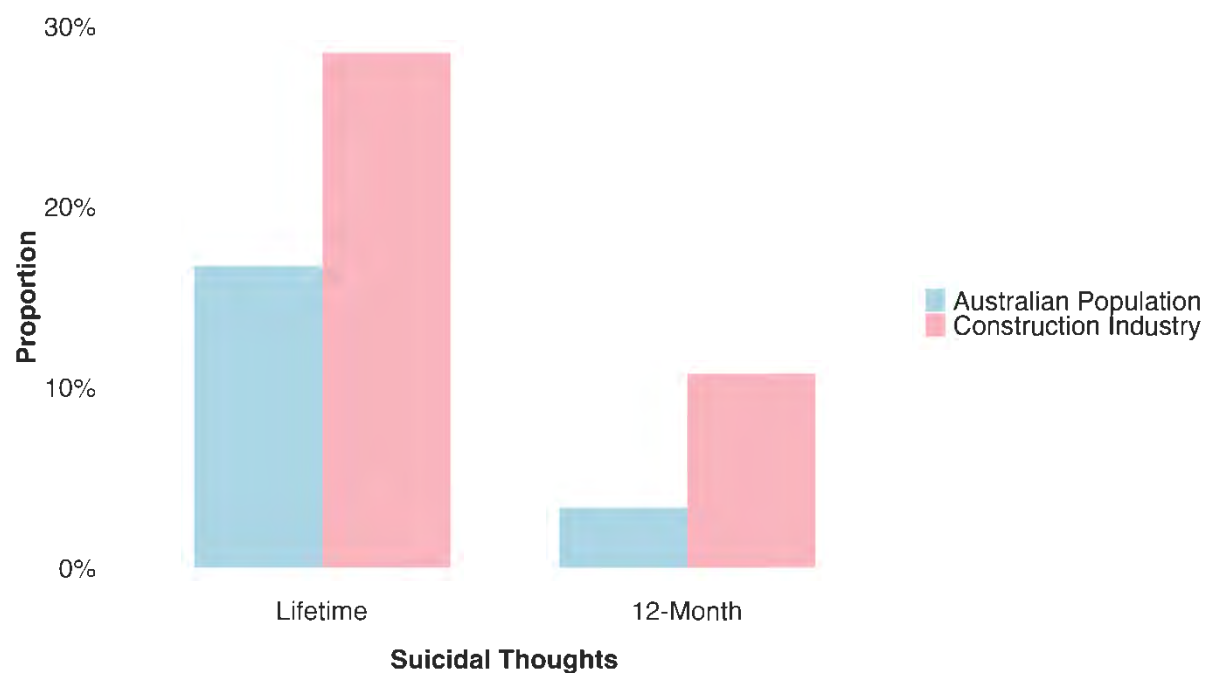
Background

Suicide is the leading cause of death for Australians aged between 15 and 44 years (28). About 200 Australians attempt suicide every day, and of those, on average, eight will die. In 2022, 3,249 Australians died by suicide (29). For every death by suicide, many more think about it who go uncounted, and often, unsupported.

Results

Of the construction workers in WA who participated in this survey, 28.5% reported suicidal thoughts in their lifetime, significantly higher than the 16.7% rate among the general adult Australian population (**Figure 2**). Further, participants had a 12-month suicidal prevalence over three times higher than the general adult Australian population, with 10.7% reporting suicidal thoughts in the prior 12 months, compared to 3.3% in the general adult Australian population.

Figure 2. Proportions (%) of 12-month suicidal thoughts in the WA Construction Industry and comparative data for the general adult Australian population.

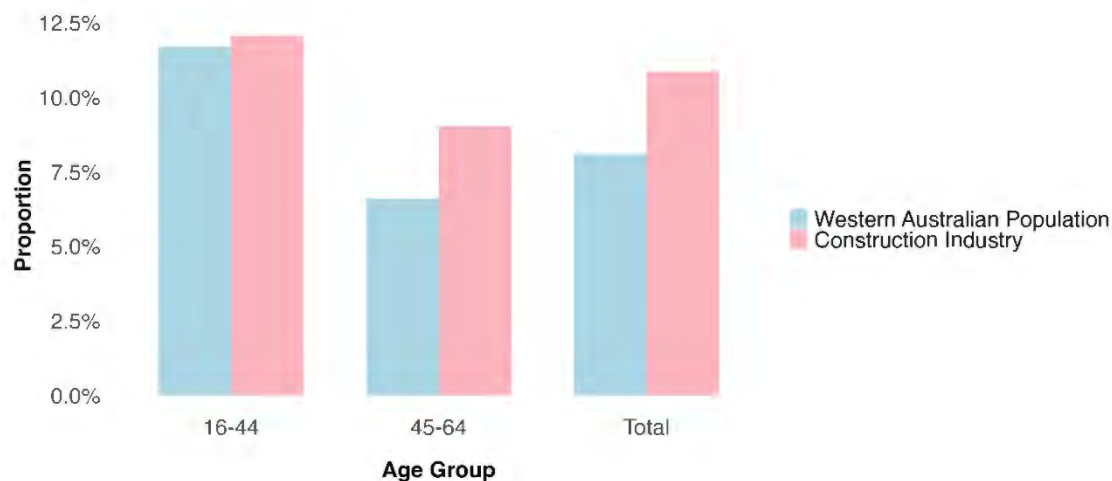


Comparisons to Western Australian Population Data

Comparisons to the WA population are useful for identifying how the mental health of our sample of WA construction workers aligns with typical levels across the state. Data were extracted from the Health and Wellbeing of Adults in Western Australia Survey (HWSS; 2022) to allow for a robust comparison (30), with results presented in **Figure 3**. It is important to note that the HWSS suicidal thoughts prevalence rates are only available with broad age groupings.

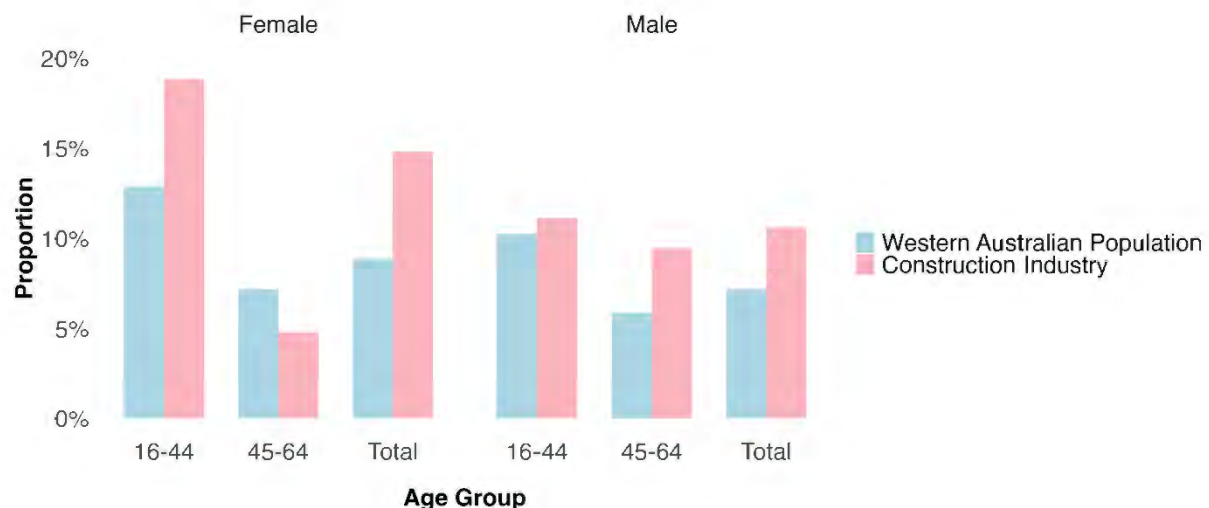
In our study, construction workers aged 16-44 years had comparable rates of suicidal thoughts in the prior 12 months (12.1%) in comparison to the WA population (11.7%). There was a larger disparity evident within the 45-64 years age group, with 9.0% of WA construction workers reporting suicidal thoughts in the prior 12 months compared to 6.6% among the Western Australian population. Overall, respondents from the WA construction industry reported higher rates of suicidal thoughts (10.9%) compared to the WA adult population (8.1%).

Figure 3. Proportions (%) of 12-month suicidal thoughts in the WA Construction Industry and comparative data for the general Western Australian adult population by age.



When examining rates by both age and gender (**Figure 4**), construction workers across almost all groups reported higher rates of recent suicidal thoughts. Most notably, females aged 16-44 (18.8%) and males aged 45-64 years (9.4%) tended to report higher rates of suicidal thoughts. However, females in the WA construction industry aged 45-64 years reported lower rates.

Figure 4. Proportions (%) of 12-month suicidal thoughts in the WA Construction Industry and comparative data for the general Western Australian adult population by age and gender.



Suicidal Thoughts by Demographic Groups

Rates of suicidal ideation by demographic characteristics have been reported in **Table 3**, which show the percentage of people within each group reporting lifetime or 12-month suicidal thoughts (e.g., among female workers, 29.0% reported suicidal ideation in their lifetime). Workers who were divorced reported notably higher rates of suicidal ideation compared to married workers. Most notably, 45.2% of workers who were divorced or separated reported lifetime suicide ideation, and 26.7% reported ideation within the prior 12 months. Workers who were married at the time of the survey reported the lowest rates of lifetime and recent suicidal ideation.

Table 3. Proportions (%) of lifetime and 12-month suicidal ideation by demographic characteristics.

	Suicidal Thoughts (%)	
	Lifetime	12-Month
Gender		
Female	29.0%	12.7%
Male	26.6%	9.9%
Age Group		
16 - 24 years	29.0%	9.0%
25 - 34 years	27.8%	13.0%
35 - 44 years	29.4%	11.8%
45 - 54 years	23.7%	7.9%
55 - 64 years	24.1%	7.4%
65+ years	21.1%	15.8%
Sexual Orientation		
Straight	26.7%	9.9%
LGBTQAI+	29.0%	12.8%
Marital Status		
Single	31.4%	11.1%
Married	20.8%	8.2%
Divorced/Separated/Widowed	45.2%	26.4%
De facto	30.7%	9.7%

Suicidal Thoughts by Occupation Groups

Rates of suicidal ideation by demographic characteristics have been reported in **Table 4**. There was no clear trend regarding more time spent working in the construction industry and rates of suicidal ideation. Apprentices reported notably higher rates of recent or 12-month suicidal ideation (17%) compared to their non-apprentice counterparts (10%), highlighting a significant mental health concern in this group.

Labourers (15.2%) and technicians/trade workers (12.2%) reported elevated recent suicidal ideation, underscoring the vulnerabilities associated with physically demanding jobs. Workers in the residential construction industry (18.9%) were less likely to report lifetime suicidal ideation than workers in other industries.

Table 4. Proportions (%) of lifetime and 12-month suicidal thoughts by occupational characteristics.

	Suicidal Thoughts (%)			Suicidal Thoughts (%)	
	Lifetime	12-month		Lifetime	12-month
Years of Experience			Job Location		
< 2 years	31.6%	11.2%	DIDO	26.7%	13.3%
2 - 5 years	27.5%	9.4%	FIFO	26.5%	10.4%
5 - 10 years	26.6%	10.1%	Fixed Metro	27.6%	10.5%
10 - 20 years	27.9%	13.3%	Fixed Rural	23.2%	7.1%
20+ years	25.7%	8.8%	Job Type		
Apprenticeship			Commercial Construction	26.5%	10.1%
No	26.6%	9.9%	Heavy Civil Construction	28.8%	12.6%
Yes	32.7%	17.1%	Industrial Construction	30.4%	10.8%
Primary Occupation			Mining	27.3%	9.1%
Clerical and Administrative	23.3%	3.5%	Residential Construction	18.9%	7.0%
Labourers	33.1%	15.2%	Various/Other	27.6%	13.5%
Machinery Operators/Drivers	30.2%	9.4%			
Managers	24.5%	10.1%			
Other	44.4%	22.2%			
Professionals	24.2%	8.6%			
Technicians/Trade	30.4%	12.2%			
Work Site					
Office	25.4%	9.1%			
Construction Site	28.2%	11.4%			

Recent Suicidal Thought Severity

While the previous questions about suicidal thoughts and behaviours provide a snapshot over a 12-month period, asking specifically about the past month offers a more immediate snapshot of current risk. Shorter timeframes can reveal more recent, possibly escalating suicidal thoughts or ideation that might indicate an increased or acute risk of action.

To assess suicidal thoughts or ideation in the month prior to the survey, the Suicidal Ideation Attributes Scale was administered, which reflects the severity of suicidal ideation that can be categorised into high ideation, low ideation, and no ideation. High ideation indicates a high risk of suicidal behaviour in the past month, while low ideation indicates the presence of suicidal thoughts that are not as pronounced in terms of uncontrollability and intentions to act on these thoughts. In total, 3.0% of the sample or 53 individuals reported high suicidal ideation severity, indicating they may be at an increased risk of suicidal behaviour.

Most participants (93.9%) indicated “No Ideation,” which represents individuals who did not report ideation in the past month. This includes participants who were not eligible to complete the SIDAS, as they reported no ideation in the previous 12 months or in their lifetime. Lastly, 3.1% of participants indicated either low or high ideation in the past month.

Figure 5 outlines the severity of suicidal ideation among workers who reported ideation in the past 12 months. Of this group, 42% reported no suicidal ideation in the past month, while 30% reported low ideation and 29% reported high ideation. Therefore, while suicidal ideation may be transient for some individuals, these thoughts may persist at a concerning severity for other workers, highlighting the need for immediate intervention.

Figure 5. Severity of suicidal ideation in the past month for workers who reported the presence of ideation in the prior 12 months.



Lifetime and Recent Suicide Plans

Quick Points

- Lifetime rates of suicide plans were 1.7 times higher than those identified in the general adult Australian population.
- Rates of suicide plans in the 12 months prior to the survey were nearly four (4x) times higher than those in the general adult Australian population.
- Labourers, apprentices, and DIDO workers reported the highest rates of recent suicide plans.
- Female, LGBTQAI+, and divorced workers had the highest rates of recent suicide plans.

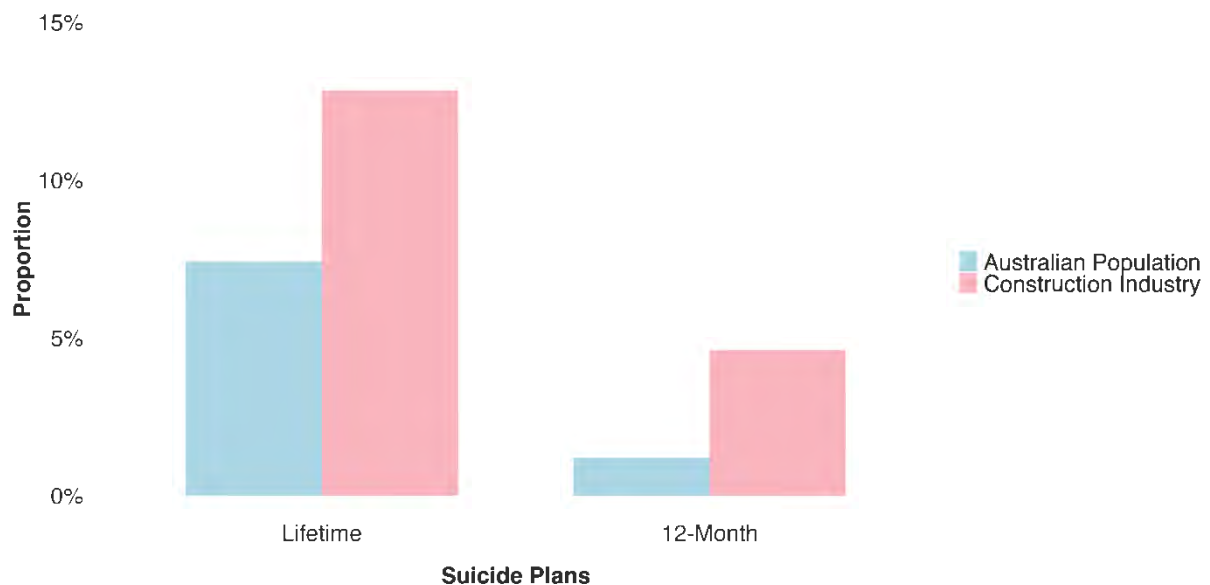
Background

Suicide plans typically refer to an individual's contemplation or preparation for taking their own life. A suicide plan involves a more advanced stage of suicidal ideation. It refers to when a person starts developing specific ideas or steps on how they might carry out suicide, such as thinking about the method, time, or place. Having a plan suggests a higher level of intent and risk, as it indicates a movement from thinking about suicide to actively preparing for it (31).

Results

Approximately 12.9% of survey respondents within the WA construction industry indicated a plan to suicide, compared to 7.6% within the general adult Australian population. In the 12 months prior to participating in the survey, 4.6% of construction workers reported planning suicide, which is significantly higher than the 1.2% of people in the general adult Australian population reporting planning suicide (**Figure 6**). This represents a lifetime plan rate 1.7 times higher among WA construction workers, and 12-month rate 3.8 times higher.

Figure 6. Proportions (%) of lifetime and 12-month suicide plans in the WA construction industry and comparative data for the general adult Australian population.



Suicide Plans by Demographic Groups

The prevalence of lifetime suicide plans varies significantly across demographic groups (**Table 5**). Female workers reported were 1.7 more likely to report suicide plans within the prior 12 months (6.3%), compared to males (3.8%).

Sexual orientation also plays a significant role in the prevalence of suicide plans. Individuals identifying as LGBTQAI+ reported 12-month rates of suicide plans 1.7 times higher than heterosexual individuals, with 6.5% of LGBTQAI+ individuals reporting plans compared to 3.8% of their heterosexual counterparts.

In line with suicidal ideation prevalence rates, individuals who were divorced, separated, or widowed at the time of the survey reported the highest lifetime rates of suicide plans at 29.0%, with a 12-month rate of 15.1%. Married individuals exhibited the lowest rates, with 8.3% for lifetime plans and 2.9% in the prior 12 months, suggesting that marital stability may provide some protection against planning suicide.

Table 5. Proportions (%) of lifetime and prior 12-month suicide plans by demographic characteristics.

	Suicide Plans (%)	
	Lifetime	12-Month
Gender		
Female	14.0%	6.3%
Male	11.5%	3.8%
Age Group		
16 - 24 years	13.4%	4.0%
25 - 34 years	12.7%	6.1%
35 - 44 years	13.3%	4.8%
45 - 54 years	10.2%	2.3%
55 - 64 years	9.6%	2.4%
65+ years	10.0%	10.0%
Sexual Orientation		
Straight	11.5%	3.8%
LGBTQAI+	14.3%	6.5%
Marital Status		
De facto	15.1%	4.4%
Divorced/Separated/Widowed	29.0%	14.9%
Married	8.3%	2.9%
Single	10.4%	3.8%

Suicide Plans by Occupation Groups

Rates of lifetime suicide plans, and plans within the prior 12 months, have been reported in **Table 6**. Workers with less than 2 years of experience reported the highest lifetime suicide plan rate at 15.1%, with a 12-month rate of 5.3%. In contrast, those with 20 years or more of experience exhibited the lowest lifetime and 12-month rates for suicide plans. Relatedly, apprentices displayed a notably higher rate of suicide plans within the prior 12 months of 10.1%, compared to non-apprentices (3.8%). This highlights the acute challenges faced by apprentices, possibly stemming from the pressures of training, adjusting to the workforce, or coping with the uncertainties of early adulthood for younger apprentices.

Labourers (18.7%) reported the highest rates of lifetime suicide plans compared to other occupation groups. Among job types, workers in heavy civil (14.1%) and industrial (15.2%) construction reported the highest rates of suicide plans within the prior 12 months.

DIDO workers (8.3%) reported a higher 12-month suicide plan rate relative to other locations. This indicates that the unique challenges and isolation faced by DIDO workers, who frequently travel away from home for work, may contribute to increased mental health risk.

Table 6. Proportions (%) of lifetime and prior 12-month suicide plans by occupational characteristics.

	Suicide Plans (%)			Suicide Plans (%)	
	Lifetime	12-month		Lifetime	12-month
Years of Experience			Work Site		
< 2 years	15.1%	5.3%	Office	10.6%	3.7%
2 - 5 years	10.8%	3.4%	Construction Site	13.0%	4.7%
5 - 10 years	13.0%	6.7%	Job Location		
10 - 20 years	13.8%	5.1%	DIDO	16.5%	8.3%
20+ years	10.2%	3.0%	FIFO	15.7%	4.8%
Apprenticeship			Fixed Metro	11.3%	4.0%
No	11.6%	3.8%	Fixed Rural	12.5%	3.6%
Yes	17.0%	10.1%	Job Type		
Primary Occupation			Commercial Construction	10.9%	3.5%
Clerical and Administrative	8.2%	3.5%	Heavy Civil Construction	14.1%	6.3%
Labourers	18.7%	8.0%	Industrial Construction	15.2%	5.0%
Machinery Operators/Drivers	18.6%	7.1%	Mining	11.7%	2.6%
Managers	10.6%	3.5%	Residential Construction	12.5%	3.0%
Other	-	-	Various/Other	9.0%	6.4%
Professionals	10.5%	4.2%			
Technicians/Trade	12.5%	3.9%			

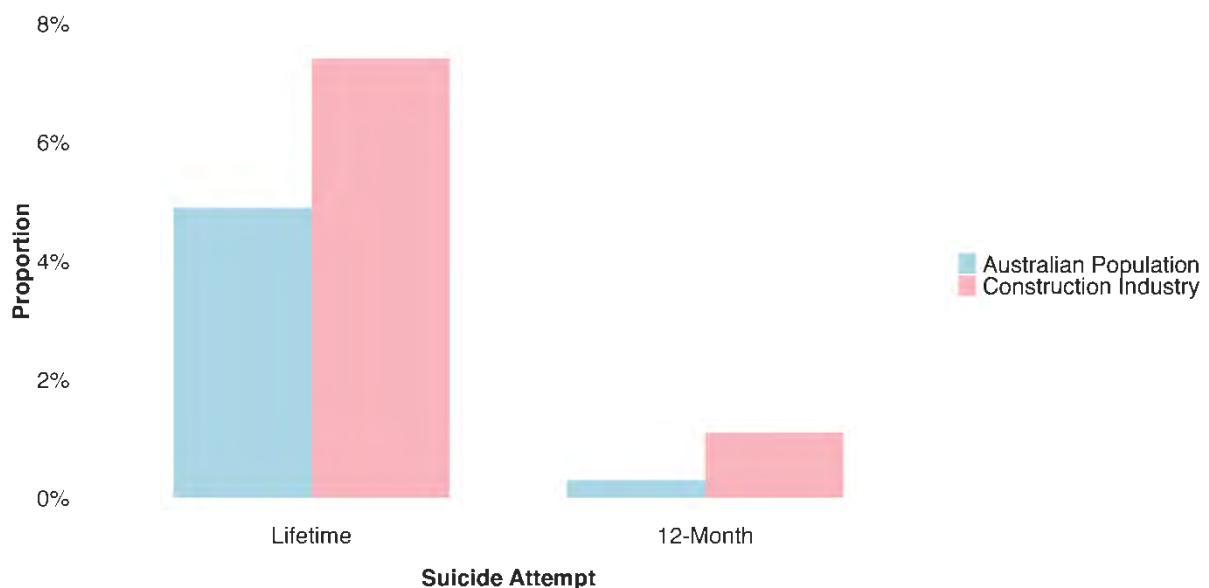
Lifetime and Recent Suicide Attempts

Quick Points

- Lifetime rates of suicide attempts were 1.5 times higher than that in the general adult Australian population.
- Rates of suicide attempts in the 12 months prior to the survey were nearly four (4x) times higher than those in the general adult Australian population.
- Machinery operators, apprentices, and DIDO workers reported the highest rates of recent suicide attempts.
- Female, LGBTIQA+, and divorced workers had the highest rates of recent suicide attempts.

As shown in **Figure 7**, both lifetime and 12-month prevalence rates of suicide attempts were elevated among construction workers participating in the survey. Specifically, 7.4% reported a suicide attempt at some point in their life, compared to 4.9% in the general adult Australian population. Further, 1% reported an attempt in the past 12 months, which is higher than the 0.3% within the general adult Australian population. Based on the size of our sample (1743 respondents) this represents 17 people in the construction industry recently attempting suicide compared to an expected 5 attempts from the general population for the same number of people. Overall, this represents a lifetime attempt rate 1.5 times higher among WA construction workers and 12-month rate 3.7 times higher.

Figure 7. Proportions (%) of lifetime and 12-month suicide attempts in the WA construction industry and comparative data for the general adult Australian population.



Suicide Attempts by Demographic Groups

Female workers exhibited a higher prevalence of lifetime suicide attempts (10.5%) compared to their male counterparts (6.2%), as well as higher rates of suicide attempts within the prior 12 months of 2.8% and 0.8%, respectively (**Table 7**).

In terms of sexual orientation, LGBTQAI+ individuals reported a notably higher lifetime attempt rate of 10.8% compared to 6.2% among straight individuals. The disparity continues in the past 12 months, with LGBTQAI+ individuals reporting 3.0% and straight individuals 0.8%.

Respondents who were divorced or separated reported the highest lifetime attempts at 16.9%, and 4.1% in the past 12 months. Married individuals reported the lowest lifetime and last 12 months attempts at 4.4% and 0.8%, respectively. This represents a lifetime attempt rate 3.8 times higher for divorced individuals, and 12-month rate over 5 times higher, when compared to those married at the time of the survey.

Table 7. Proportions (%) of lifetime and recent suicide attempts by demographic characteristics.

	Suicide Attempts (%)	
	Lifetime	12-Month
Gender		
Female	10.5%	2.8%
Male	6.2%	0.8%
Age Group		
16 - 24 years	8.9%	1.8%
25 - 34 years	8.4%	2.7%
35 - 44 years	8.0%	1.0%
45 - 54 years	5.1%	0.0%
55 - 64 years	4.8%	0.0%
65+ years	0.0%	0.0%
Sexual Orientation		
Straight	6.2%	0.8%
LGBTQAI+	10.8%	3.0%
Marital Status		
De facto	8.9%	0.9%
Divorced/Separated	16.9%	4.1%
Married	4.4%	0.8%
Single	7.6%	1.7%

Suicide Attempts by Occupation Groups

As with suicide plans, workers with less than 2 years of experience reported the highest rates of lifetime (10.5%) attempts, while those with over 20 years in the industry had the lowest (**Table 8**), potentially indicating resilience among individuals that remain in the industry for longer.

Apprentices demonstrated higher rates of lifetime (11.9%) and recent (4.4%) suicide attempts compared to those not completing an apprenticeship. Among different occupational groups, machinery operators/drivers reported the highest rates of lifetime (15.1%) and recent (4.7%) suicide attempts. Further, lifetime (13.2%) and recent (5.0%) suicide attempts were highest among DIDO workers. Heavy civil and industrial construction workers also tended to report higher rates of lifetime and recent suicide attempts. On the other hand, office workers (5.0%) and those working in fixed metro locations (6.0%) reported lower rates of lifetime attempts.

Table 8. Proportions (%) of lifetime and recent suicide attempts by occupational characteristics.

	Suicide Attempts (%)			Suicide Attempts (%)	
	Lifetime	12-month		Lifetime	12-month
Years of Experience			Work Site		
< 2 years	10.5%	1.3%	Office	5.3%	0.8%
2 - 5 years	7.8%	1.9%	Construction Site	8.3%	1.5%
5 - 10 years	9.2%	2.5%	Job Location		
10 - 20 years	8.4%	1.5%	DIDO	13.2%	5.0%
20+ years	4.2%	0.2%	FIFO	11.4%	2.4%
Apprenticeship			Fixed Metro	6.0%	0.7%
No	6.7%	0.9%	Fixed Rural	10.7%	1.8%
Yes	11.9%	4.4%	Job Type		
Primary Occupation			Commercial Construction	5.2%	0.5%
Clerical and Administrative	8.2%	1.1%	Heavy Civil Construction	9.3%	2.6%
Labourers	10.7%	2.0%	Industrial Construction	11.0%	3.1%
Machinery Operators/Drivers	15.1%	4.7%	Mining	9.1%	0.0%
Managers	6.1%	1.0%	Residential Construction	3.0%	0.0%
Other	-	-	Various/Other	8.8%	0.0%
Professionals	6.7%	1.4%			
Technicians/Trade	6.1%	0.4%			



PREVALENCE OF MENTAL HEALTH ISSUES



PREVALENCE OF MENTAL HEALTH ISSUES

This section expands on the previous one by outlining the prevalence of broader mental health difficulties that are often associated with suicidal thoughts and behaviours. While not everyone who experiences mental health issues will go on to develop suicidal thoughts or engage in suicidal behaviours, these conditions can increase the risk of these outcomes (32). These factors are therefore important additional targets for interventions and may assist in identifying at risk individuals.

This section will focus on **five main** aspects of mental health difficulties:

Psychological Distress (Page 34)

Burnout (Page 36)

Perceived Need for Help (Page 39)

Alcohol Consumption (Page 41)

Illicit Drug Use (Page 46)



Psychological Distress

Quick Points

- “High” and “very high” psychological distress was greater than rates in the general adult Australian population.
- Less experienced employees, apprentices, and DIDO workers had the highest rates of high or very high psychological distress.
- Psychological distress was highest among female, young, and LGBTIQ+ workers.

“The stress and risks inherent in construction work can lead to symptoms of anxiety and depression, which may go unrecognised and untreated.” – Anonymous Survey Respondent

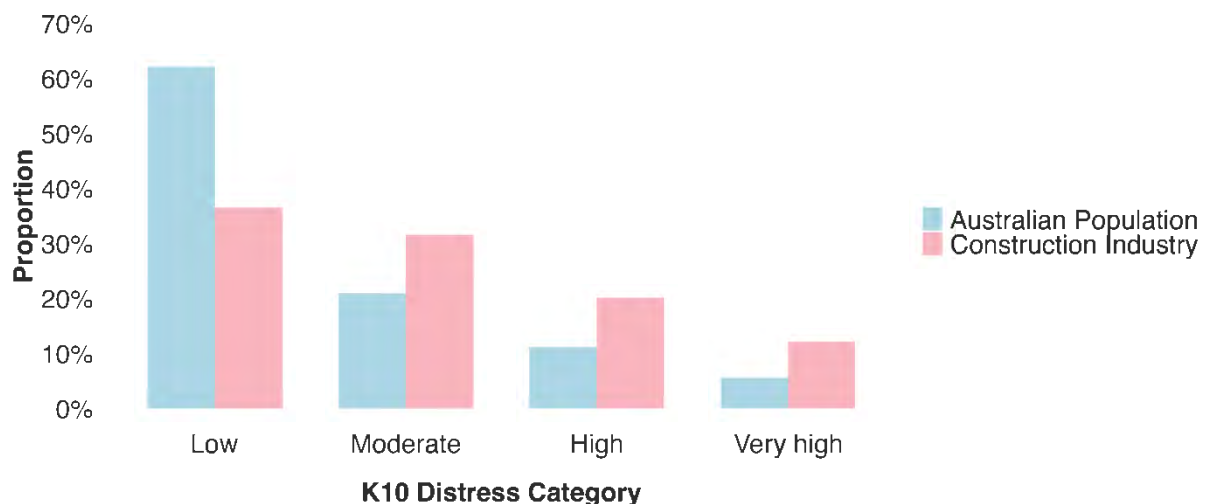
Background

Psychological distress refers to a state of emotional suffering typically characterised by symptoms like anxiety, depression, or stress. It can impair daily functioning and affect one's mental wellbeing (33). High levels of psychological distress are strongly linked to suicidal thoughts and behaviours, as feelings of hopelessness, isolation, and inability to cope may lead individuals to consider suicide to escape emotional pain (34, 35).

Results

Psychological distress, as measured through the Kessler-10 questionnaire, aims to capture symptoms of anxiety or depression in the prior four weeks. Higher scores indicate higher general distress and may indicate potential emotional disorders. As depicted in **Figure 8**, respondents from the WA construction industry were notably more likely to report high (20.0%) and very high (12.1%) psychological distress compared to the general adult Australian population (11.1% and 5.6%, respectively). This reflects a rate of high distress 1.8 times, and very high distress 2.2 times, that of the general Australian adult population.

Figure 8. Proportions (%) of low, moderate, high, and very high psychological distress in the WA Construction Industry and comparative data for the general adult Australian population.



Psychological Distress by Demographic and Occupational Groups

Demographic Groups. Rates of “high” and “very high” psychological distress have been reported in **Table 9**. Female workers reported significantly higher rates of distress (46.4%) compared to their male counterparts (32.5%). Workers who were younger in age, LGBTQAI+, and either single or in a de facto relationship reported the highest rates of psychological distress.

Occupational Groups. Workers with less than 5 years of experience and apprentices tended to report significantly higher rates of psychological distress. Those with DIDO (49.6%) and FIFO (40.7%) working arrangements also reported higher rates of psychological distress.

Table 9. Proportions (%) of high or very high psychological distress by demographic and occupational characteristics.

Demographic Groups		Occupational Groups	
	High or Very High Distress (%)		High or Very High Distress (%)
Gender		Apprenticeship	
Female	46.4%	No	34.3%
Male	32.5%	Yes	48.5%
Age Group		Primary Occupation	
16 - 24 years	50.9%	Clerical and Administrative Workers	39.3%
25 - 34 years	37.9%	Labourers	39.2%
35 - 44 years	37.7%	Machinery Operators and Drivers	37.9%
45 - 54 years	27.4%	Managers	29.6%
55 - 64 years	22.0%	Professionals	37.8%
Sexual Orientation		Technicians and Trade Workers	
LGBTQAI+	46.8%		38.3%
Straight	32.5%	Working Arrangement	
Marital Status		Office	33.0%
De facto	41.6%	On-Site	37.2%
Divorced/Separated	48.4%	Job Location	
Married	28.7%	DIDO	49.6%
Single	39.0%	FIFO	40.7%
Occupational Groups		Fixed Metro	34.0%
	High or Very High Distress (%)	Fixed Rural	29.8%
Years of Experience		Job Type	
< 2 years	43.0%	Commercial Construction	35.1%
2 - 5 years	46.0%	Heavy Civil Construction	42.8%
5 - 10 years	38.4%	Industrial Construction	34.1%
10 - 20 years	35.4%	Mining	26.6%
20+ years	27.4%	Residential Construction	39.9%

Burnout

Quick Points

- Close to one third of survey participants reported one or more symptoms of burnout.
- Residential construction workers reported higher burnout compared to other jobs.
- Female, LGBTIQ+ workers, and workers in de facto relationships were more likely to report experiencing burnout.

“I was totally burnt out and overworked but wouldn’t admit or listen to my then wife. This led me to start drinking heavily after work as well as doing long hours... I had no emotions, isolated myself on days off, and turned to things that gave a quick high like gambling, drugs and cost me my marriage at the time. When that happened, my whole life spiralled out of control...” – Anonymous Survey Respondent

Background

Burnout is a chronic stress syndrome, including chronic feelings of exhaustion, negative attitudes toward work (cynicism), and reduced professional efficacy (36). Research indicates that burnout leads to decreased workplace performance (37), various forms of withdrawal including absenteeism and turnover intentions (38). Further, greater feeling of burnout are often associated with higher rates of physical illnesses (39) and depressive disorders (40).

Results

In the survey, the presence of burnout was determined by asking a single question, where respondents could pick an answer that best applied to their current experiences:

1. *“I enjoy my work. I have no symptoms of burnout;”*
2. *“Occasionally I am under stress, and I don’t always have as much energy as I once did, but I don’t feel burned out;”*
3. ***“I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion;”***
4. ***“The symptoms of burnout that I’m experiencing won’t go away. I think about frustration at work a lot;”*** and
5. ***“I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.”***

Respondents that endorsed the first two possible responses were classified as having “No symptoms of burnout”, while endorsing one of the final three options were classified as having “1 or more symptoms of burnout”.

Roughly 30.8% of workers participating in the survey reported 1 or more symptoms of burnout (**Figure 9**), suggesting many workers may be experiencing symptoms such as physical and emotional exhaustion. The majority of workers participating in the survey indicated little to no symptoms of burnout, as assessed by a single-item measure (69.2%). However, this assessment may not capture other key dimensions of burnout, such as reduced professional efficacy,

disengagement from work responsibilities, and social withdrawal. Therefore, the actual prevalence of burnout may differ, as the use of a single-item measure may underestimate the complexity of the condition by not capturing its full range of symptoms.

Figure 9. Proportions (%) of burnout in the WA construction industry.



Burnout by Demographic and Occupational Groups

Demographic Groups. Rates of burnout are reported in *Table 10*. The presence of one or more symptoms of burnout was highest among female workers (37.5%), those identifying as LGBTQAI+ (38.1%) and those in de facto relationships (36.8%).

Occupational Groups. Rates of respondents with one or more symptoms of burnout were generally comparable across occupational groups, with the exception of residential workers (37.3%) who tended to report higher levels of burnout relative to workers in other industries.

Table 10. Proportions (%) of respondents with one or more symptoms of burnout by demographic and occupational characteristics.

Demographic Groups		Occupational Groups	
	Burnout (%)		Burnout (%)
Gender		Years of Experience	
Male	29.8%	< 2 years	28.5%
Female	37.5%	2 - 5 years	31.8%
Age Group		5 - 10 years	28.8%
16 - 24 years	31.7%	10 - 20 years	36.2%
25 - 34 years	35.2%	20+ years	29.7%
35 - 44 years	32.0%	Apprenticeship	
45 - 54 years	30.1%	No	31.3%
55 - 64 years	26.2%	Yes	35.3%
65+ years	-	Primary Occupation	
Sexual Orientation		Clerical and Administrative Workers	31.4%
LGBTQAI+	38.1%	Labourers	31.1%
Straight	29.8%	Machinery Operators and Drivers	20.0%
Marital Status		Managers	33.7%
De facto	36.8%	Professionals	29.1%
Divorced/Separated	34.4%	Technicians and Trade Workers	33.6%
Married	30.0%	Work Site	
Single	25.4%	Office	33.1%
		On-Site	30.1%
		Job Location	
		DIDO	36.2%
		FIFO	32.7%
		Fixed Metro	31.4%
		Fixed Rural	25.0%
		Job Type	
		Commercial Construction	29.3%
		Heavy Civil Construction	31.8%
		Industrial Construction	31.3%
		Mining	26.7%
		Residential Construction	37.3%

Perceived Need for Help

“I feel that most suicides are coming from men or women who feel the need to not speak up or reach out for help. That is... probably the hardest part, once the right people in your life know about your mental health, it can only get easier from there. Ensuring everyone knows it’s okay to speak up will make the difference.” – Anonymous Survey Respondent

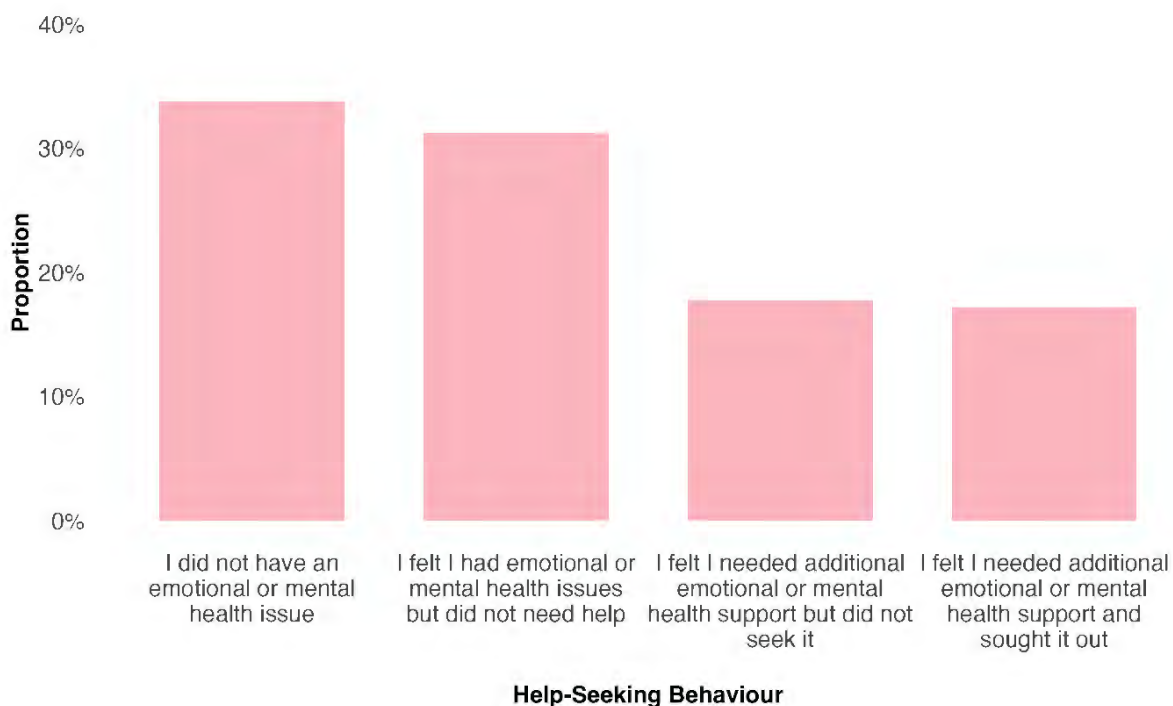
Background

When individuals experience mental health issues, they may perceive a need for help as they recognise significant changes in their emotions, thoughts, or behaviours that disrupt their daily functioning (41). This awareness often emerges through persistent feelings of sadness, anxiety, or hopelessness, or difficulties in maintaining relationships. They may find that previously effective coping mechanisms are no longer sufficient, leading to the realisation that professional support could provide necessary relief and guidance. This acknowledgment is often a critical first step towards seeking help and improving mental wellbeing.

Results

Survey participants were asked their perceived level of need for help through a single question: *“In the past 12 months, have you felt that you needed help or support for any emotional or mental health issues that you may have had?”* (Figure 10). In total, 17.7% of participants reported feeling that they needed support and sought it. An additional 17.2% felt they needed support but did not seek it. Further, 31.3% of workers admitted to having an issue, but self-assessed that they do not need help. These findings may suggest a culture that emphasizes self-reliance, potentially discouraging individuals from seeking help even when it is needed.

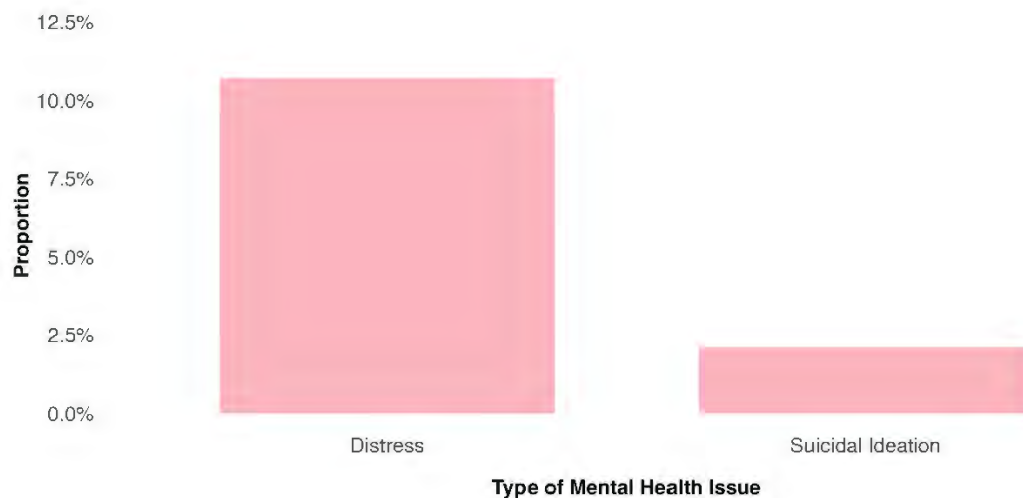
Figure 10. Proportions (%) of workers in the WA construction industry perceiving a need for help for their mental health issue.



Mental Health Issues by Perceived Need for Help

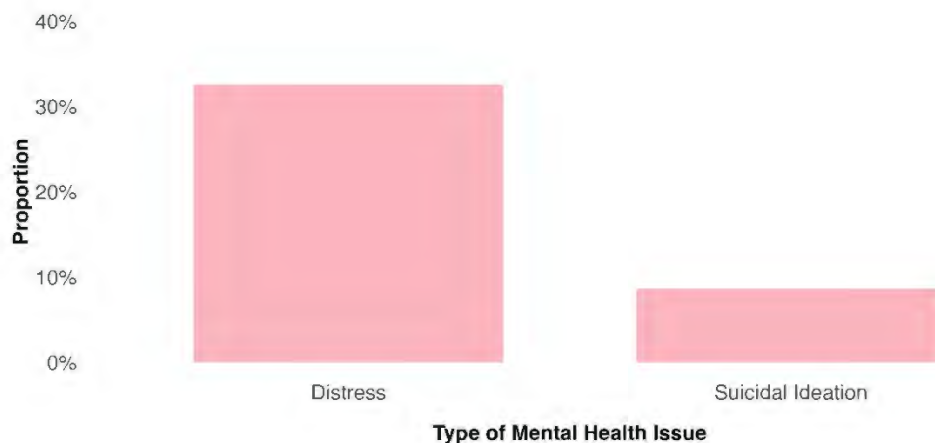
Absence of Mental Health Issue. Recent suicidal ideation and psychological distress were examined among participants who reported they did not have emotional or mental health issues (**Figure 11**). Of those who indicated they did not have a mental health issue, 2.1% of people reported suicidal ideation over the prior 12 months, while 10.7% of these respondents also met the criteria for high or very high psychological distress, suggesting a possible depression or anxiety disorder. The inability to identify a need for help may be an important barrier to seeking help and inhibit timely identification and treatment of mental health difficulties.

Figure 11. Proportions (%) of workers in the WA construction industry reporting recent suicidal ideation or high or very high distress who did not report mental health issues.



Absence of Perceived Need for Help. This same analysis was conducted for individuals who indicated they had emotional or mental health issues but did not need help (**Figure 12**). Approximately 8.6% of these survey respondents indicated recent suicidal ideation, suggesting these individuals may benefit from help. Likewise, 32.6% reported high or very high levels of psychological distress. Thus, while these individuals may identify the presence of a mental health issue, they might still be reluctant to seek help, potentially due to stigma, a lack of awareness regarding available resources, or underestimation of the severity of their conditions.

Figure 12. Proportions (%) of workers in the WA Construction Industry reporting recent suicidal ideation or distress who did not perceive they needed help for their mental health issue.



Substance Use

Quick Points

- Female workers were 2.5 more likely to binge drink, and over three times more likely to engage in risky drinking compared to females in the general adult Australian population.
- Male workers were 1.5 more likely to binge drink, and nearly two times more likely to engage in risky drinking compared to males in the general adult Australian population.
- Younger workers, apprentices, and on-site workers were more likely to engage in binge and risky drinking, while married workers had lower rates.
- DIDO workers, labourers, and machinery operators had higher rates of binge drinking.
- The 12-month prevalence of drug use was more than double that of the general adult Australian population.
- Recent drug use was more common among males, apprentices, and younger workers.

“You can be quite isolated from your family and friends for relatively long periods of time, especially when working FIFO. Young people can be quite cashed up and vulnerable to drug addiction or alcohol abuse.” – Anonymous Survey Respondent

Background

Excessive levels of alcohol consumption can have significant negative impacts on mental health and wellbeing (42). Understanding the prevalence of potentially harmful levels of alcohol and other drug use, and the factors associated with their use, is crucial for promoting more positive and effective coping mechanisms within the construction industry.

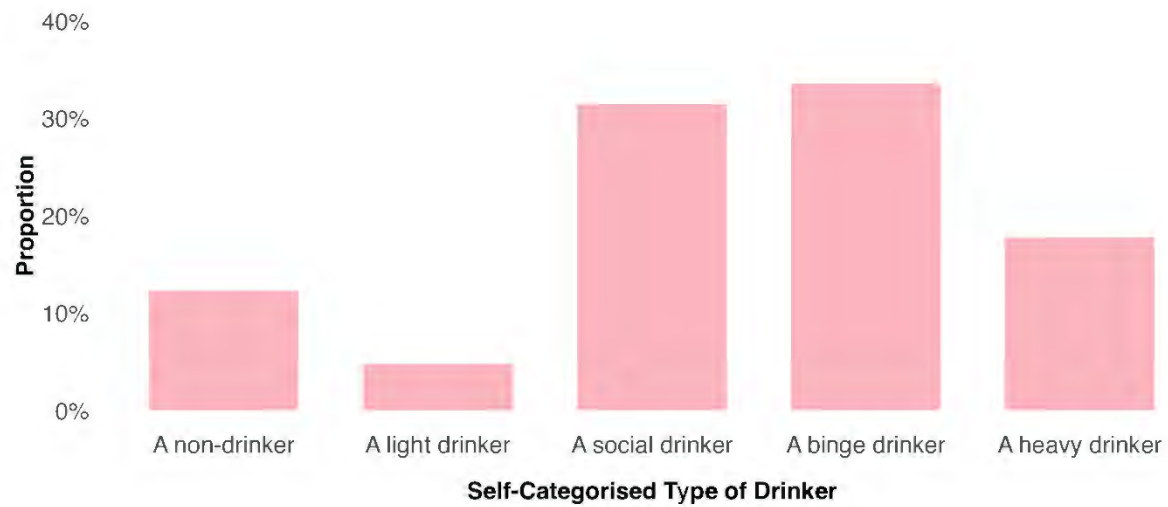
In the construction industry, there is a strong social element associated with alcohol consumption (43). After-work drinks are often normalised in on-site and office settings (44). While moderate alcohol consumption can have social and relaxing benefits, excessive drinking over time can adversely affect both the mental and physical health and be an indicator of difficulties in coping with psychological distress. Binge drinking episodes can also impair judgment and increase impulsive behaviours, which are critical factors in many suicide attempts (45).

The use of illicit substances, such as illegal drugs and prescription medications used for non-prescribed purposes, can also become normalised within the industry (46). Excessive use of these substances can have severe detrimental effects on mental health (47). Identifying risky behaviours related to substance use is essential to address these issues effectively (48).

Alcohol Consumption

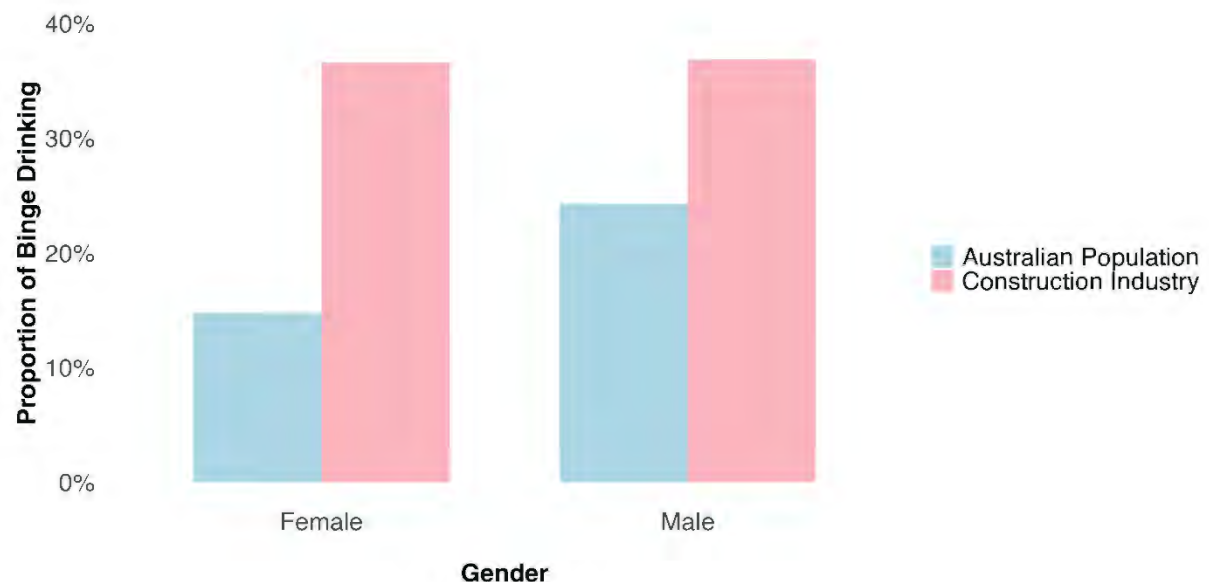
Type of Drinker. Survey respondents were first asked how they characterised their alcohol consumption levels (**Figure 13**). The vast majority identified as binge drinkers (33.6%) or social (31.6%), while nearly 17.8% reported being heavy drinkers. Only 12.3% reported being non-drinkers, and 4.8% reported being light drinkers.

Figure 13. Prevalence (%) of different self-reported types of drinking patterns in the WA construction industry.



Binge Drinking. Excessive binge drinking is classified as consuming 5 or more standard drinks twice per month for females, and 7 standard drinks or more for males (**Figure 14**). Females in the WA construction industry were disproportionately more likely to report excessive binge drinking (36.8%) compared to females in the general adult population (14.8%). Likewise, males in the WA construction industry reported a notably higher rate (36.9%) compared to males in the general adult Australian population (24.3%).

Figure 14. Rates (%) of excessive binge drinking among female and male workers in the WA construction industry compared to general adult Australian population.

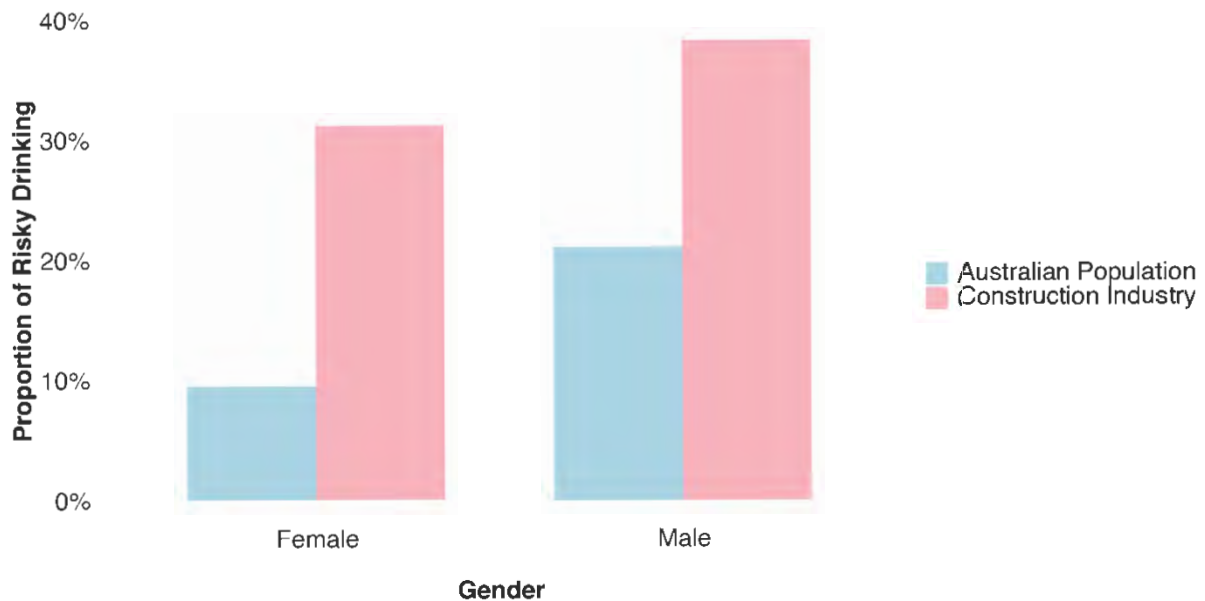


Risky Drinking. Risky drinking is classified as consuming more than 5 or more standard drinks on a typical occasion and reflects a tendency to consume alcohol at levels that increase the risk of both acute harm and long-term health problems (49). This pattern of drinking is associated with a higher likelihood of developing alcohol dependence and engaging in impulsive, risky

behaviours, such as violence or self-harm, and is a significant factor in the increased risk of suicide (50).

As shown in **Figure 15**, Females in the WA construction industry were three times more likely to report excessive binge drinking (31.2%) compared to females in the general adult Australian population (9.5%). Likewise, males in the WA construction industry reported over double the rate of risky drinking (38.3%) compared to males in the general adult Australian population (21.1%).

Figure 15. Rates (%) of risky drinking among female and male workers in the WA construction industry compared to general adult Australian population.



Alcohol Consumption by Demographic Groups

Rates of excessive binge drinking and risky drinking by demographic groups are presented in **Table 11**. Both female and male respondents showed similar rates of binge drinking, with slightly higher rates among males for risky drinking. This suggests that while binge drinking is common across genders, men may engage in riskier drinking practices more frequently.

Younger individuals, particularly those aged 16 to 24, exhibited the highest rates of both binge and risky drinking. This trend decreases with age, with older age groups demonstrating significantly lower consumption rates. This pattern indicates that young adults are more likely to engage in harmful drinking behaviours, possibly due to social and cultural factors. Individuals identifying as straight exhibited comparable rates of binge drinking to their LGBTQAI+ counterparts, but higher rates of risky drinking.

Married individuals tended to report lower rates of both binge and risky drinking compared to divorced/separated and single workers. In contrast, married individuals showed lower rates of both behaviours. This may reflect different social dynamics and support systems associated with marital status, influencing drinking patterns.

Table 11. Binge and risky drinking classifications by demographic characteristics.

	Alcohol Consumption	
	Binge Drinking (%)	Risky Drinking (%)
Gender		
Female	36.8%	31.1%
Male	36.9%	38.4%
Age Group		
16 - 24 years	45.6%	58.8%
25 - 34 years	30.1%	33.6%
35 - 44 years	40.2%	36.0%
45 - 54 years	39.6%	34.6%
55 - 64 years	29.2%	22.0%
Sexual Orientation		
LGBTQAI+	36.3%	31.0%
Straight	36.9%	38.4%
Marital Status		
De facto	39.4%	45.9%
Divorced/Separated	43.5%	46.9%
Married	31.0%	27.8%
Single	46.6%	44.8%

Alcohol Consumption by Occupational Groups

Rates of excessive binge drinking and risky drinking by occupational groups are presented in **Table 12**. Individuals with less than 2 years of experience report the highest levels of risky drinking (45.2%), indicating that newcomers to the workforce may engage in unhealthy drinking behaviours. As years of experience increased risky drinking tended to decrease, suggesting that more experienced workers may adopt healthier drinking habits over time. Similarly, apprentices reported higher rates of binge (47.4%) and risky drinking (46.4%) compared to non-apprentices.

Labourers (47.7%) and machinery operators/drivers (52.9%) exhibit the highest rates of binge drinking, and on-site workers reported higher rates of both binge and risky drinking. Workers in DIDO positions (53.1%) exhibited the highest rates of binge drinking, and FIFO (Fly-In Fly-Out) workers showed relatively high risky drinking rates (41.0%). In contrast, those in fixed metro and rural locations display moderate levels of binge and risky drinking.

Among job types, individuals employed in the commercial building and construction industry reported the highest rates of binge and risky drinking.

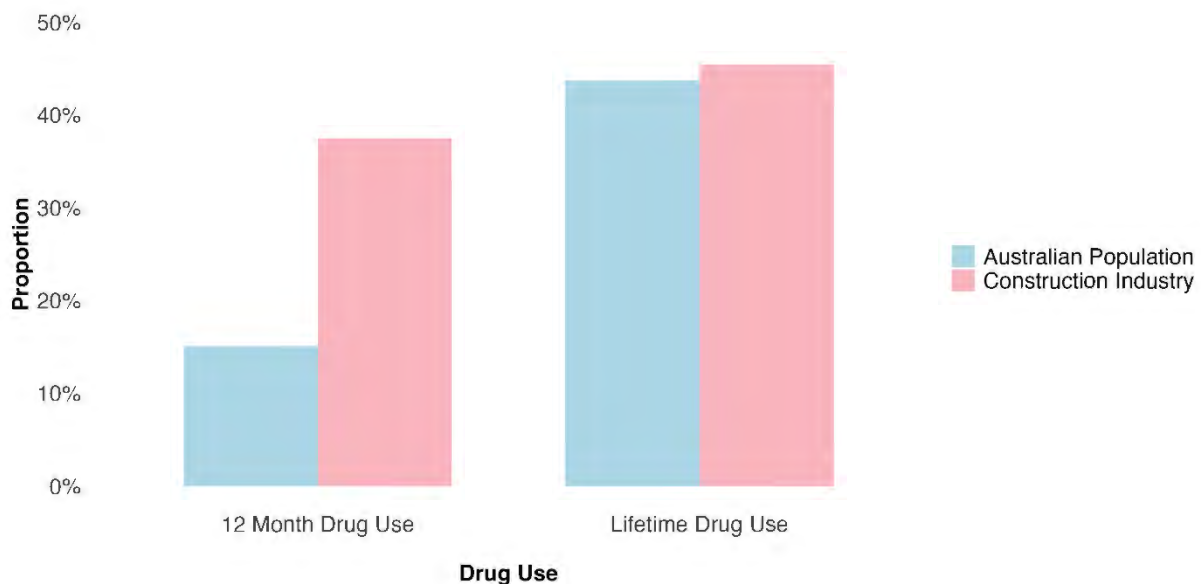
Table 12. Binge drinking classifications by occupational characteristics.

	Alcohol Consumption			Alcohol Consumption	
	Binge (%)	Risky (%)		Binge (%)	Risky (%)
Years of Experience			Work Site		
< 2 years	39.4%	45.2%	Office	32.7%	30.9%
2 - 5 years	40.1%	39.2%	On-Site	39.2%	40.4%
5 - 10 years	30.7%	35.6%	Job Location		
10 - 20 years	34.8%	32.4%	DIDO	53.1%	31.3%
20+ years	38.9%	37.5%	FIFO	32.2%	41.0%
Apprenticeship			Fixed Metro	36.0%	37.2%
No	35.7%	35.7%	Fixed Rural	36.2%	24.2%
Yes	47.4%	46.4%	Job Type		
Primary Occupation			Commercial Construction	39.6%	41.7%
Clerical and Administrative	26.3%	25.0%	Heavy Civil Construction	34.2%	32.8%
Labourers	47.7%	48.1%	Industrial Construction	34.3%	39.3%
Machinery Operators/Drivers	52.9%	38.5%	Mining	38.1%	36.5%
Managers	37.2%	34.2%	Residential Construction	33.1%	28.3%
Professionals	28.6%	30.4%			
Technicians/Trade	38.6%	42.9%			

Illicit Drug use

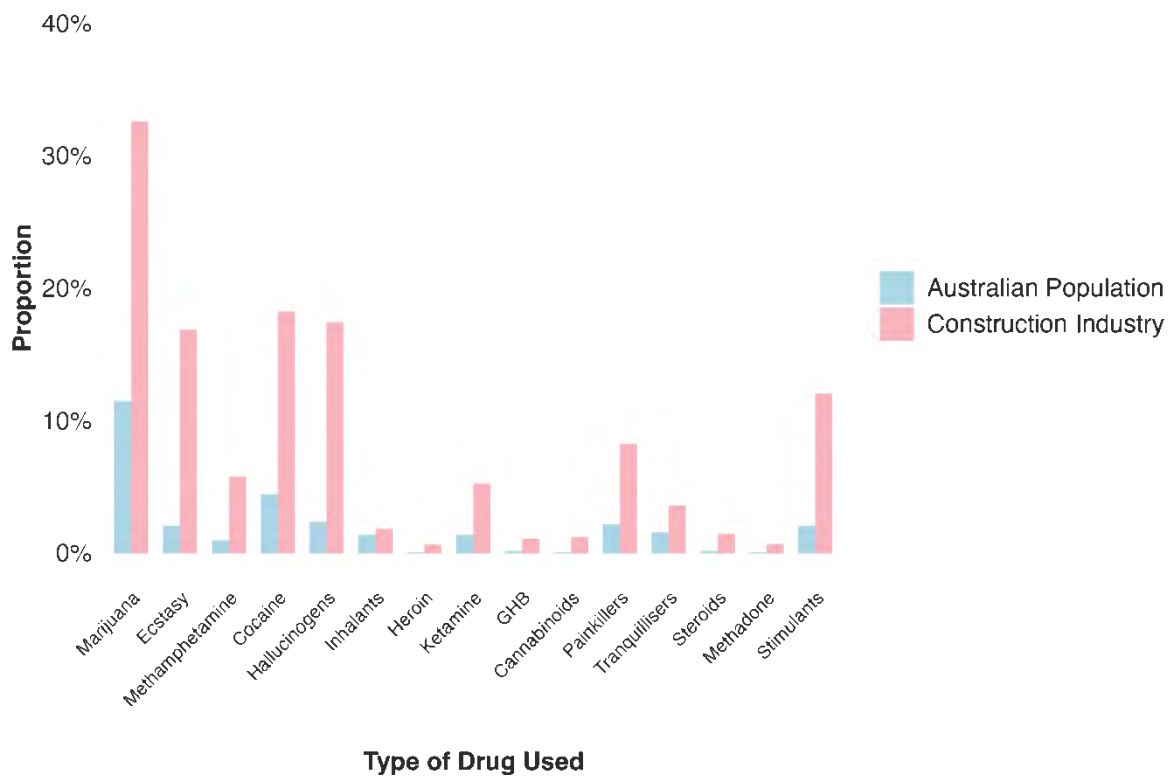
Illicit drug use was measured through several questions related to whether a respondent had recently used illicit drugs (either illegal drugs or prescription drugs for non-prescribed purposes) and the type of drugs consumed (**Figure 16**). Comparative data were obtained from the 2022-2023 National Drug Strategy Household Survey. The lifetime prevalence of drug use within the industry (45.4%) was comparable to the general adult Australian population (43.7%). However, the 12-month prevalence was nearly 2.5 times higher than that of the general adult Australian population (15.1%), with approximately 37.4% of workers reporting consuming any type of illicit drug within the prior 12 months.

Figure 16. Proportions (%) of 12-month and lifetime drug use in the WA construction industry and comparative data for the general adult Australian population.



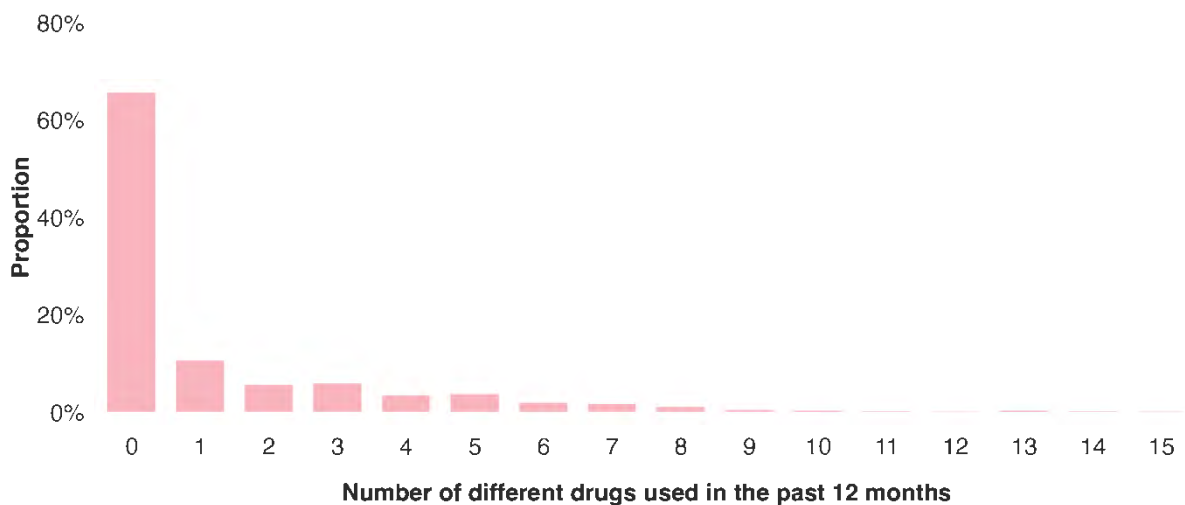
Types of Illicit Drugs Consumed. The 12-month prevalence of drug use showed concerning patterns (**Figure 17**). The most consumed illicit drugs were Marijuana (32.6%), Cocaine (18.2%), Hallucinogens (17.4%), and Ecstasy/MDMA (16.9%). Further, the rates of consumption for these drugs far exceeded rates exhibited within the general adult Australian population. For instance, 2.1% of the general adult Australian population reported consuming ecstasy or MDMA within the prior 12 months, while 16.9% of the current sample reported using these drugs in the 12 months prior, indicating a rate eight times higher. Further, workers in the industry were seven times more likely to have used hallucinogens in the prior 12 months, almost six times more likely to have used methamphetamine, and four times more likely to have used cocaine.

Figure 17. Proportions (%) of usage of different drugs in the past 12 months in the WA construction industry and comparative data for the general adult Australian population.



Number of Illicit Drugs Consumed. Figure 18 shows the number of different types of drugs consumed in the 12 months prior to the survey. Roughly 10.4% of individuals used only one type of drug in the past 12 months, 6.2% used two types, 6.0% used three, 4.5% used four types, and 9.4% used five or more drugs.

Figure 18. Proportions (%) of number of different drugs used in the past 12 months in the WA Construction Industry.



Illicit Drug Use by Demographic and Occupational Groups

Demographic Groups. As outlined in *Table 13*, males (35.9%) reported higher illicit drug use within the prior 12 months compared to females (28.9%). Younger individuals, particularly those aged 16-24 years, reported the highest prevalence at 47.0%. In contrast, older age groups reported lower usage rates. Marital status was also linked with substance use, with those in de facto relationships having the highest rates (46.9%), while married, divorced, or separated individuals reported the lowest.

Occupational Groups. In terms of occupational characteristics, drug use was notably higher among workers with less than 2 years of experience (41.8%) and those who are completing an apprenticeship (50.0%). Labourers and technicians/trade workers had higher rates of recent drug use rates, while clerical and administrative workers have the lowest at 27.1%. On-site workers also tended to report higher rates of drug use within the prior 12 months.

Table 13. 12-month prevalence of illicit drug use by demographic and occupational characteristics.

Demographic Groups		Occupational Groups	
	12-Month Drug Use (%)		12-Month Drug Use (%)
Gender		Apprenticeship	
Female	28.9%	No	32.8%
Male	35.9%	Yes	50.0%
Age Group		Primary Occupation	
16 - 24 years	47.0%	Clerical and Administrative Workers	27.1%
25 - 34 years	40.7%	Labourers	48.6%
35 - 44 years	34.7%	Machinery Operators and Drivers	32.1%
45 - 54 years	28.6%	Managers	30.1%
55 - 64 years	15.6%	Professionals	28.0%
Sexual Orientation		Technicians and Trade Workers	
LGBTQAI+	29.1%	Working Arrangement	
Straight	35.9%	Office	29.2%
Marital Status		On-Site	37.5%
De facto	46.9%	Job Location	
Divorced/Separated	24.0%	DIDO	33.0%
Married	27.5%	FIFO	30.2%
Single	40.3%	Fixed Metro	35.5%
Occupational Groups		Fixed Rural	24.5%
	12-Month Drug Use (%)	Job Type	
Years of Experience		Commercial Construction	35.1%
< 2 years	41.8%	Heavy Civil Construction	42.8%
2 - 5 years	39.8%	Industrial Construction	36.5%
5 - 10 years	34.0%	Mining	27.0%
10 - 20 years	35.7%	Residential Construction	29.8%
20+ years	29.1%		



PREVALENCE OF WORK-RELATED RISK AND PROTECTIVE FACTORS



PREVALENCE OF WORK-RELATED RISK AND PROTECTIVE FACTORS

This section shifts the focus to the workplace, highlighting workers' experiences across the sector for several key risk and protective factors the current survey found were linked to suicidal ideation. Understanding how these workplace conditions impact mental health is crucial, not just for preventing suicidal behaviours, but also for promoting a healthier, more resilient workforce. By identifying these factors, organisations can implement targeted strategies to support employee wellbeing, reduce the incidence of workplace-related mental health issues, and foster a culture of care that proactively addresses the risks before they escalate.

This section will focus on **four main** aspects of work-related factors:

[Bullying](#) (Page 52)

[Work-Life Conflict](#) (Page 54)

[Presenteeism](#) (Page 56)

[Workplace Support](#) (Page 58)



Prevalence of Work-Related Risk and Protective Factors

Quick Points

- Over a quarter of participants reported being a victim of bullying in the prior six months.
- Over one third of participants indicated their work interferes with their personal and family life.
- Almost half of respondents indicated that they had gone to work despite feeling they should have taken sick leave due to their health.
- Over one third of respondents indicated they never or seldom receive support from supervisors or colleagues.
- Straight male employees reported receiving less support at work than individuals with a LGBTIQ+ employees.
- Apprentices were more likely to report being bullied in the prior six months compared to non-apprentices and less likely to report receiving support within the workplace.
- Work-life conflict was highest amongst managers, more experienced workers, and those with a DIDO working arrangement.

Background

Working in the construction industry is both challenging and dynamic, offering a mix of physical labour, problem-solving, and teamwork. It often requires employees to work in diverse and sometimes hazardous environments, from building sites to infrastructure projects. Long hours, strenuous activities, and the physical nature of the work can take a toll on the body, while the pressure to meet deadlines adds mental strain (51). Weather conditions, safety risks, and constantly changing project demands can increase stress levels. Additionally, the industry's cyclical nature, with periods of intense activity followed by uncertainty or downtime, can create financial and job insecurity (52).

While the work can be rewarding, offering tangible results and opportunities for skill development, these pressures can contribute to both physical fatigue and mental health challenges over time. Moreover, the culture of construction, which sometimes prioritises toughness and resilience, may not always support open conversations about stress or mental wellbeing, making it harder for workers to seek help when needed (53).

Bullying

“I was bullied severely... and have suffered anxiety and at times depression, ever since. Before that event I used to love every day of my job, was active and very social. Since then, I struggle to get out of bed each morning, socialise little, sleep most of the weekend and struggle to be motivated at work.” – Anonymous Survey Respondent

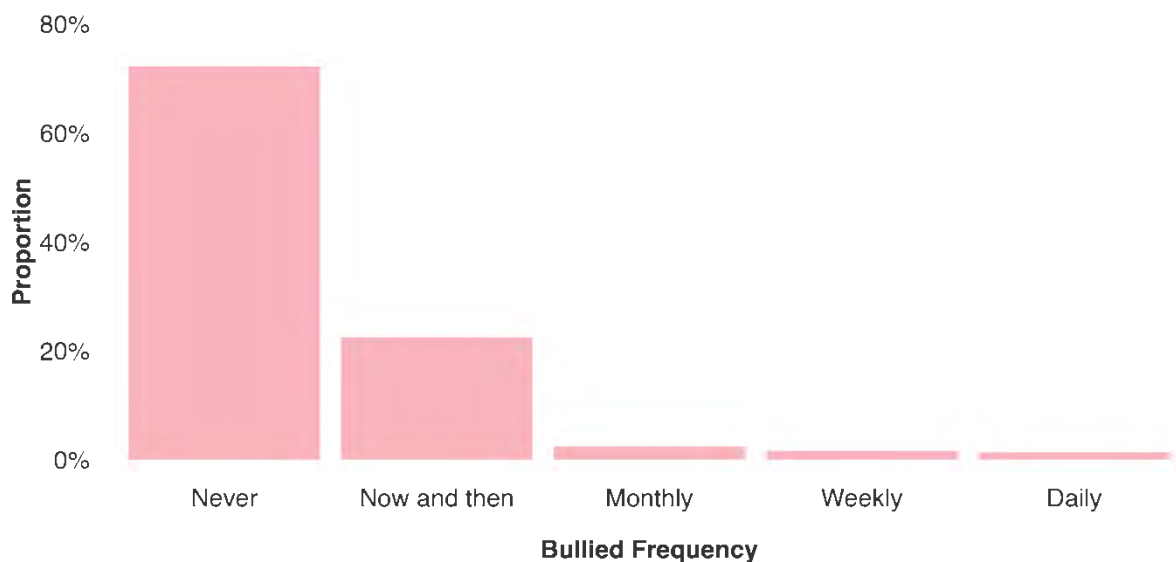
Background

Workplace bullying is a situation where a worker perceives him- or herself to be mistreated and abused by other organisational members, and where the person in question finds it difficult to defend him/herself against these actions (54). This can have significant adverse effects, possibly leading to social isolation and maladjustment, psychosomatic illnesses, depressions, compulsions, helplessness, anger, anxiety, and despair (55). A recent investigation of bullying within the WA construction industry among apprentices found that 27.3% were exposed to bullying within the prior 6 months (56, 57).

Results

Twenty eight percent (28%) of respondents reported being bullied in the last 6 months (**Figure 19**). Most workers reported never being the target of bullying within the last 6 months. Approximately 22.4% reported being bullied “now and then”, 1.4% indicated being bullied daily, 1.6% reported being bullied weekly, and 2.5% reported being bullied monthly.

Figure 19. Proportions (%) of participants reporting / perceiving they had been bullied in the WA Construction Industry.



Experiences of Bullying by Demographic and Occupational Groups

Demographic Groups. As outlined in **Table 13**, males reported higher rates of being bullied daily or weekly compared to females, highlighting a potential gender disparity in bullying victimisation or how bullying is perceived. Additionally, LGBTQAI+ individuals seem to encounter bullying more frequently than their straight counterparts. Married workers reported lower rates of bullying.

Occupational Groups. Apprentices experienced bullying at a significantly higher rate of 8.0%. Among various occupations, labourers experienced bullying at 3.9%, while managers reported the lowest at 1.1%. Job location also impacted bullying rates, with those in DIDO experiencing the highest rates (5.6%).

Table 14. Frequency of bullying (daily or weekly) by demographic and occupational characteristics.

Demographic Groups		Occupational Groups	
Daily/Weekly Bullying (%)		Daily/Weekly Bullying (%)	
Gender		Apprenticeship	
Female	5.4%	No	2.3%
Male	2.1%	Yes	8.0%
Age Group		Primary Occupation	
16 - 24 years	3.4%	Clerical and Administrative Workers	3.4%
25 - 34 years	3.6%	Labourers	3.9%
35 - 44 years	2.9%	Machinery Operators and Drivers	2.2%
45 - 54 years	2.2%	Managers	1.1%
55 - 64 years	1.8%	Professionals	4.1%
Sexual Orientation		Technicians and Trade Workers	
LGBTQAI+	5.6%		3.6%
Straight	2.1%	Working Arrangement	
Marital Status		Office	2.2%
De facto	4.4%	On-Site	3.2%
Divorced/Separated	6.3%	Job Location	
Married	1.3%	DIDO	5.6%
Single	3.4%	FIFO	4.1%
Occupational Groups		Fixed Metro	2.6%
Daily/Weekly Bullying (%)		Fixed Rural	0.0%
Years of Experience		Job Type	
< 2 years	1.9%	Commercial Construction	2.4%
2 - 5 years	5.4%	Heavy Civil Construction	4.2%
5 - 10 years	4.1%	Industrial Construction	4.1%
10 - 20 years	3.0%	Mining	5.1%
20+ years	1.2%	Residential Construction	1.0%

Work-Life Conflict

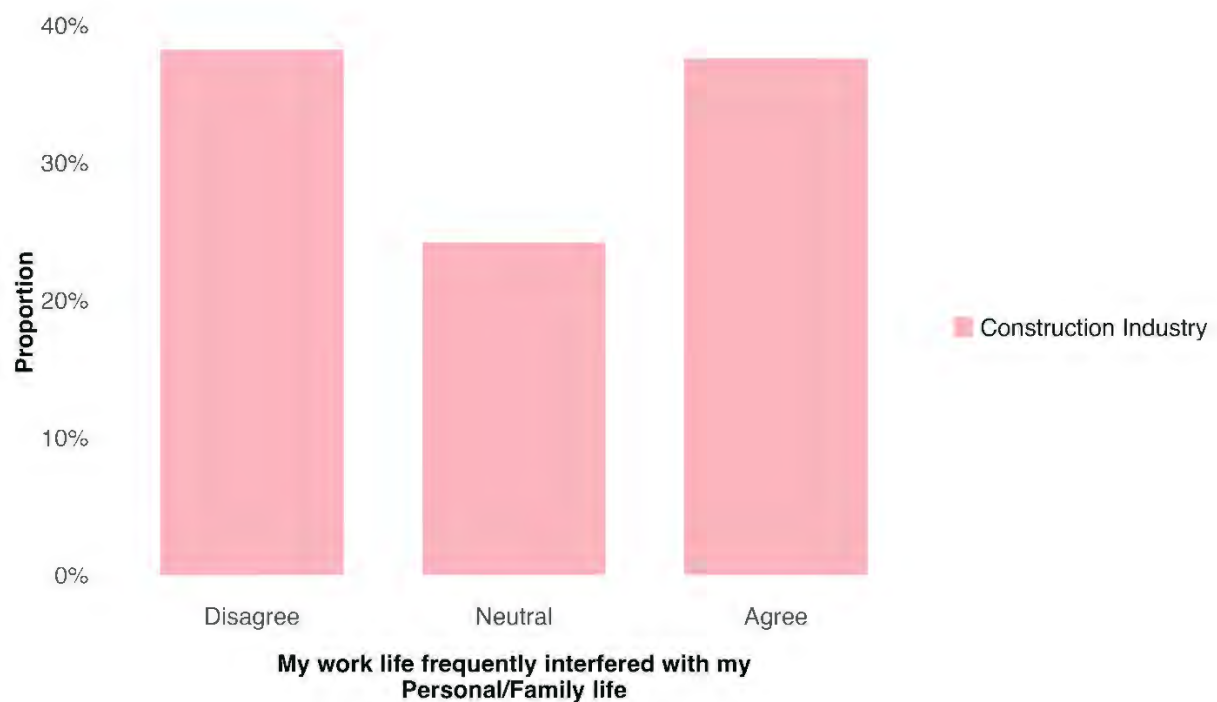
Background

Work-life conflict refers to the tension individuals experience when the demands of their work responsibilities interfere with their personal life and vice versa (58). When individuals struggle to balance work obligations and personal responsibilities, they often experience heightened stress, anxiety, and feelings of burnout (59). These negative emotional states can lead to diminished wellbeing, reduced job satisfaction, and lower productivity, ultimately impacting both professional performance and personal relationships (60, 61).

Results

In the WA construction industry, a significant 37.6% of respondents reported that their work life frequently interferes with their personal or family life, indicating a substantial impact on their overall wellbeing (**Figure 20**). In contrast, 38.2% disagreed with this statement, highlighting that many experience challenges in balancing work and personal responsibilities. This finding underscores the pressing issue of work-life interference within the industry.

Figure 20. Proportions (%) of workers in the WA construction industry indicating work-life conflict.



Work-Life Conflict by Demographic and Occupational Groups

Rates of work-life conflict by demographic and occupational groups are presented in **Table 15**.

Demographic Groups. Individuals aged between 25 and 54 years of age reported the highest levels of work-life conflict, while younger workers aged 16-24 experienced lower levels. Married individuals and those in de facto relationships experienced higher work-life conflict.

Occupational Groups. Managers and labourers reported the highest work-life conflict among occupations. Work-life conflict was also more prevalent among DIDO workers. Workers with over 10 years of experience reported the highest levels of work-life conflict, peaking at 46.0% for those with 10-20 years of experience.

Table 15. Proportions (%) of work-life conflict by demographic and occupational characteristics.

Demographic Groups		Occupational Groups	
High Work-Life Conflict (%)		High Work-Life Conflict (%)	
Gender		Apprenticeship	
Female	43.0%	No	41.6%
Male	41.4%	Yes	43.6%
Age Group		Primary Occupation	
16 - 24 years	32.9%	Clerical and Administrative Workers	30.0%
25 - 34 years	42.3%	Labourers	42.5%
35 - 44 years	47.7%	Machinery Operators and Drivers	40.2%
45 - 54 years	43.6%	Managers	48.2%
55 - 64 years	32.7%	Professionals	40.2%
Sexual Orientation		Technicians and Trade Workers	
LGBTQAI+	43.3%		38.7%
Straight	41.4%	Working Arrangement	
Marital Status		Office	42.7%
De facto	44.4%	On-Site	41.3%
Divorced/Separated	38.9%	Job Location	
Married	44.8%	DIDO	48.4%
Single	31.1%	FIFO	44.2%
Occupational Groups		Fixed Metro	41.5%
High Work-Life Conflict (%)		Fixed Rural	31.6%
Years of Experience		Job Type	
< 2 years	31.0%	Commercial Construction	41.0%
2 - 5 years	39.9%	Heavy Civil Construction	42.8%
5 - 10 years	37.6%	Industrial Construction	45.6%
10 - 20 years	46.0%	Mining	38.0%
20+ years	44.2%	Residential Construction	39.9%

Presenteeism

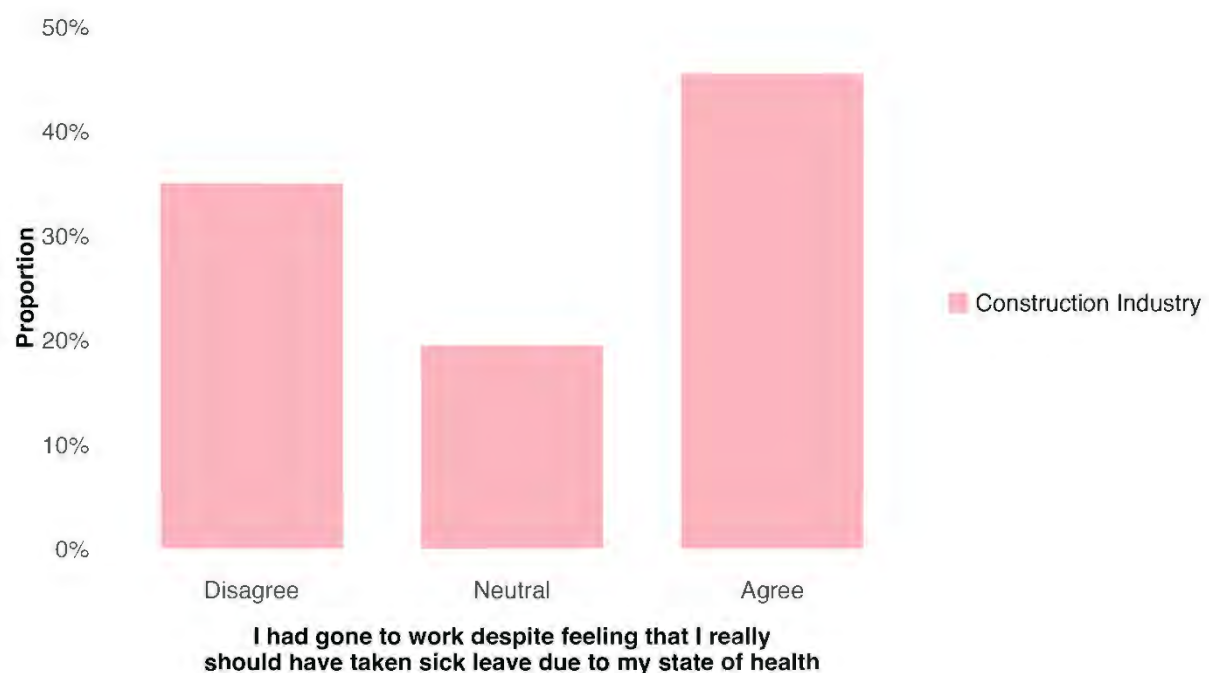
Background

Presenteeism occurs where employees attend work despite being unwell, either physically or mentally, leading to reduced productivity and performance (62). Unlike absenteeism, where employees are not present at work, presenteeism can be more challenging to detect but equally detrimental (63). It often stems from a workplace culture that discourages taking sick leave or from personal fears of job insecurity. This behaviour can exacerbate health issues, prolong recovery times, and negatively impact mental health. In the long run, presenteeism not only reduces individual performance but can also lead to a decline in overall workplace morale and productivity (64). Addressing presenteeism involves creating a supportive work environment that prioritises employee wellbeing and encourages appropriate health-related absences.

Results

In the current survey, 45.5% of respondents indicated that they had gone to work despite feeling they should have taken sick leave due to their health, reflecting a concerning trend of presenteeism (**Figure 21**). In contrast, 35.0% disagreed with this statement, suggesting that a smaller but notable portion of the workforce does prioritise their health by taking appropriate leave when needed. This finding highlights the significant pressure workers may feel to work even when unwell, potentially affecting both their health and productivity.

Figure 21. Proportions (%) of workers in the WA construction industry indicating presenteeism.



Presenteeism by Demographic and Occupational Groups

Rates of presenteeism by demographic and occupational groups are presented in **Table 16**.

Demographic Groups. Females (53.9%) tended to report higher levels of presenteeism compared to males (45.8%). Likewise, LGBTQAI+ individuals were more likely to report presenteeism (54.0%) compared to their straight counterparts. In terms of marital status, divorced or separated individuals exhibited the highest rates of presenteeism.

Occupational Groups. Presenteeism was similar between apprenticeship status, work site, and job type. Among occupations, professionals tended to report the highest levels of presenteeism (54.3%), while clerical workers reported the lowest.

Table 16. Proportions (%) of presenteeism by demographic and occupational characteristics.

Demographic Groups		Occupational Groups	
	Presenteeism (%)		Presenteeism (%)
Gender		Apprenticeship	
Female	53.9%	No	47.5%
Male	45.8%	Yes	48.5%
Age Group		Primary Occupation	
16 - 24 years	44.2%	Clerical and Administrative Workers	36.0%
25 - 34 years	47.6%	Labourers	47.1%
35 - 44 years	51.0%	Machinery Operators and Drivers	43.7%
45 - 54 years	48.1%	Managers	46.9%
55 - 64 years	39.5%	Professionals	54.3%
Sexual Orientation		Technicians and Trade Workers	
LGBTQAI+	54.0%		46.6%
Straight	45.8%	Work Site	
Marital Status		Office	48.7%
De facto	48.2%	On-Site	46.9%
Divorced/Separated	61.1%	Job Location	
Married	48.9%	DIDO	48.8%
Single	37.6%	FIFO	52.3%
Occupational Groups		Fixed Metro	47.2%
	Presenteeism (%)	Fixed Rural	40.4%
Years of Experience		Job Type	
< 2 years	40.5%	Commercial Construction	49.3%
2 - 5 years	46.4%	Heavy Civil Construction	43.9%
5 - 10 years	45.3%	Industrial Construction	45.4%
10 - 20 years	51.2%	Mining	50.6%
20+ years	47.9%	Residential Construction	46.2%

Workplace Support

“The construction industry ebbs and flows, it needs someone who is resilient to push for things to get done when needed. Good mentors to coach new people through the industry is absolutely critical. These mentors can reassure, reaffirm and support people through the changes of the industry.” – Anonymous Survey Respondent

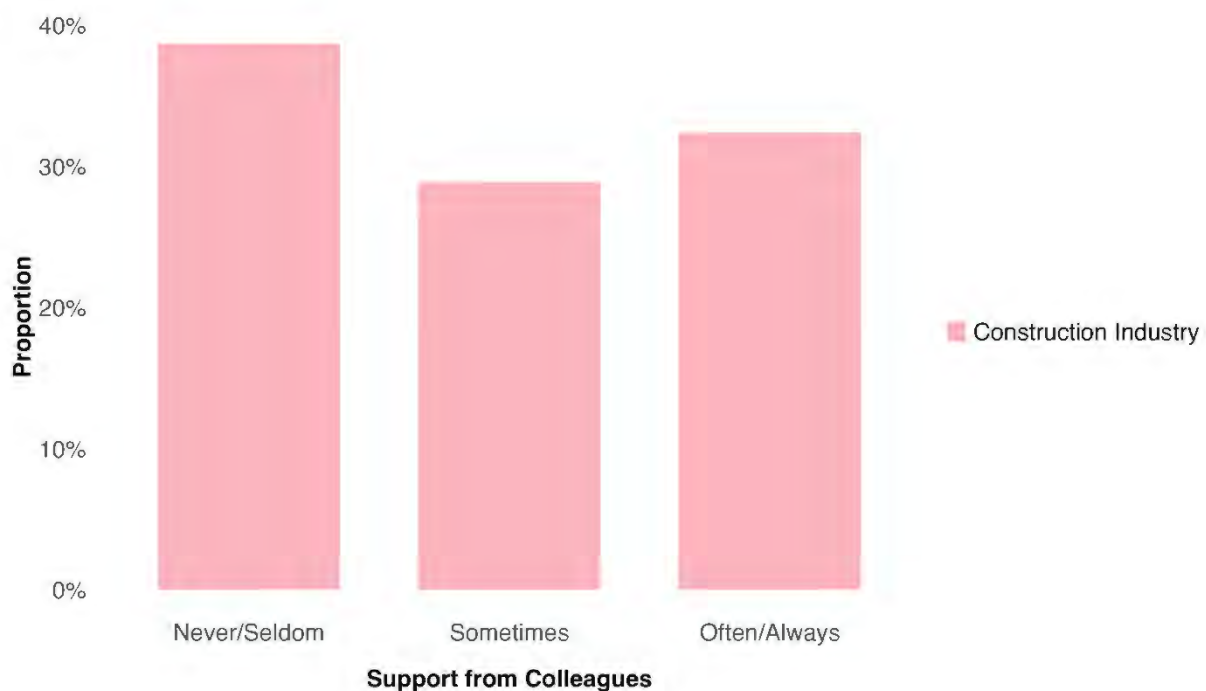
Background

Support from supervisors and colleagues is crucial in fostering a positive work environment and enhancing employee wellbeing. It encourages open communication, boosts morale, and promotes collaboration, enabling individuals to navigate challenges more effectively (65). When employees feel supported, they are more likely to experience job satisfaction, engage fully in their work, and demonstrate increased productivity (66). Additionally, access to assistance and guidance can help reduce stress and burnout, leading to better mental health outcomes.

Results

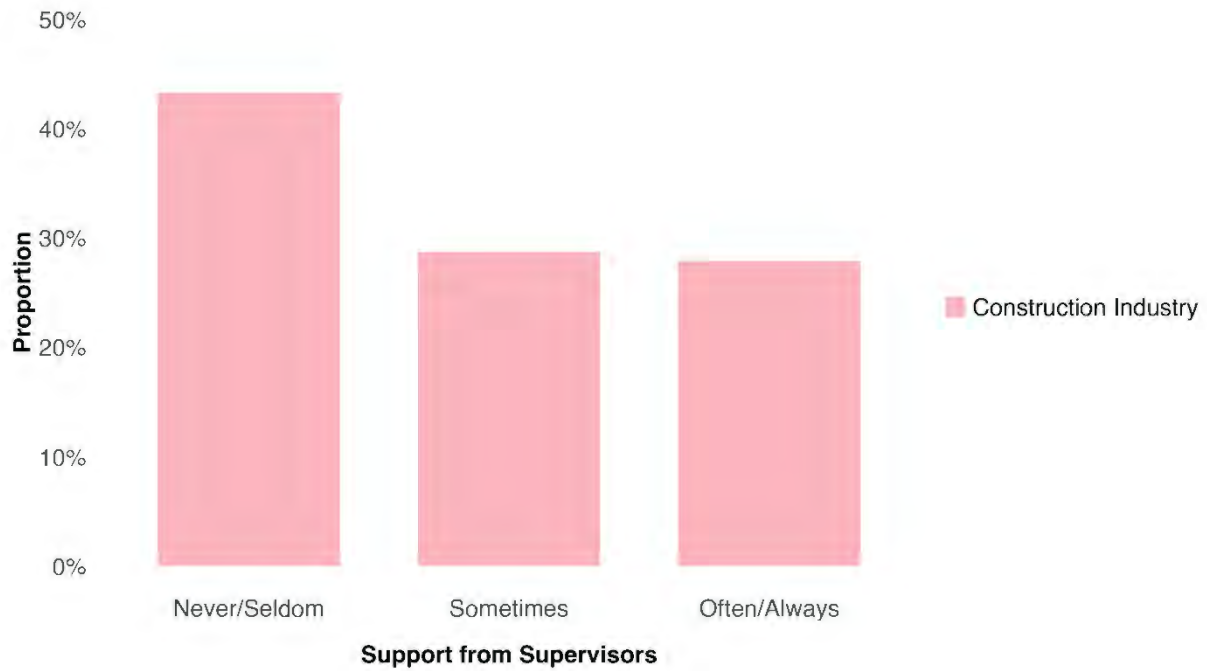
Support from Colleagues. Responses to the question about receiving help and support from colleagues reveal a relatively balanced distribution: 32.4% of respondents indicated they often or always received support, while 28.9% reported sometimes getting assistance (**Figure 22**). Conversely, 38.7% stated they never or seldom received help from their colleagues. This data highlights a mixed perception of colleague support, suggesting that while some workers benefit from a collaborative environment, a significant portion still lacks the assistance they need.

Figure 22. Proportions (%) of workers in the WA construction industry reporting the frequency of support they feel they receive from colleagues.



Support from Supervisors. In the construction industry, 43.3% of respondents reported that they never or seldom received help and support from their immediate superior or supervisor when needed, indicating a significant gap in managerial support (**Figure 23**). Meanwhile, 28.7% stated that they sometimes received assistance, while 27.9% reported often or always getting support. This data highlights the variability in support levels, suggesting that many workers may not have reliable access to the help they need from their supervisors.

Figure 23. Proportions (%) of workers in the WA construction industry reporting the frequency of support they feel they receive from their immediate supervisor.



Colleague Support by Demographic and Occupational Groups

Rates of colleague support by demographic and occupational groups are presented in **Table 17**.

Demographic Groups. Females reported receiving colleague support more frequently than males. Younger workers, particularly those aged 16-24, reported lower levels of colleague support than other age groups, while older workers aged 55-64 reported higher levels. LGBTQAI+ individuals were more likely to report support from colleagues compared to straight individuals.

Occupational Groups. Colleague support was lower for apprentices (30.1%) compared to non-apprentices (35.0%). Among occupations, technicians and trade workers (26.5%) reported the lowest rates of support from colleagues. Office workers reported higher support from colleagues (40.5%) compared to on-site workers, as well as individuals within the mining industry (46.8%).

Table 17. Proportions (%) of colleague support by demographic and occupational characteristics.

Demographic Groups		Occupational Groups	
	Often/Always Colleague Support (%)		Often/Always Colleague Support (%)
Gender		Apprenticeship	
Female	48.9%	No	35.0%
Male	30.7%	Yes	30.1%
Age Group		Primary Occupation	
16 - 24 years	28.6%	Clerical and Administrative Workers	40.4%
25 - 34 years	35.9%	Labourers	36.6%
35 - 44 years	35.0%	Machinery Operators and Drivers	31.0%
45 - 54 years	33.1%	Managers	39.2%
55 - 64 years	39.5%	Professionals	37.8%
Sexual Orientation		Technicians and Trade Workers	26.5%
LGBTQAI+	48.3%	Working Arrangement	
Straight	30.7%	Office	40.5%
Marital Status		On-Site	31.1%
De facto	34.2%	Job Location	
Divorced/Separated	35.7%	DIDO	37.1%
Married	35.6%	FIFO	26.2%
Single	31.5%	Fixed Metro	35.2%
Occupational Groups		Fixed Rural	35.1%
	Often/Always Supervisor Support (%)	Job Type	
Years of Experience		Commercial Construction	33.9%
< 2 years	39.2%	Heavy Civil Construction	36.3%
2 - 5 years	35.9%	Industrial Construction	30.4%
5 - 10 years	31.0%	Mining	46.8%
10 - 20 years	33.8%	Residential Construction	37.0%
20+ years	34.7%		

Supervisor Support by Demographic and Occupational Groups

Rates of supervisor support by demographic and occupational groups are presented in **Table 18**.

Demographic Groups. Supervisor support was more commonly reported by females (40.3%) compared to males (27.8%). Younger workers aged 16-24, tended to report the least supervisor support compared to other age groups. LGBTQAI+ individuals were more likely to report frequent supervisor support compared to their straight counterparts. In terms of marital status, individuals that were single reported lower levels of supervisor support.

Occupational Groups. Among different occupations, clerical and administrative workers reported the highest levels of supervisor support compared to other occupations (38.2%), while technicians and trade workers reported the least (21.1%) Those who worked primarily on-site (28.0%) and had FIFO arrangements (20.3%) tended to report lower supervisor support.

Table 18. Proportions (%) of supervisor support by demographic and occupational characteristics.

Demographic Groups		Occupational Groups	
	Often/Always Supervisor Support (%)		Often/Always Supervisor Support (%)
Gender		Apprenticeship	
Female	40.3%	No	30.7%
Male	27.8%	Yes	27.0%
Age Group		Primary Occupation	
16 - 24 years	25.6%	Clerical and Administrative Workers	38.2%
25 - 34 years	33.3%	Labourers	28.1%
35 - 44 years	29.3%	Machinery Operators and Drivers	25.3%
45 - 54 years	29.5%	Managers	36.3%
55 - 64 years	32.9%	Professionals	34.2%
Sexual Orientation		Technicians and Trade Workers	
LGBTQAI+	39.8%		21.1%
Straight	27.7%	Working Arrangement	
Marital Status		Office	34.4%
De facto	31.3%	On-Site	28.0%
Divorced/Separated	35.7%	Job Location	
Married	31.9%	DIDO	32.2%
Single	24.4%	FIFO	20.3%
Occupational Groups		Fixed Metro	31.2%
	Often/Always Supervisor Support (%)	Fixed Rural	35.1%
Years of Experience		Job Type	
< 2 years	32.3%	Commercial Construction	31.2%
2 - 5 years	31.9%	Heavy Civil Construction	31.8%
5 - 10 years	28.1%	Industrial Construction	26.2%
10 - 20 years	30.0%	Mining	29.2%
20+ years	30.5%	Residential Construction	32.7%

PREVALENCE OF PERSONAL LIFE RISK AND PROTECTIVE FACTORS



PREVALENCE OF PERSONAL LIFE RISK AND PROTECTIVE FACTORS

This section shifts the focus to the workers' personal lives, identifying the prevalence of several key risk and protective factors the current survey found were linked to suicidal ideation. Issues that arise in one's personal life can have a significant impact on mental health, often shaping one's overall sense of wellbeing. While these factors occur outside the workplace, challenges within the workplace can spill over into an individual's personal life, amplifying stress and emotional distress. By identifying these personal life factors, we can better understand their influence on mental health and develop strategies to help workers cultivate resilience, ensuring that support extends beyond the workplace to encompass all aspects of life.

This section will focus on **three main** aspects of personal life-related factors:

Loneliness (Page 65)

Social Support (Page 67)

Financial Wellbeing (Page 71)



Prevalence of Personal Life Risk and Protective Factors

Quick Points

- Loneliness was lower than the Australian adult population.
- Most indicated high levels of support from friends, family, and significant others.
- Only one out of five workers indicated they were “doing great” financially.

Background

Life events outside of work play a significant role in mental health, contributing to stress, anxiety, and depression (67). Challenges such as family conflicts, financial strains, health concerns, and social pressures can accumulate, creating an overwhelming burden that interferes with daily coping abilities (68). This cumulative effect diminishes resilience—the capacity to recover from setbacks—and increases vulnerability to emotional exhaustion, where even minor issues become difficult to manage. For instance, someone facing financial strain may experience sleep disturbances, irritability, or impaired concentration, all of which harm overall wellbeing (69).

Given the interconnected nature of life stressors, managing stress holistically is essential. It means addressing not only workplace stress but also external life pressures that can significantly impact mental health. By recognising and mitigating the effects of these external factors, individuals can improve their emotional balance and enhance their overall mental health.

Loneliness

Quick Points

- The prevalence of loneliness in the construction industry was lower than available adult Australian population statistics.
- Loneliness tended to be more prevalent among younger, LGBTIQ+, and female workers and apprentices.
- Divorced or single workers also reported heightened rates of loneliness.
- Loneliness was more prevalent among those with FIFO and DIDO working arrangements, as well as in those working in heavy civil and industrial jobs.

“I hate being lonely and isolated...I've asked for help many times but for some reason or other help never comes.” – Anonymous Survey Respondent

Background

Loneliness is often characterised by the perception that one’s social relationships are inadequate, either in quantity or quality, leading individuals to feel a significant gap between their actual social interactions and their desired connections (70). This emotional state can be profoundly distressing, often described as a painful and agonising experience.

Results

Data collected from people within the WA construction industry was compared against normative data from the 2022-2023 Mental Health Commission of NSW “Loneliness in Focus” report, which surveyed 2,673 community residents. These data suggest that 48% of Australians within the NSW community report experiences with loneliness, and that loneliness is a widespread issue within the community (**Figure 24**).

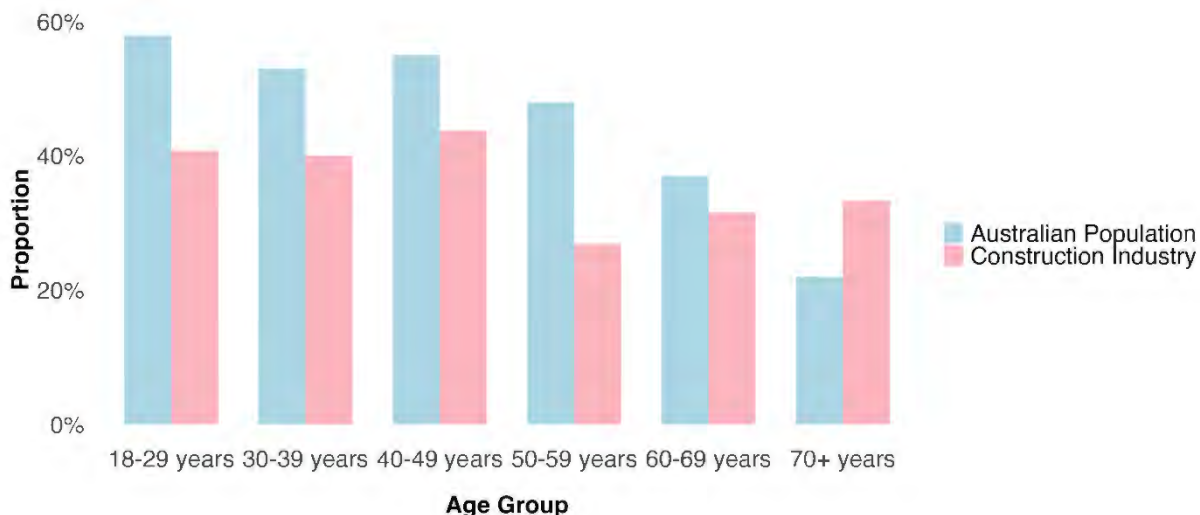
In contrast, 38.7% of WA construction industry workers reported loneliness. This notable difference indicates that while loneliness is still a significant concern among construction workers, it is less prevalent compared to the broader NSW community and may be attributable to the close relationships with colleagues that often develop on-site.

Figure 24. Proportions (%) of loneliness in the WA construction industry and comparative data for the general adult NSW population.



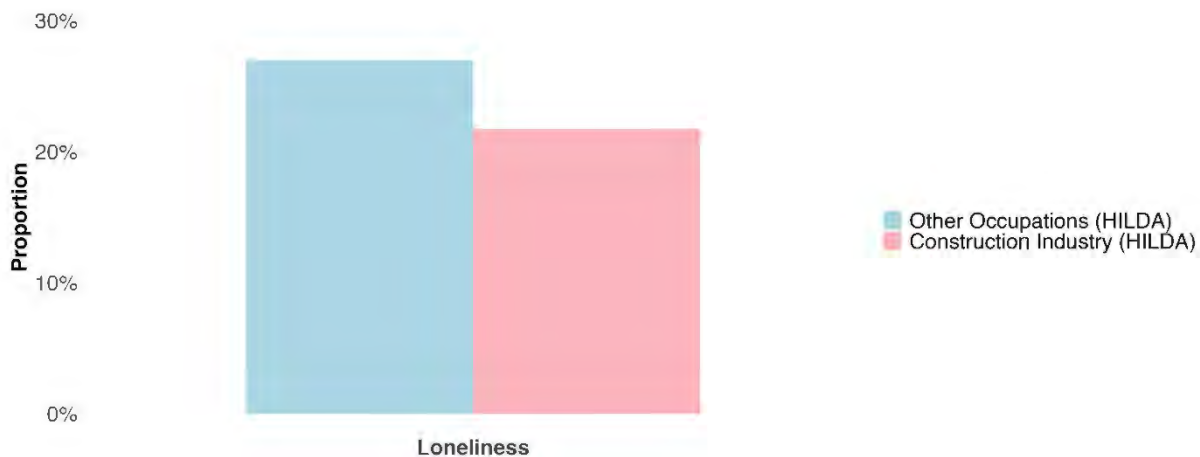
Loneliness by Age. In this survey, loneliness levels were notably lower across most age groups compared to the available data from the NSW adult population (**Figure 25**). The most pronounced differences in loneliness levels were in the younger and middle-aged groups. For the 18-29 age group, the WA construction industry reported a loneliness rate of 40.7%, significantly lower than the 58% seen in the NSW general population. Similarly, the 50-59 age group in construction showed a much lower loneliness rate of 26.9%, compared to 48% in NSW. These two age groups stand out as having the largest gaps in loneliness between the WA construction industry and the broader Australian population.

Figure 25. Proportions (%) of loneliness in the WA construction industry and comparative data for the general adult NSW population by age.



Comparisons to Other Data Sources. Given the above analysis involved comparisons to NSW general population, data from the HILDA national survey were analysed for more comparative information. Although the measure of loneliness in HILDA differs from that used in the current survey, it enables a meaningful comparison of loneliness levels across various occupations and Australian states. Consistent with the findings from the current survey (**Figure 26**), construction workers in Australia were less likely to report loneliness (21.7%) compared to workers in other occupations (27.0%). When examining loneliness by Australian states, individuals in Western Australia (25.8%) only had marginally lower levels of high loneliness compared to NSW (27.4%), indicating the comparison to available NSW community data may be a valid comparison.

Figure 26. Proportions (%) of loneliness among construction workers across Australia and from other occupations across Australia from the HILDA 2023 survey.



Loneliness by Demographic and Occupational Groups

Demographic Groups. As shown in **Table 19**, females (44.2%) reported higher loneliness than males (36.5%). Loneliness tended to decrease with age, with the highest rates among those aged 16-24 years (41.6%) or 35-44 years (42.8%), and the lowest in the 55-64 group (28.1%). LGBTQAI+ individuals (45.1%) experienced more loneliness compared to heterosexuals (36.4%), and those who were divorced/separated (56.3%) or single (53.2%) reported higher rates of loneliness than those who were married at the time of the survey (30.8%).

Occupational Groups. Loneliness tended to decrease with years of experience, from 44.9% among those with less than 2 years to 33.8% for those with 20+ years. Further, apprentices (49.7%) reported higher loneliness than non-apprentices (37.2%). Managers tended to report lower loneliness compared to other occupation groups. DIDO (50.8%) and FIFO workers (43.0%) also tended to report experiencing heightened loneliness. Workers in the heavy civil (42.8%) and industrial (43.2%) jobs tended to report higher loneliness.

Table 19. Proportions (%) of loneliness by demographic and occupational characteristics.

Demographic Groups		Occupational Groups	
	Loneliness (%)		Loneliness (%)
Gender		Apprenticeship	
Female	44.2%	No	37.2%
Male	36.5%	Yes	49.7%
Age Group		Primary Occupation	
16 - 24 years	41.6%	Clerical and Administrative Workers	46.1%
25 - 34 years	39.1%	Labourers	46.4%
35 - 44 years	42.8%	Machinery Operators and Drivers	43.7%
45 - 54 years	33.9%	Managers	34.8%
55 - 64 years	28.1%	Professionals	38.0%
Sexual Orientation		Technicians and Trade Workers	
LGBTQAI+	45.0%		37.9%
Straight	36.5%	Working Arrangement	
Marital Status		Office	36.6%
De facto	34.9%	On-Site	39.3%
Divorced/Separated	56.3%	Job Location	
Married	30.8%	DIDO	50.4%
Single	53.2%	FIFO	43.0%
Occupational Groups		Fixed Metro	37.0%
	Loneliness (%)	Fixed Rural	29.8%
Years of Experience		Job Type	
< 2 years	44.9%	Commercial Construction	35.1%
2 - 5 years	44.9%	Heavy Civil Construction	42.8%
5 - 10 years	39.1%	Industrial Construction	43.2%
10 - 20 years	37.5%	Mining	27.8%
20+ years	33.8%	Residential Construction	36.5%

Social Support

Quick Points

- Most workers reported high levels of support from a significant others, friends, or family.
- Divorced or separated workers reported lower support from all sources.
- Apprentices reported lower support from a significant other and family.

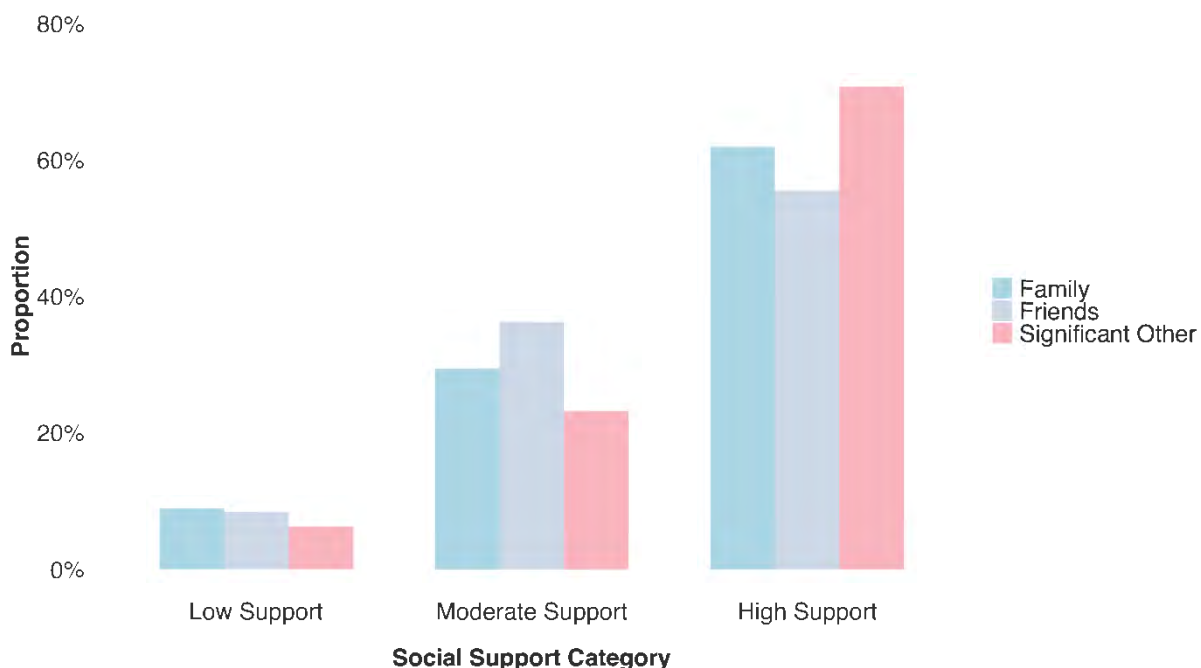
Background

Social support from significant others, family, and friends is crucial for wellbeing, especially in demanding jobs like construction (71). Significant others provide intimate emotional support, helping individuals cope with stress and maintain mental health. Family offers stability and guidance, aiding in work-life balance. Friends, meanwhile, provide companionship and a sense of community, which can reduce feelings of isolation. Together, these support networks foster resilience and improve mental health outcomes.

Results

Workers felt the strongest support from their significant others, with over 70.7% reporting high levels of support, while family followed closely with 61.9% experiencing high support (**Figure 27**). Friendships provided a solid but lower level of support, with just over half of workers (55.5%) feeling highly supported by friends. Low support was least common overall, particularly in relationships with significant others, where just 6.2% reported feeling unsupported.

Figure 27. Proportions (%) of low, moderate, and high social of support from family, friends, and significant others in the WA construction industry.



Social Support by Demographic and Occupational Groups

Demographic Groups. Levels of high social support from family, friends and significant others by demographic group are reported in **Table 20**. Males tended to report lower support from friends (53.3%) than females and young workers aged 16-24 years tended to report lower support from a significant other (63.1%) compared to other age groups. Further, workers with a straight sexual orientation tended to report lower support from friends (53.3%). Workers who were divorced reported low levels of support across all sources.

Occupational Groups. Levels of high social support from family, friends and significant others by occupational group are reported in **Table 21**. Apprentices tended to report lower levels of support from family (54.0%) and a significant other (63.8%). Further, FIFO (51.2%) and rural (50.9%) workers reported low levels of support from family, indicating they may on average have less people to turn to in times of need. Residential construction workers also indicated notably lower support from family compared to other industries (55.8%).

Table 20. Proportions (%) of high social support from family, friends, and significant other by demographic characteristics.

	Source of Social Support		
	Family	Friends	Significant Other
Gender			
Female	59.0%	64.4%	74.1%
Male	62.9%	53.3%	70.0%
Age Group			
16 - 24 years	57.9%	55.4%	63.1%
25 - 34 years	61.3%	59.3%	72.9%
35 - 44 years	62.8%	50.6%	71.8%
45 - 54 years	61.4%	56.9%	71.9%
55 - 64 years	67.1%	56.9%	70.1%
Sexual Orientation			
LGBTQAI+	58.5%	63.5%	73.3%
Straight	62.9%	53.3%	70.0%
Marital Status			
De facto	56.2%	58.2%	80.9%
Divorced/Separated	42.1%	46.0%	44.4%
Married	69.2%	56.8%	78.2%
Single	58.0%	53.6%	43.1%

Table 21 Proportions (%) of high social support from family, friends, and significant other by occupational characteristics.

	Source of Support		
	Family	Friend	Significant Other
Years of Experience			
< 2 years	55.1%	60.1%	66.5%
2 - 5 years	60.5%	56.2%	65.6%
5 - 10 years	58.8%	51.9%	68.7%
10 - 20 years	65.4%	57.1%	74.0%
20+ years	62.7%	54.2%	72.5%
Apprenticeship			
No	62.7%	55.7%	71.5%
Yes	54.0%	54.0%	63.8%
Primary Occupation			
Clerical and Administrative	58.4%	66.3%	76.4%
Labourers	58.8%	54.9%	67.3%
Machinery Operators/Drivers	69.0%	52.9%	63.2%
Managers	67.0%	58.2%	77.2%
Professionals	58.2%	53.0%	66.8%
Technicians/Trade	59.1%	52.6%	67.6%
Work Site			
Office	62.9%	57.1%	76.3%
On-Site	61.3%	54.6%	67.5%
Job Location			
DIDO	68.0%	53.6%	64.8%
FIFO	51.2%	49.4%	55.2%
Fixed Metro	63.1%	56.5%	73.0%
Fixed Rural	50.9%	54.4%	75.4%
Job Type			
Commercial Construction	64.4%	55.5%	72.6%
Heavy Civil Construction	60.0%	57.7%	68.2%
Industrial Construction	64.9%	53.1%	68.3%
Mining	64.6%	62.0%	73.4%
Residential Construction	55.8%	51.9%	68.8%

Financial Wellbeing

Quick Points

- The majority of survey respondents indicated they were “getting by” financially, with only 16.5% indicating they were “doing great”.
- Financial wellbeing tended to be lower among younger and less experienced
- Clerical and administrative workers reported lower financial wellbeing relative to other

Background

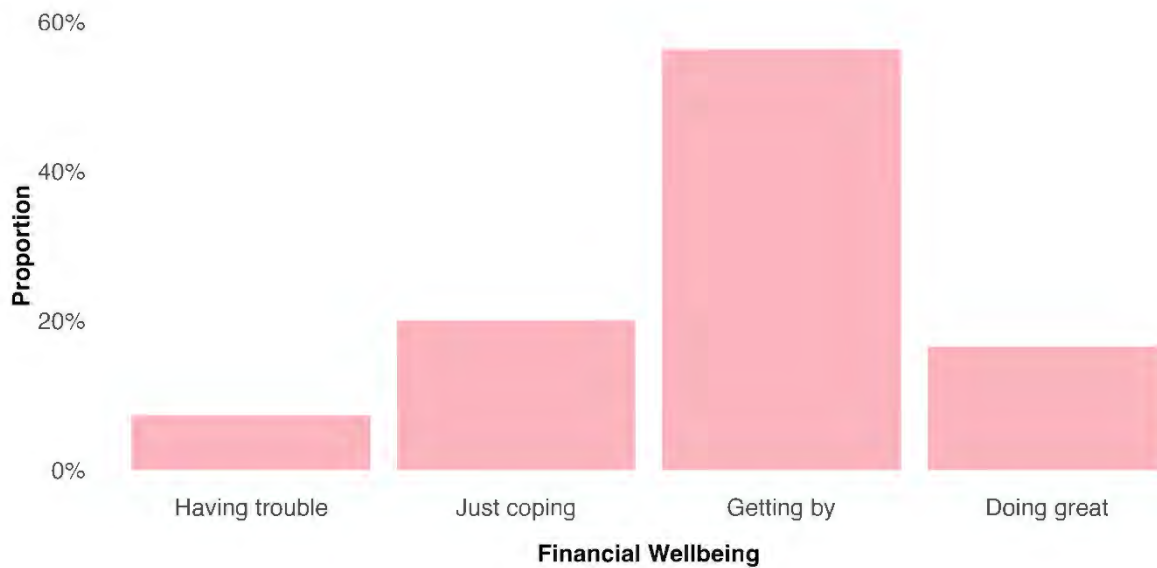
Financial wellbeing is closely intertwined with mental wellbeing, serving as a significant acute stressor that can contribute to feelings of anxiety, stress, and despair (72). When individuals face financial difficulties, such as debt, unemployment, or inadequate income, they may experience a heightened sense of instability and uncertainty about their future. This stress can lead to an array of mental health issues, including depression and anxiety, as individuals grapple with the pressure of their financial circumstances (73). Moreover, studies have shown that financial struggles are often reported as precursors to suicidal ideation and attempts because these individuals may feel overwhelmed and helpless, leading them to see suicide as an escape.

Results

The current study used participants’ subjective reports of their wellbeing as there are no consistent objective markers for financial wellbeing. For instance, two individuals may on face value have the same financial situation, but their perceptions of financial states and optimism for future outcomes may differ.

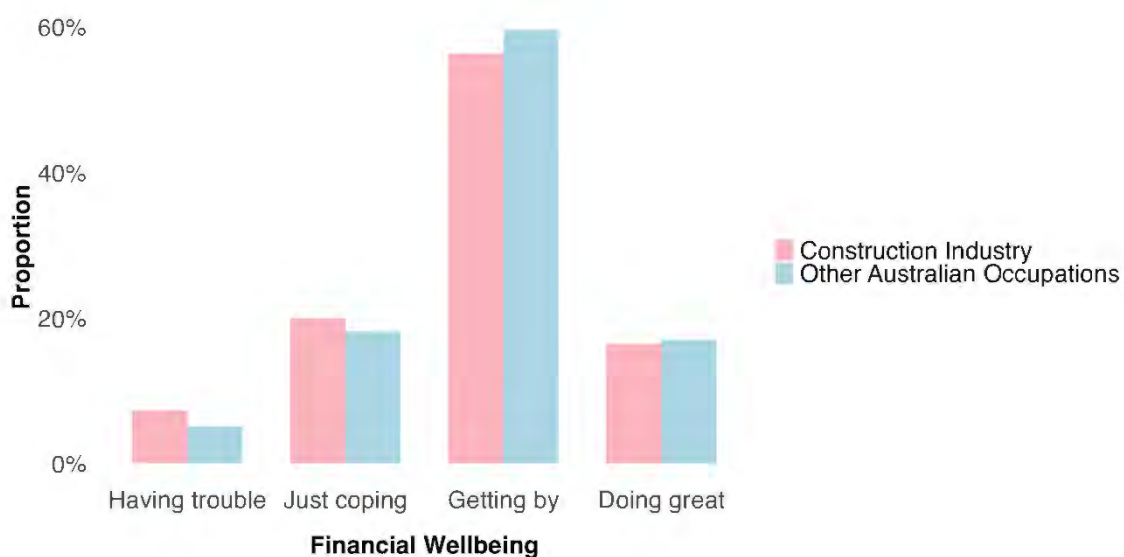
Based on the cut-offs recommended by the developers of the CBA-MI Reported Financial Wellbeing Scale (74) most people within the industry (56.3%) reported that they were *‘getting by,’* reflecting a generally stable financial situation (**Figure 28**). A smaller percentage (16.5%) indicated they were *‘doing great,’* suggesting financial confidence among a notable minority. However, 20.0% of respondents indicated they were *‘just coping,’* which highlights a significant proportion of individuals facing financial difficulties. Additionally, 7.3% reported they were *‘having trouble,’* representing those in the most vulnerable financial positions. These findings emphasise a range of financial experiences within the industry, with the majority managing but a substantial minority facing financial struggles.

Figure 28. Proportions (%) of financial security categories in the WA construction industry.



Available population-level data for comparing self-reported financial wellbeing in the WA construction industry is limited. Comparisons were made with the 2020 HILDA survey, the latest publicly available population-level dataset that utilizes the CBA-MI Reported Financial Wellbeing Scale. Financial wellbeing rates were generally similar between WA construction industry participants and individuals from other occupations surveyed nationally as part of the HILDA survey (**Figure 29**). For example, 59.6% of Australians overall reported “*getting by*” financially, closely matching the 56.3% of respondents in the WA construction industry. Similarly, 17.1% of the general population reported “*doing great*”, compared to 16.5% in the WA construction industry. It is important to note that HILDA data were collected during 2020, which aligns with the start of the COVID period. Perceived financial wellbeing and optimism during this time may have been impacted, so these comparisons should be interpreted with some caution.

Figure 29. Proportions (%) of financial security categories in the WA construction industry compared to the Australian Population in 2020.



Financial Security by Demographic and Occupational Groups

Rates of positive financial wellbeing by demographic and occupational groups are presented in **Table 22**, defined as participants that reported they are “doing great” financially.

Demographic Groups. Gender differences showed that both females (20.5%) and males (20.1%) reported similar levels of positive financial wellbeing. Among age groups, the 16-24 years cohort were less likely to indicate they are doing great financially at 14.4%, while those aged 55-64 years were more likely at 30.0%.

Occupational Groups. Positive financial wellbeing was lowest among clerical and administrative workers (6.3%), while managers reported the highest among primary occupations at 26.5%. Financial wellbeing appeared to increase with years of experience, with those having less than 2 years reporting the lowest financial wellbeing at 12.5%, rising to 23.6% for those with over 20 years of experience. Lastly, heavy civil construction workers (26.1%) reported higher financial wellbeing relative to commercial construction workers (18.7%).

Table 22. Proportions (%) of construction workers reporting “doing great” by demographic and occupational characteristics.

Demographic Groups		Occupational Groups	
Doing Great Financially (%)		Doing Great Financially (%)	
Gender		Apprenticeship	
Female	20.5%	No	20.0%
Male	20.1%	Yes	21.3%
Age Group		Primary Occupation	
16 - 24 years	14.4%	Clerical and Administrative Workers	6.3%
25 - 34 years	21.8%	Labourers	13.8%
35 - 44 years	16.8%	Machinery Operators and Drivers	19.1%
45 - 54 years	21.3%	Managers	26.5%
55 - 64 years	30.0%	Professionals	21.2%
Sexual Orientation		Technicians and Trade Workers	
LGBTQAI+	20.1%	Working Arrangement	
Straight	20.1%	Office	22.0%
Marital Status		On-Site	19.0%
De facto	21.1%	Job Location	
Divorced/Separated	21.1%	DIDO	25.3%
Married	20.7%	FIFO	17.7%
Single	16.5%	Fixed Metro	20.0%
Occupational Groups		Fixed Rural	21.6%
Doing Great Financially (%)		Job Type	
Years of Experience		Commercial Construction	18.7%
< 2 years	12.5%	Heavy Civil Construction	26.1%
2 - 5 years	13.5%	Industrial Construction	20.2%
5 - 10 years	22.2%	Mining	26.8%
10 - 20 years	20.9%	Residential Construction	13.1%
20+ years	23.6%		



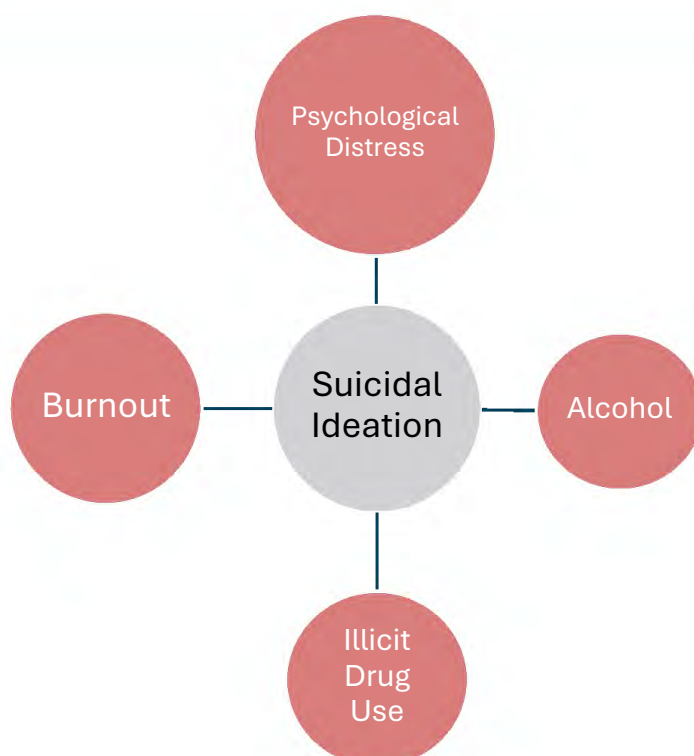
LINKS BETWEEN MENTAL HEALTH AND SUICIDAL IDEATION

Links Between Mental Health and Suicidal Ideation

The next section explores how mental health factors like stress, burnout, alcohol use, and illicit drug use are linked to suicidal thoughts and planning. These challenges can increase the risk of suicidal behaviours by contributing to feelings of hopelessness, emotional overwhelm, and reduced coping ability. By identifying which of these factors are most strongly related to suicidal risk, we can better understand who may need extra support and facilitate timely interventions.

Quick Points

- Workers with high levels of psychological distress and burnout reported disproportionately high rates of suicidal ideation and plans in the prior 12 months.
- Rates of recent suicidal ideation and plans tended to increase with levels of alcohol consumption and illicit drug use.

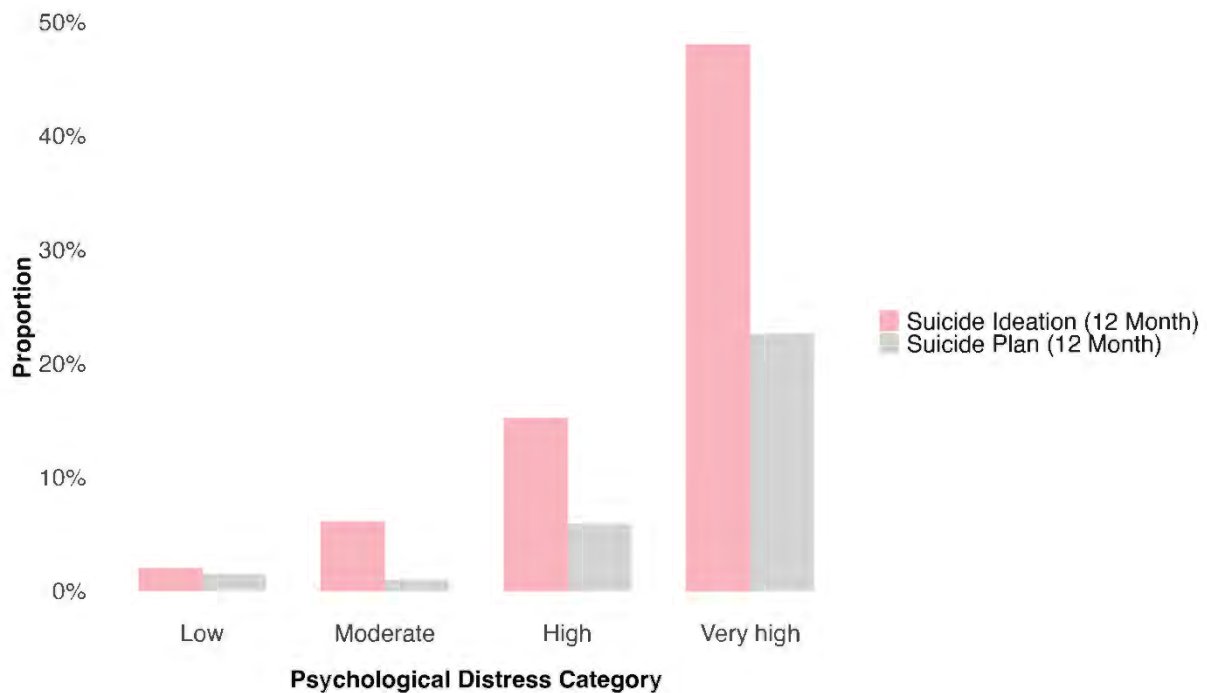


Psychological Distress

The frequency of suicidal ideation and suicide plans were compared across levels of psychological distress (**Figure 30**). There was a clear pattern of increasing rates of both outcomes across increasing severity of psychological distress. Specifically, 47.9% of people classified as having very high psychological distress also reported suicidal ideation within the previous 12 months, compared to only 1.8% with low distress. This represents rates of recent suicidal ideation nearly 27 times for those with very high distress compared to those with low distress.

Furthermore, the rate of individuals who reported planning suicide also escalated dramatically with increased distress. Among those with very high psychological distress, 22.5% reported having made suicide plans in the 12 months prior to the survey, in stark contrast to just 1.4% among those reporting low psychological distress.

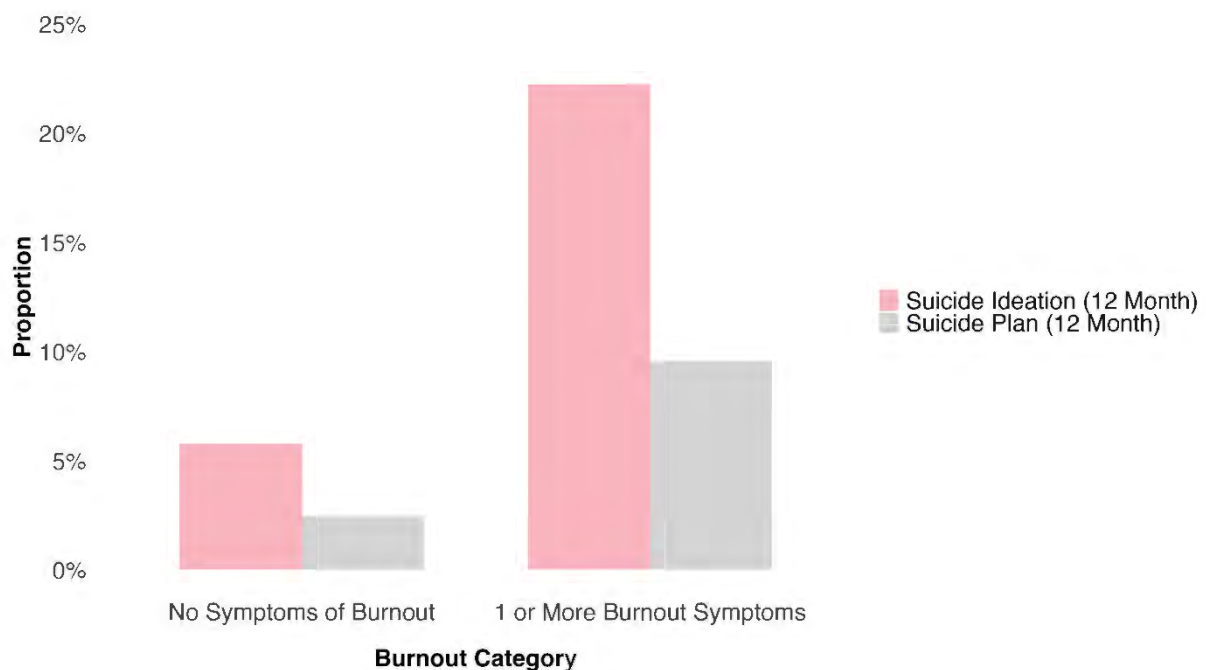
Figure 30. Proportions (%) of 12-month suicidal ideation and plans by distress categories in the WA Construction Industry.



Burnout

The frequency of suicidal ideation and suicide plans were compared across levels of burnout (**Figure 31**). Like psychological distress (a strongly related component of mental health), there was a clear pattern of higher suicidal ideation and plans among workers reporting experiencing burnout symptoms. Approximately 22.2% of people with one or more symptoms of burnout reported suicidal ideation within the prior 12 months, compared to 5.8% among those reporting no symptoms of burnout. In addition, 9.6% of workers with high burnout reported planning suicide in the prior 12 months, compared to 2.5% with little to no burnout. These figures represent rates of recent suicidal ideation and plans 3.8 times higher for individuals with one or more symptoms of burnout relative to those with no symptoms of burnout.

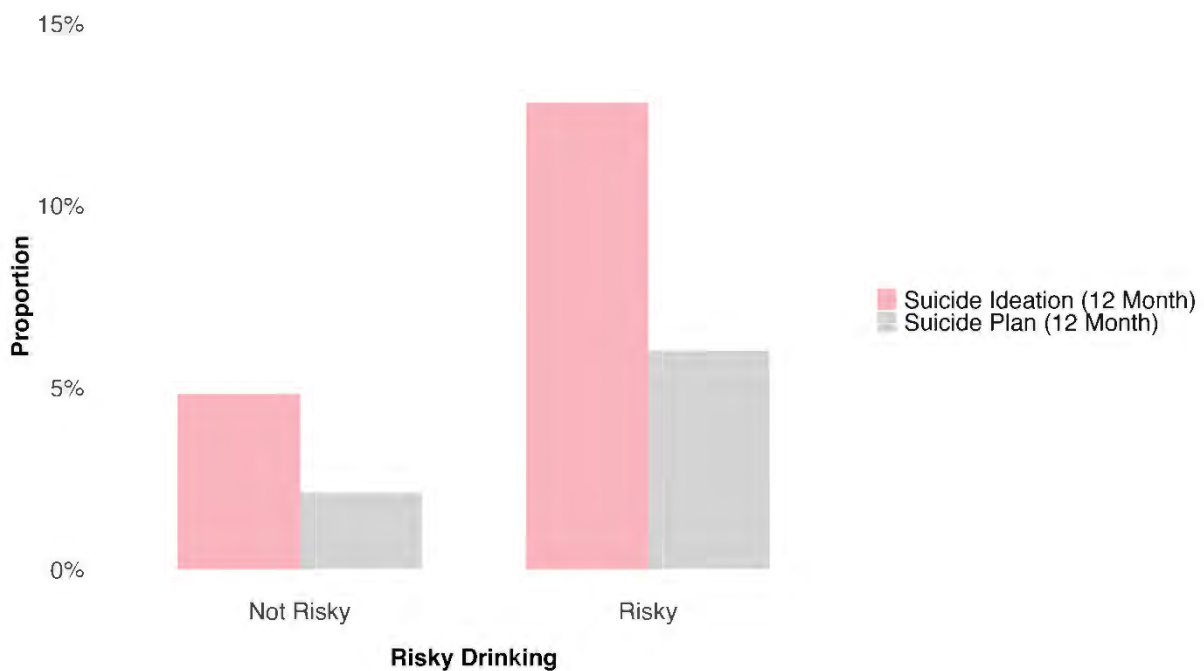
Figure 31. Proportions (%) of 12-month suicidal ideation and plans by burnout symptoms in the WA Construction Industry.



Alcohol Consumption

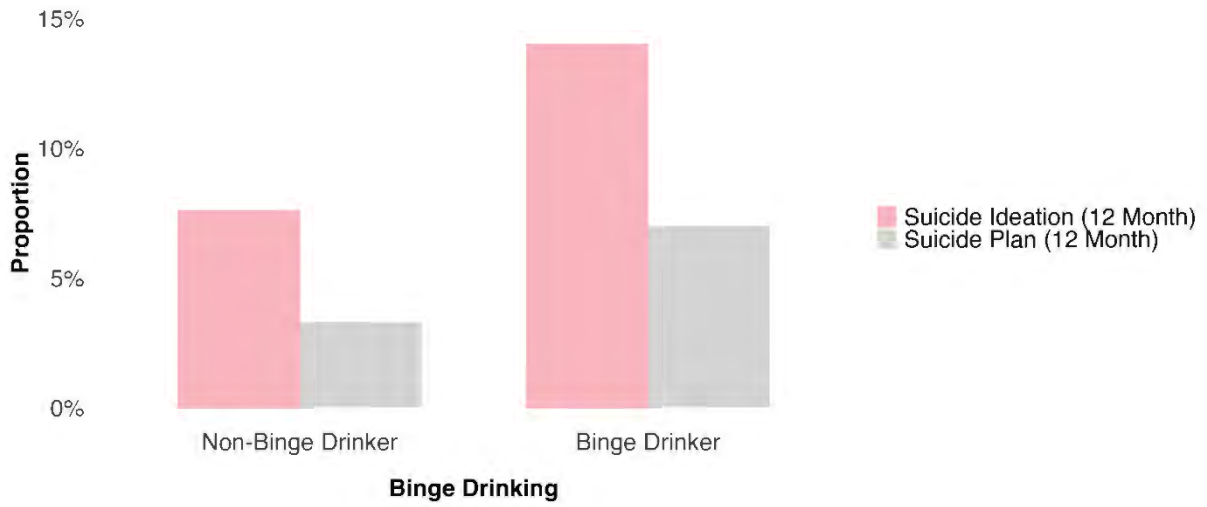
The proportion of workers reporting suicidal ideation in the previous 12 months based on levels of alcohol consumption has been presented below. As can be seen in **Figure 32**, individuals engaging in risky drinking (i.e., consuming 5 or more standard drinks on a typical occasion) had a prevalence of recent suicidal ideation (12.8%) approximately 2.7 times higher compared to those who were not risky drinkers (4.8%). Likewise, suicide plans were nearly three times higher among workers that engaged in risky drinking (6.0%), compared to those not classified as risky drinkers (2.1%). While the survey cannot establish the direction of this relationship, it is plausible that some workers may engage in risky drinking as a coping mechanism for stressful events in their work or personal lives.

Figure 32. Proportions (%) of 12-month suicidal ideation and plans by risky drinking category (5 or more standard drinks on a typical occasion) in the WA Construction Industry.



Similarly, workers who engaged in binge drinking behaviours also reported higher rates of suicidal ideation in the 12 months prior (**Figure 33**). Binge drinking, often characterised by consuming large amounts of alcohol in a short period, may exacerbate feelings of distress or act as a maladaptive coping mechanism in response to personal or work-related stressors. Results from this survey found the prevalence of suicidal ideation in the prior 12 months among binge drinkers was 14.0%, which is almost double that of rates among non-binge drinkers (7.6%). Likewise, 7.0% of respondents classified as binge drinkers reported suicidal plans in the prior 12 months, compared to 3.3% among those not classified as binge drinkers, which represents a rate 2.1 times higher for binge drinkers.

Figure 33. Proportions (%) of 12-month suicidal ideation and plans by binge drinking category (5 or more standard drinks twice per month for females, 7 or more for males) in the WA Construction Industry.

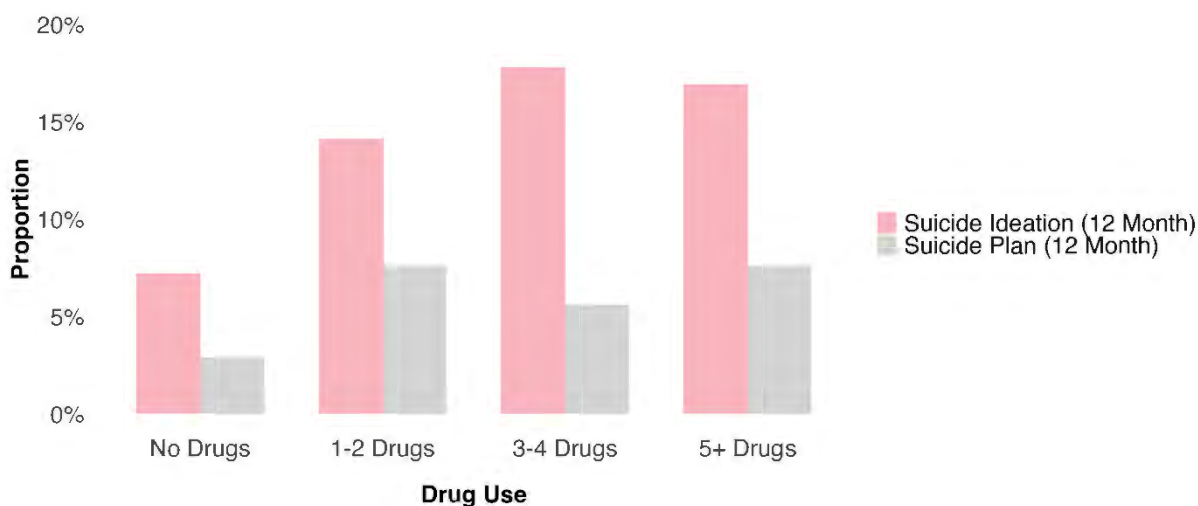


Illicit Drug Use

Workers who used illicit drugs also tended to report higher rates of suicidal ideation in the 12 months prior (**Figure 34**). The prevalence of recent suicidal ideation was over twice as high among those who used 3 or 4 types of drugs in the prior 12 months (17.8%) and 5 or more drugs (16.9%), compared to those who reported not using any drugs (7.2%).

The same pattern was evident for suicide plans, with drug users exhibiting heightened rates of plans compared to non-drug users. For instance, those who consumed 1 or 2 types of drugs (7.6%) and those who consumed 5 or more types of drugs (7.6%), reported rates of suicide plans 2.6 times higher than those who did not consume drugs in the 12 months prior (2.9%). These findings suggest a complex relationship between drug use and mental health, with users of a small or large number of types of drugs exhibiting elevated levels of distress. Drug use, whether involving one or multiple substances, may reflect or contribute to significant underlying mental health concerns.

Figure 34. Proportions (%) of 12-month suicidal ideation and plans by recent illicit drug use in the WA construction industry.





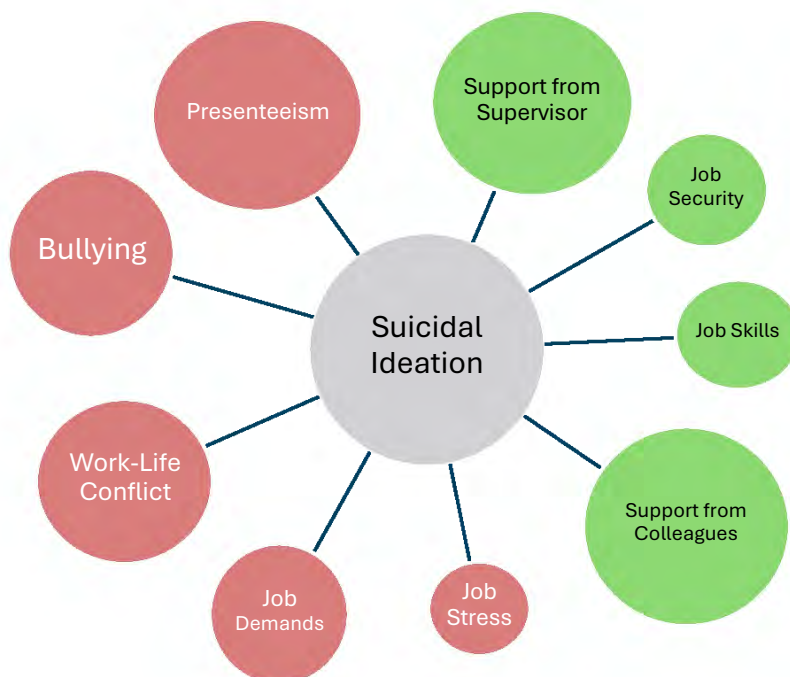
**LINKS BETWEEN
WORKPLACE RISK FACTORS
AND SUICIDAL IDEATION**

Links Between Workplace Risk Factors and Suicidal Ideation

Quick Points

- Workers experiencing daily or weekly bullying exhibited high rates of suicidal ideation in the prior 12 months.
- Higher presenteeism and work-life conflict exhibited stronger associations with higher rates of suicidal ideation.
- Having support from superiors and colleagues was a protective factor, as higher support was associated with lower suicidal ideation.
- Job security and skills/competence were weakly associated with lower rates of suicidal ideation. There was no clear association between job pay and suicidal ideation.

The next section examines how workplace factors, such as bullying, work-life conflict, presenteeism, and support from colleagues and superiors, relate to suicidal thoughts and planning. Understanding these connections can help identify individuals who may be at higher risk and guide efforts to provide support where it is most needed. These factors offer valuable insights into an individual's broader work environment and emotional wellbeing, which can inform tailored strategies to enhance mental health and resilience in the workplace.



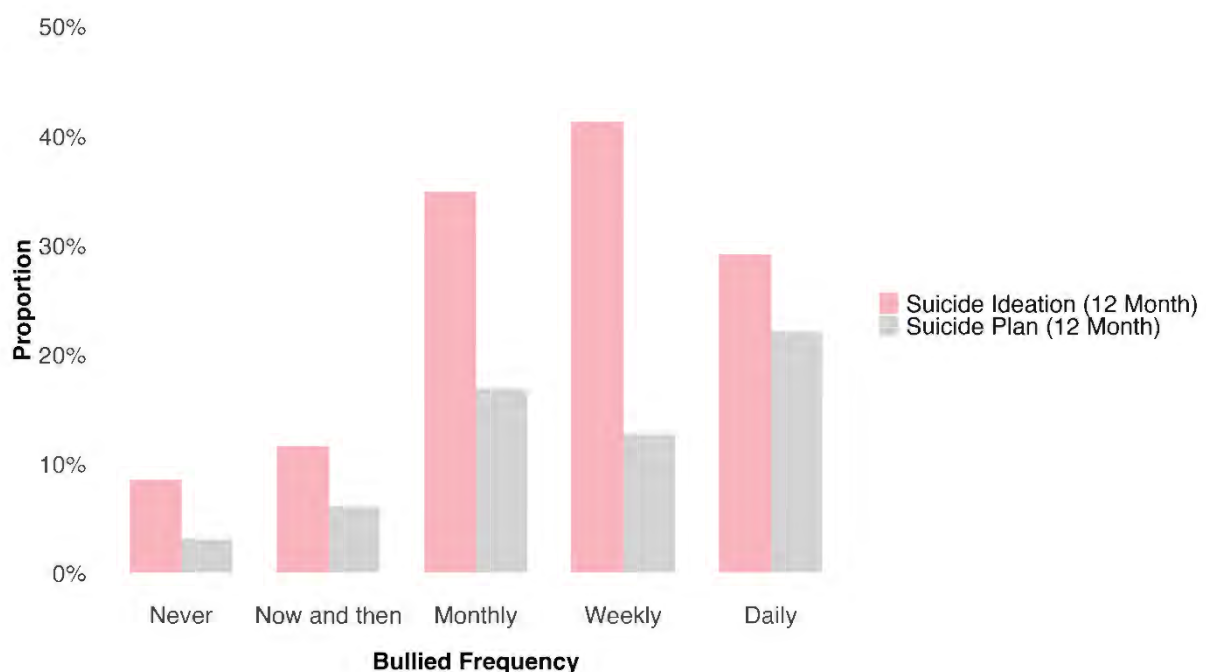
Bullying

Rates of suicidal thoughts and behaviours in the 12 months prior to the survey were analysed in relation to the frequency of bullying individuals reported a victim of within the workplace. The data reveal a clear trend: individuals exposed to higher frequencies of bullying tend to exhibit significantly poorer mental health (**Figure 35**).

Overall, more frequently being a victim of bullying was associated with higher rates of suicidal ideation. Notably, the highest prevalence of suicidal thoughts—41.3%—was found among those reporting being bullied weekly, a rate 4.9 times higher than those who reported never being bullied (8.5%). Further, 34.9% of workers who reported being bullied monthly also reported suicidal ideation in the 12 months prior to the survey. In contrast, 29.1% of individuals who reported being bullied daily over the past six months indicated suicidal ideation, which is unexpectedly lower given the severe nature of daily bullying. This discrepancy may be due to the small number ($n = 25$) of individuals in this group, making the prevalence rate less reliable.

The rates of suicide plans in the prior 12 months followed a similar trend. For example, 22.1% of those bullied daily indicated having made a suicide plan in the 12-months prior to the survey, compared to only 3.1% of those who reported never experiencing bullying, a rate over seven times higher. The percentage of those who reported having planned to suicide was also elevated among those bullied monthly (16.9%) and weekly (12.7%).

Figure 35. Proportions (%) of 12-month suicidal ideation by reported frequency of being a victim of bullying in the WA construction industry.

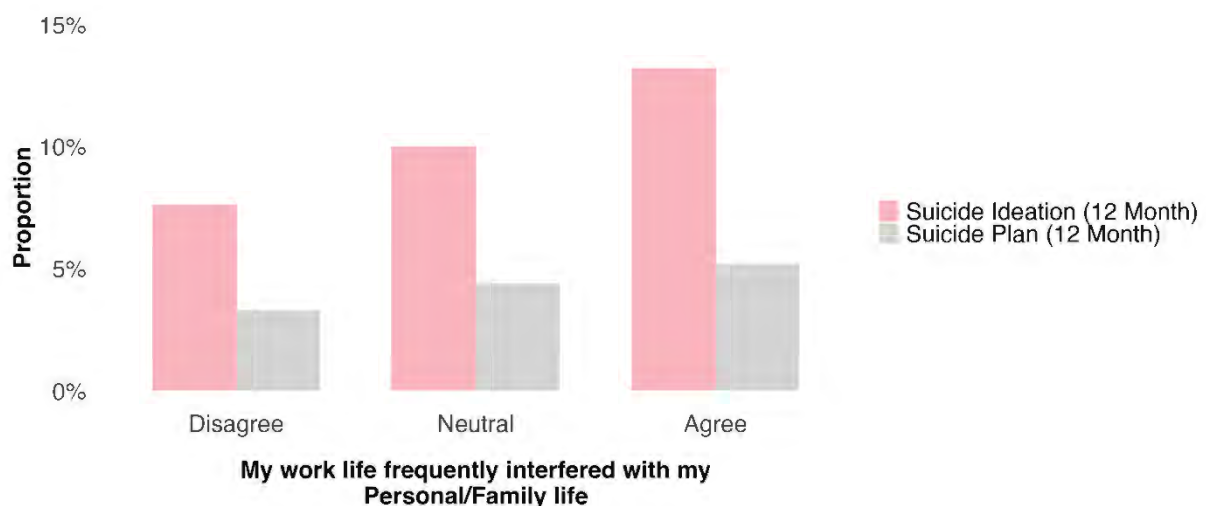


Work-Life Conflict

Individuals who agreed with statements indicating work-life conflict had the highest suicidal ideation rates (**Figure 36**). Specifically, 13.2% of individuals who agreed with statements about work-life conflict also reported experiencing suicidal thoughts within the past 12 months, compared to 10.0% of those who reported neutral feelings and 7.6% of those who disagreed. This suggests a modest association between work-life conflict and risk of suicidal ideation.

In terms of suicide plans, the pattern is similar but less pronounced. Those who agreed with statements about work-life conflict had a prevalence of 5.2% for making suicide plans, compared to 3.3% among those who disagreed and 4.4% among those who felt neutral. These findings highlight that individuals experiencing work-life conflict may be at a slightly elevated risk for suicidal thoughts and planning, indicating the potential importance of addressing work-life conflict. However, the relatively modest differences between groups suggest that while work-life conflict is associated with increased risk, other factors may also play a significant role in influencing suicidal ideation and behaviour.

Figure 36. Proportions (%) of 12-month suicidal ideation and plans based on work-life conflict in the WA construction industry.

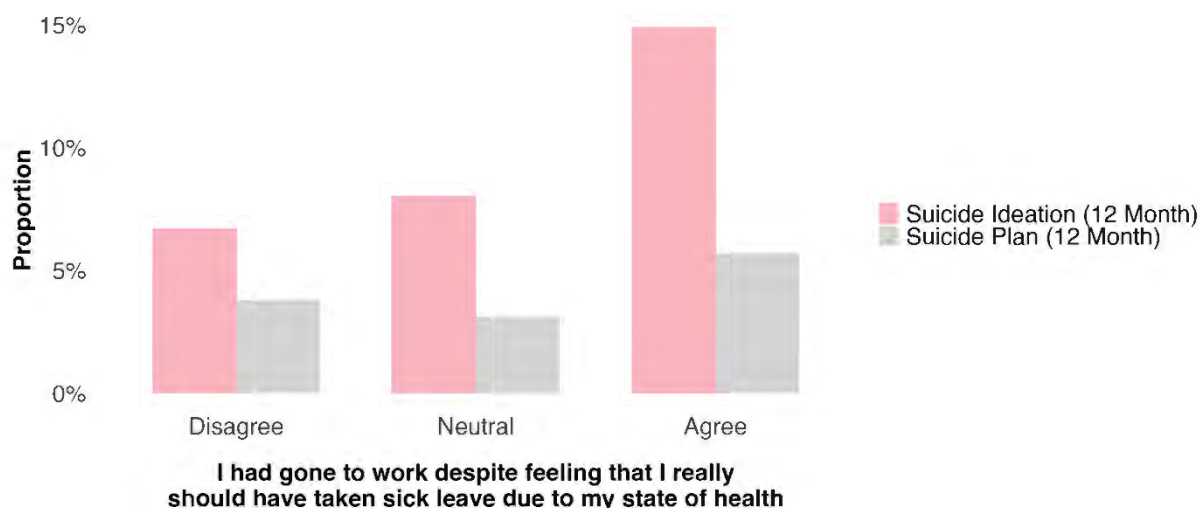


Presenteeism

The data suggest a clear link between presenteeism—the tendency to work while unwell—and suicidal ideation and plans (**Figure 37**). Individuals who agreed that they engaged in presenteeism had the highest rates of recent suicidal ideation, with 14.9% reporting suicidal thoughts in the past 12 months. In contrast, 6.7% of those who disagreed with engaging in presenteeism reported suicidal ideation, a rate 2.2 times lower. Among those who reported neutral feelings about presenteeism, 8.0% reported suicidal ideation in the prior 12 months.

In terms of suicide plans, the pattern was less clear. Approximately 5.7% of those who agreed with presenteeism reported making suicide plans, compared to 3.1% of those who felt neutral and 3.8% of those who disagreed with engaging in presenteeism. While the overall rates of suicide plans are lower, the heightened rates among those who report presenteeism suggest that working through illness may have detrimental effects or reflect poor mental health.

Figure 37. Proportions (%) of 12-month suicidal ideation and plans based levels of presenteeism in the WA construction industry.

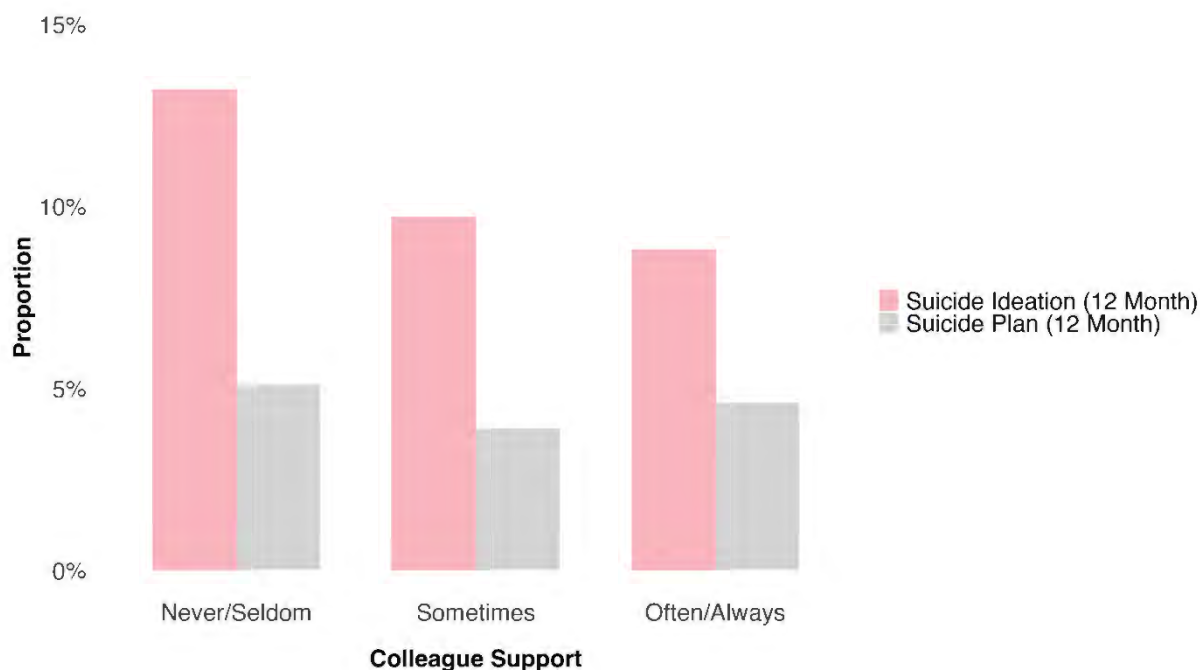


Workplace Support

Colleague Support. Workers who reported that they never or seldom received support from their colleagues had the highest prevalence of suicidal ideation, with 13.2% reporting such thoughts in the past 12 months (**Figure 38**). On the other hand, workers who felt supported often or always had the lowest prevalence of suicidal ideation at 8.8%, a rate 1.5 times lower. Those who received support sometimes reported a lower prevalence of 9.7%. This suggests that having frequent support from colleagues may help protect against mental health struggles, such as suicidal thoughts, while a lack of support may increase the risk.

When looking at suicide plans, the differences between groups are less pronounced. Workers who never or seldom received support from colleagues had the highest prevalence of suicide plans, with 5.1% of individuals reporting having planned in the last 12 months. For those who felt supported sometimes, this figure dropped to 3.9%, and those who felt supported often or always had a prevalence at 4.6%. These findings may indicate that the impact of colleague support in mitigating the risk of suicidal behaviour is small. While colleague support is beneficial, it may not be the sole protective factor against suicidal planning.

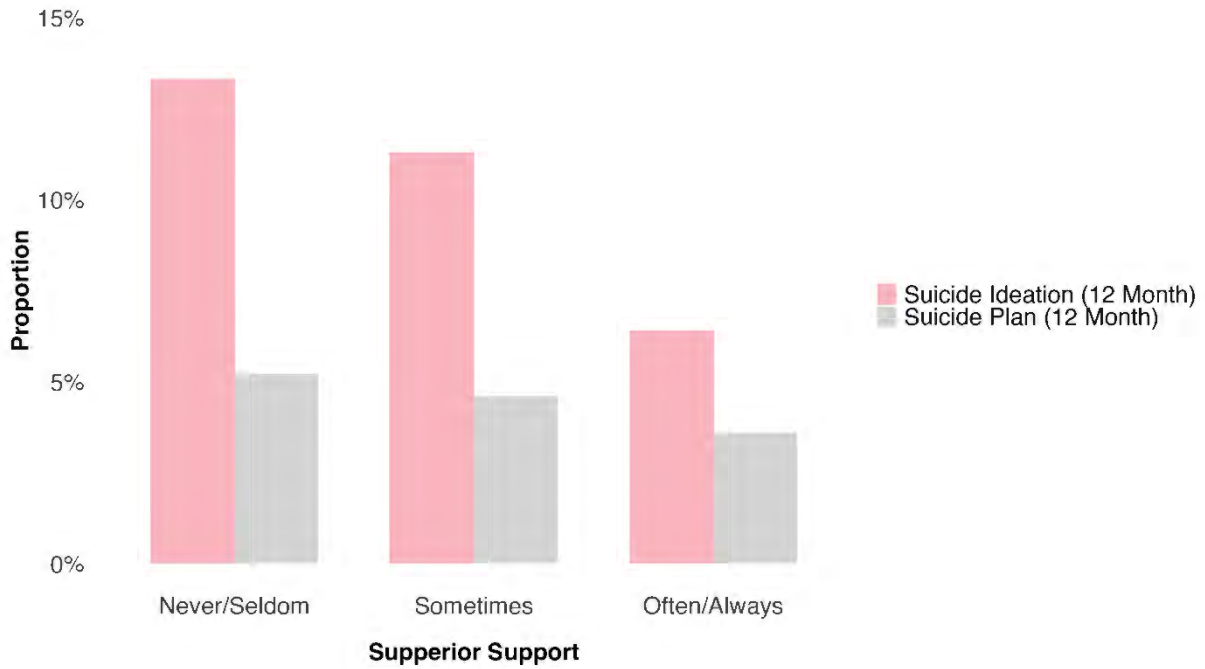
Figure 38. Proportions (%) of 12-month suicidal ideation and plans based support from colleagues in the WA construction industry.



Supervisor Support. Workers who reported never or seldom receiving support from their superiors had the highest prevalence of suicidal ideation, with 13.3% of these individuals indicating that they had experienced such thoughts in the past 12 months (**Figure 39**). Conversely, those who reported feeling supported by their superiors often or always had a notably lower prevalence of suicidal ideation at just 6.4%. Individuals who felt they received support sometimes fell in between, with a prevalence of 11.3%. This pattern suggests that consistent support from superiors may significantly reduce the risk of suicidal thoughts among workers.


Looking at suicide plans, the trend remains consistent. Among those who never or seldom received support from their superiors, 5.2% reported having made a suicide plan in the last 12 months. This prevalence is significantly lower for those who felt supported often or always, at 3.6%, and slightly higher for those who received support sometimes, at 4.6%. Adequate support from superiors seems to play a protective role against the development of suicide plans.

Figure 39. Proportions (%) of 12-month suicidal ideation and plans based on support from supervisors in the WA construction industry.





**LINKS BETWEEN PERSONAL
LIFE FACTORS AND SUICIDAL
IDEATION**

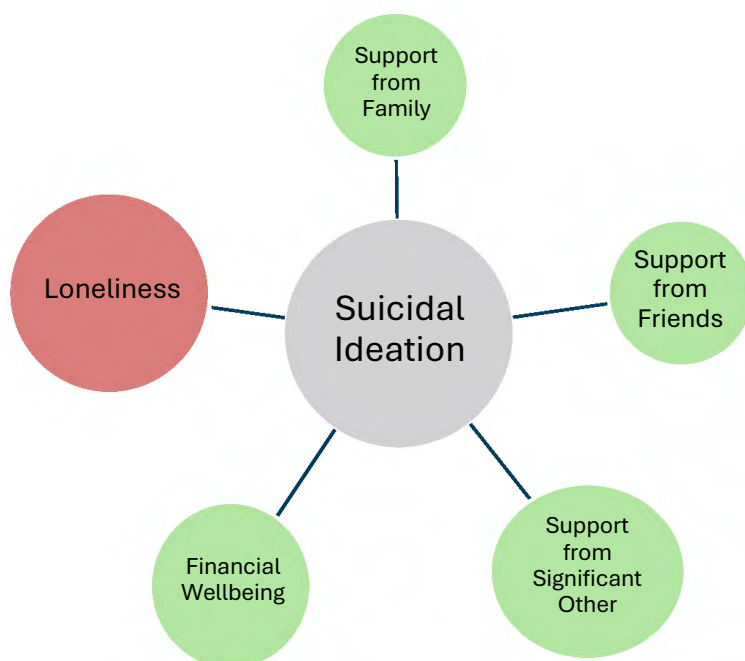


Links Between Personal Life Factors and Suicidal Ideation

Quick Points

- Participants that reported feelings of loneliness were over four times more likely to report suicidal ideation in the prior 12 months, and eight times more likely to report suicide plans.
- Participants that reported experiencing financial troubles reported the highest rates of suicidal ideation, with over 20% reporting suicidal ideation within the prior 12 months.

The next section examines how personal life factors, such as loneliness, support from friends, family, or a partner, and financial stability, relate to suicidal thoughts and planning. Understanding these connections can help identify individuals who may be at higher risk and guide efforts to provide support where it is most needed. These factors can provide key insights into the individual's broader social and emotional context, which can inform tailored approaches to support their mental health.

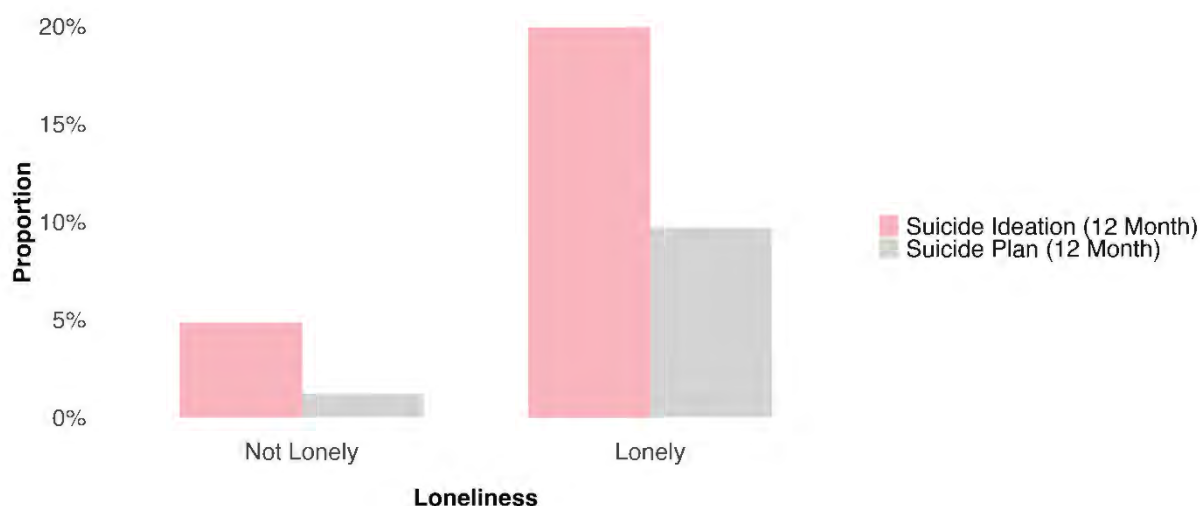


Loneliness

As can be seen in **Figure 40**, individuals categorised as experiencing loneliness exhibited a notably high prevalence of suicidal ideation, with 19.9% reporting such thoughts in the 12 months prior to the survey. Conversely, those classified as “Not Lonely” reported a much lower prevalence of suicidal ideation at only 4.8%. This indicates that feelings of loneliness were associated with more than four times the rate of recent suicidal ideation compared to those who did not feel lonely. This stark contrast highlights how loneliness can exacerbate mental health issues, indicating a crucial area for intervention. This suggests that stronger social connections may offer protective benefits against suicidal thoughts, emphasising the importance of social support in promoting mental wellbeing.

When assessing suicide plans, the pattern remains consistent. Among those experiencing loneliness, 9.7% indicated they had made a suicide plan within the 12 months prior to the survey. In comparison, just 1.2% of individuals in the low loneliness category reported having a suicide plan. This rate over eight times higher among those experiencing loneliness further underscores the connection between feelings of loneliness and a heightened risk of suicidal behaviour.

Figure 40. Proportions (%) of 12-month suicidal ideation and plans by self-reported levels of loneliness in the WA construction industry.



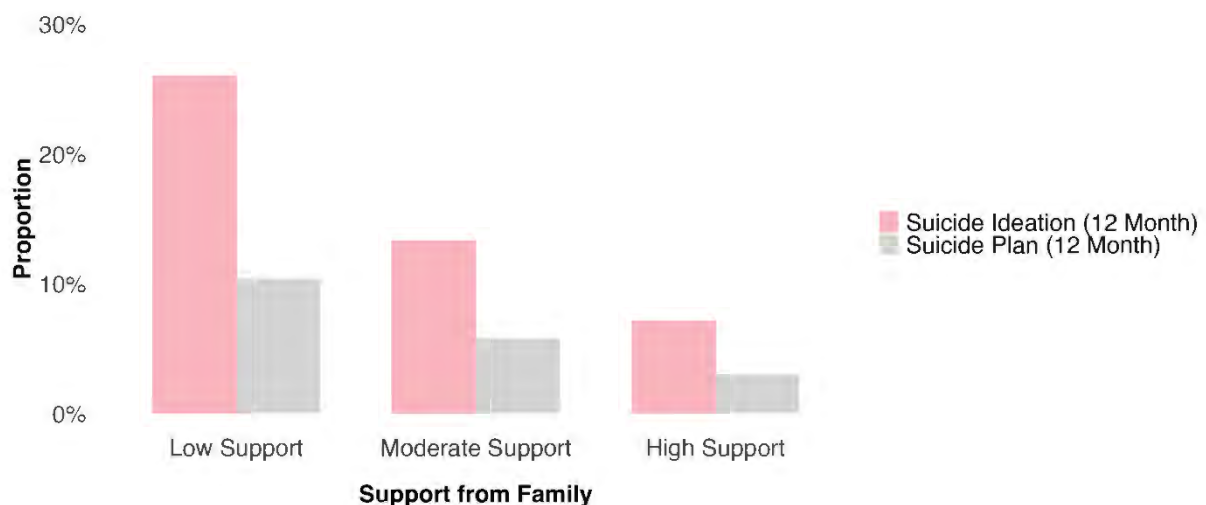
Social Support

The prevalence of suicidal ideation and plans were examined based on levels of available support from family, friends, and a significant other.

Support from Family. The survey data illustrates a notable link between family support and the prevalence of suicidal ideation and suicide plans (**Figure 41**). Individuals who reported high support from family members exhibited a low prevalence of suicidal ideation at 7.2%. Conversely, those with low family support displayed a rate of recent suicidal 3.6 times higher at 26.0%, emphasising the vulnerability of individuals who lack familial support. This stark contrast highlights the increased risk of suicidal thoughts in the absence of strong family ties. Individuals reporting moderate family support exhibited a prevalence of 13.3%, suggesting that while some family support can provide benefits, it does not offer the same level of protection as high support.

Regarding suicide plans, a similar trend emerges. Individuals with high family support had a low prevalence of suicide plans at 3.0%, while those with low support reported a prevalence of 10.4%, approximately 3.5 times higher. This reinforces the notion that lacking family support significantly increases the likelihood of developing suicide plans. Those with moderate support reported a prevalence of recent suicidal ideation of 5.8%.

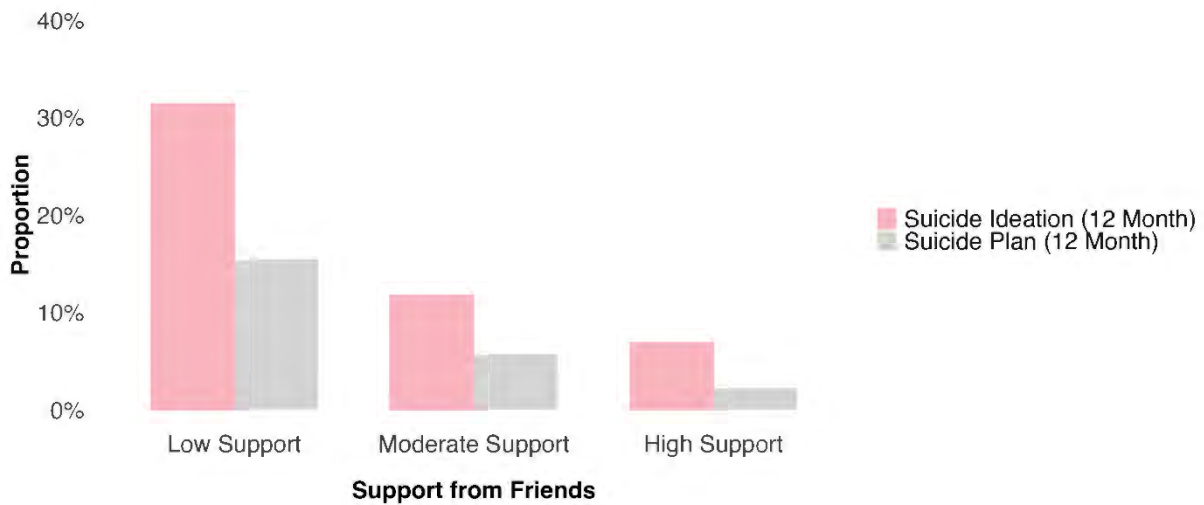
Figure 41. Proportions (%) of 12-month suicidal ideation and plans based on level of family support in the WA construction industry.



Support from Friends. Individuals who reported high support from friends exhibited a low prevalence of suicidal ideation in the prior 12 months at 6.9%, suggesting that strong friendships may act as a protective factor against suicidal thoughts (**Figure 42**). In contrast, individuals with low support from friends had a prevalence of suicidal ideation 4.6 times higher at 31.5%. Those with moderate support from friends exhibited a prevalence of 11.8%, suggesting that while some support from friends is beneficial, it may not provide the same level of protection as high support.

When examining suicide plans, a similar trend was observed. Individuals with high support from friends had a low prevalence of suicide plans at 2.2%, compared to 15.4% for those with low support, approximately 7 times higher. This indicates that low support from friends is linked to a significantly higher likelihood of developing suicide plans. Individuals with moderate support from friends showed a prevalence of 5.7%.

Figure 42. Proportions (%) of 12-month suicidal ideation and plans based on level of support from friends in the WA construction industry.

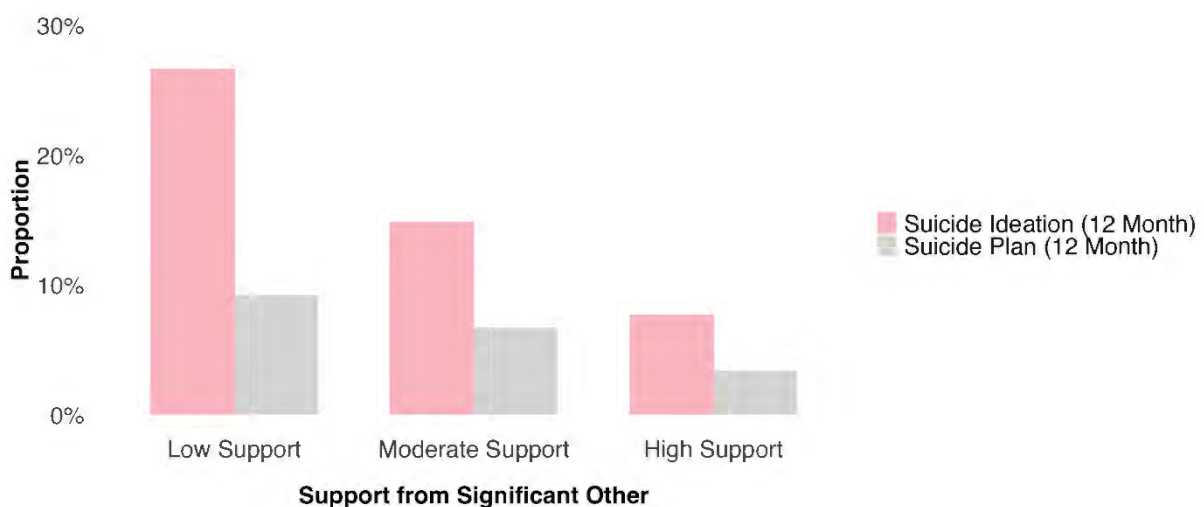


Support from Significant Other. Individuals with high support from a significant other reported a lower prevalence of recent suicidal ideation at 7.7%, indicating that quality support from a significant other may serve as a protective factor against suicidal thoughts (**Figure 43**).

In contrast, those with low support from a significant other experienced a notably higher rate of recent suicidal ideation at 26.6%. This stark difference underscores the vulnerability of individuals lacking adequate social support, as they are more than three times as likely to report suicidal ideation compared to their highly supported counterparts. Furthermore, individuals with moderate support from a significant other had a prevalence of 14.8%.

The analysis of suicide plans revealed a similar pattern. Among those with high support from a significant other, the prevalence of recent suicide plans was 3.4%, which is 2.7 times lower than that of individuals with low support, where 9.2% reported having made a recent suicide plan. Those with moderate support from a significant other showed a prevalence of 6.7%.

Figure 43. Proportions (%) of 12-month suicidal ideation and plans based on level of support from a significant other in the WA construction industry.

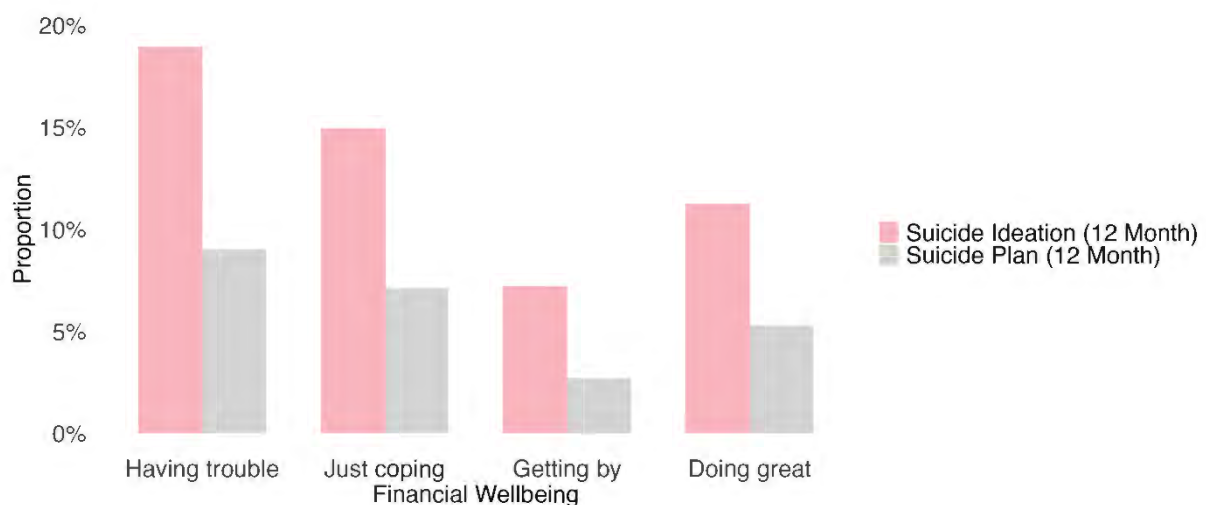


Financial Wellbeing

Among individuals reporting they were 'doing great' financially, 11.2% indicated experiencing suicidal ideation in the 12 months prior to the survey (**Figure 44**). Conversely, those categorised as 'getting by' reported the lowest prevalence of suicidal ideation and plans, suggesting that moderate financial stability may provide some protective factors against severe mental health issues. Financial success does not always correlate with emotional wellbeing or life satisfaction. People who are financially secure might struggle with finding a sense of purpose or meaning in life or might have higher expectations placed on them by themselves or others.

Recent suicidal ideation was highest for individuals 'having trouble' financially, with the highest prevalence of suicidal ideation at 18.9%. This represents which is 2.6 times higher compared to those 'getting by' financially. In the 'just coping' category, 14.9% reported recent suicidal ideation, indicating that even those who are managing but not thriving may experience significant mental health challenges. This trend suggests that individuals facing financial difficulties are at a heightened risk for suicidal thoughts. However, the mental health benefits of financial success seem to plateau or even decline beyond a certain point.

Figure 44. Proportions (%) of 12-month suicidal ideation and plans by financial security categories in the WA construction industry.





THE RESILIENT WORKER

Protective Factors & Warning Signs

The Resilient Worker:

Protective Factors and Warning Signs

Although the prior analyses help in identifying the individual links between a range of factors and suicidal thoughts and plans, further in-depth analysis was conducted to identify which aspects have the strongest links. The summary below highlights key characteristics of workers most at risk of recent suicidal ideation, which may help identify those currently experiencing heightened distress, as well as those at the lowest risk, offering insights into protective factors.

These factors **combine** to influence potential risk of suicidal ideation and reflect how workers who are lonely, have negative workplace experiences, lack available supports, and engage in harmful substance use are at elevated risk of recent suicidal ideation.





Summary

Summary

The **Constructing a Safer Industry** report examined the prevalence of suicidal thoughts and behaviours in the construction industry, as well as factors that contribute to mental health issues among workers.

Prior research indicates that the rates of deaths due to suicide are greatly elevated among workers in the WA construction industry compared to other professions (6). Consistent with this, results from this survey paint a concerning picture. Our results suggest WA construction workers were approximately three times more likely to report recent suicidal ideation, plans, and attempts than comparison Australian adults. WA construction workers also reported elevated rates of psychological distress that suggest an even greater number of individuals may currently be experiencing symptoms of depression and anxiety that require immediate help (75-77).

These results contrast with recent findings from the “Ten to Men” national survey, which found that construction workers were comparable to other occupations in terms of suicidal ideation (12). It is important to note the methodological differences between the current study and “Ten to Men.” Most notably, the current study focused on assessment of active suicidal ideation in the past 12 months (i.e., “*Have you seriously thought about killing yourself in the past 12 months?*”), while “Ten to Men” used a single item from the Patient Health Questionnaire (PHQ-9) that assesses passive ideation and general self-harming behaviours (i.e., “*How often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?*”). Active suicidal ideation reflects more serious risk and intent compared to passive ideation, which captures more general thoughts about self-harm or feeling better off dead. Therefore, the discrepancy between the findings of the current study and “Ten to Men” may be partly due to these differences in the specificity and severity of suicidal ideation being measured. Additionally, the population sampled in the current study may differ in key demographic or occupational factors, which could further explain the higher prevalence of active suicidal ideation observed among construction workers in this study.

An important caveat is that most survey participants did not report suicidal thoughts and behaviours in the 12 months prior to the survey and/or heightened psychological distress, at least based on the brief mental health assessments conducted in the current study. Therefore, there are specific personal and workplace factors, as well as long-term dispositions and life experiences, that heighten workers’ risk of developing serious mental health issues.

Potentially Contributing Risk Factors: Interpersonal Relationships, Work-Life Conflict, and Substance Abuse

Interpersonal Relationships

Various interpersonal factors were identified as critical to recent suicidal ideation. In particular, loneliness was found to be the strongest predictor of recent suicidal ideation and psychological distress. Loneliness is a complex emotional experience characterised by a perceived deficiency in social relationships, leading to feelings of isolation and disconnect from others (78). Research indicates that loneliness can significantly impact mental health, exacerbating feelings of hopelessness, worthlessness, and despair (79). Individuals experiencing loneliness often struggle to engage with their social networks, which can further intensify their feelings of isolation. This lack of social support may hinder their ability to cope with stressors and emotional pain, ultimately increasing vulnerability to suicidal thoughts and behaviours (9).

Moreover, loneliness can create a vicious cycle: the more isolated individuals feel, the more difficult it becomes for them to seek help or maintain connections with others. This emotional state may lead to negative cognitive patterns, where individuals perceive themselves as unworthy of social interaction, reinforcing their sense of alienation (78, 80, 81).

Interventions that target loneliness, such as fostering social connections and enhancing community engagement, could play a pivotal role in mitigating the risk of suicidal ideation. Understanding the profound impact of loneliness on mental health highlights the need for comprehensive approaches that consider interpersonal dynamics in suicide prevention.

Other interpersonal factors emerged as being strongly connected to suicidal ideation and psychological distress. Individuals who experienced bullying more than once per month were at heightened risk of suicidal ideation. Bullying in the workplace refers to repeated aggressive behaviour, such as verbal abuse, humiliation, or exclusion, targeting an individual or group. In high-stress environments like construction, where teamwork and physical risk are prominent, workplace bullying can be particularly damaging. The power dynamics and competitive culture often present in such settings may exacerbate the experience of being bullied. Workers subjected to bullying may feel isolated, unsupported, and powerless, further undermining one's sense of belonging and self-worth.

On the other hand, having positive interpersonal relationships may be an important protective factor against suicidal ideation even for those currently experiencing broader symptoms of depression and anxiety. Even for individuals that reported very elevated levels of psychological distress, and high amounts of workplace risk factors, the presence of positive support from a significant other was found to be associated with lower rates of suicidal ideation. Support from a significant other can provide validation, reassurance, and empathy, which help individuals feel understood and valued, and provide a sense of belonging. Further, adequate support from a significant other may encourage positive help-seeking behaviours, whether from a professional or within close support networks.

Similarly, findings from this survey indicate that support from colleagues was found to play a crucial role in reducing rates of suicidal ideation. The workplace can be a significant source of stress, but when individuals experience a supportive environment, they are more likely to feel valued and connected (71). Colleagues who provide emotional support, show empathy, and foster a sense of belonging help to buffer against feelings of isolation and hopelessness—key risk factors for suicidal thoughts. By creating a culture of understanding and mutual support, workplaces can offer an important protective layer, reducing the emotional burden that might otherwise lead to severe mental health struggles, including suicidal ideation. Further, in a supportive workplace, colleagues help one another manage workloads and enhance problem-solving, which may increase job resources and reduces the strain of demanding tasks.

Substance Abuse

Excessive substance use has consistently been identified as a significant predictor of increased risk for suicidal thoughts and behaviours in prior research (82, 83), underscoring the complex relationship between mental health and coping mechanisms. While the survey design limits our ability to fully understand the causality, it is likely that substance use serves both as an indicator of existing difficulties in managing stress and adversity, as well as a contributing factor to future psychological distress. In many cases, individuals may resort to substance use as a maladaptive coping strategy, offering temporary relief from emotional pain. However, this behaviour can become cyclical, ultimately inhibiting more constructive actions, such as seeking professional help or social support (83). Over time, reliance on substances not only exacerbates emotional

and psychological struggles but also impedes recovery by discouraging positive, long-term solutions (84). Addressing this pattern requires a focus on breaking the cycle and promoting healthier ways of coping with life's challenges (85).

In the current survey, individuals that consumed 5 or more types of drugs had among the highest risk of recent suicidal ideation. While polydrug use (i.e., using more than one type of drug) is typically associated with poorer mental health (84, 86), this may also reflect a tendency to more frequently consume drugs. While assessing the frequency of drug use was beyond the scope of this survey, prior evidence suggests that there is a correlation between the number of substances used and the frequency of drug use (87, 88).

Construction workplaces often emphasise teamwork and interpersonal bonds that extend beyond work hours. This strong cohesion within construction environments may provide an opportunity to mitigate the heightened risk of suicidal ideation associated with loneliness, by fostering even stronger support networks.

Work-Life Conflict

The elevated rates of suicidal ideation observed in the study were partly attributed to work-life conflict, as nearly two-thirds of survey respondents reported that their work had negatively impacted their personal or family life within the past six months. This finding suggests that the pressures and demands of work can significantly contribute to emotional distress, exacerbating feelings of imbalance and strain. While aspects of job stress and demands were prevalent in the sample, it's important to note that the heightened levels of suicidal ideation were not entirely proportional to the differences between our sample and the broader Australian population on these factors. This discrepancy implies that while work-related stress plays a role, other unmeasured factors may also contribute to the elevated risk of suicidal thoughts. Further research to understand the full scope of these influences is crucial in addressing the mental health challenges faced by those experiencing significant work-life conflict.

Linking to Existing Literature

Although this survey does not address it directly, previous research has frequently pointed to toxic workplace cultures that prioritise traditional masculine norms and self-reliance, which can create barriers to seeking support when needed (53, 89). In industries characterised by fast-paced environments, long working hours, and persistent workforce shortages, many individuals may struggle to find the time or energy to pursue professional help (90). Taking time off for mental health care is often stigmatised, perceived as a sign of weakness or an inability to manage the pressures of the job.

The stigma surrounding mental illness remains a significant obstacle to effective mental health intervention (89). Despite ongoing efforts to reduce stigma, many people still avoid seeking help due to feelings of shame or embarrassment, which can lead to worsening symptoms and poorer health outcomes. This stigma also presents challenges for mental health professionals, as individuals may be reluctant to disclose their struggles or seek treatment. Addressing and reducing mental health stigma in the workplace is essential to fostering a more supportive environment and has been recognised as an effective approach to lowering suicide rates in occupational settings (89).

A lack of education and awareness can prevent some individuals from recognising the early signs and symptoms of mental health problems, often resulting in delays or failure to seek help until

the situation worsens (91). This knowledge gap can fuel misconceptions, such as the belief that mental health issues indicate personal weakness or that they are untreatable (92). These misunderstandings can discourage people from seeking help even when it is available. In the current survey, for instance, around 11% of respondents reported high or very high psychological distress but did not consider themselves to have a mental health problem, while 33% believed they did not need any assistance.

Indeed, a strong correlate of current suicidal ideation was presenteeism, which refers to workers who are physically present at work but are not functioning optimally due to physical or mental health issues. This may signal hidden distress, where an individual is battling significant mental health concerns, including suicidal ideation, but continues to attend work out of obligation, fear of repercussions, or lack of support. This can create a dangerous situation where the worker's mental health deteriorates while they remain unseen by managers and coworkers because they are "physically present." While the presenteeism may itself be a reflection of currently poor mental health, the unwillingness to take personal time during periods of heightened distress may prolong or exacerbate mental health difficulties and lead to heightened risk of suicidal ideation.

Limitations

Despite the established links between risk and protective factors and suicidal ideation, it is not immediately clear, based on the data collected in this survey, why rates of recent suicidal thoughts and behaviours are nearly three times higher than those in the Australian adult population. Among the factors associated with suicidal ideation or psychological distress, none appeared significantly elevated compared to national averages. For instance, while loneliness emerged as the strongest correlate of increased suicidal ideation and psychological distress, the rates of loneliness observed in this survey were lower than those reported in available comparative data. Further, construction workers nationwide tended to report lower feelings of loneliness than other occupations. This may indicate that factors like loneliness, when experienced, tend to have more dramatic impacts on individuals within the industry or that other unmeasured aspects of workplace and personal life may drive this disparity.

Other factors, such as work-life conflict, were frequently experienced among construction workers, yet the absence of meaningful comparative data prohibits identification of whether these experiences are heightened compared to other occupations and may partly explain the significant disparity in rates of suicidal thoughts and behaviours.

Directions for Future Research

The current study provides a valuable snapshot of mental health risk factors within the WA construction industry, but there remain critical gaps in understanding what future research should address. Longitudinal studies that track mental health trajectories over time would help clarify how risk factors, such as loneliness, substance use, and work-life conflict, evolve and interact to influence suicidal thoughts and behaviours. Such studies could explore how specific periods of high stress, such as project deadlines or seasonal fluctuations in work intensity, contribute to mental health deterioration, and whether certain protective factors (e.g., strong social support or mental health interventions) buffer against these negative outcomes.

Additionally, future research should explore the role of workplace culture in more depth, particularly focusing on the influence of traditional masculine norms, presenteeism, and the stigma surrounding mental health in construction settings. Examining how these cultural

dynamics impact help-seeking behaviour and the effectiveness of mental health interventions could lead to more targeted approaches to reducing suicide risk.

Currently, there is a significant gap in our understanding of which interventions work effectively within the construction industry. A coordinated approach involving policy development, organisational change, and service improvement is essential to create a supportive environment for mental health. Assessing the effectiveness of mental health interventions specifically for construction workers—both within workplace settings and in the broader community—can lead to targeted strategies that enhance mental wellbeing. A comprehensive evaluation of current services is needed, including the effectiveness of workplace mental health programs, training, and awareness campaigns in reducing stigma and promoting help-seeking, which could provide valuable insights for scalable interventions.

A photograph of three men in work attire, including high-visibility jackets and caps, standing in a line. The image is overlaid with a semi-transparent blue filter. The man in the center is wearing a dark cap and a high-visibility jacket with reflective stripes. The man on the left is wearing a beanie with the word 'Georgio' on it and a high-visibility jacket with 'Mitchell Extension' on the chest. The man on the right is wearing a cap with sunglasses on top and a high-visibility jacket with 'Mitchell Extension' on the chest. The word 'RECOMMENDATIONS' is written in large, bold, white capital letters across the center of the image.

RECOMMENDATIONS

Recommendations

The construction industry must take a multifaceted approach to address the complex risk factors leading to suicidal ideation. By creating a more supportive, understanding, and mentally healthy work environment through these recommendations, the industry can make significant strides toward reducing the high rates of suicide observed in workers.

The following section outlines key recommendations—in relation to **policy, organisations, wellbeing support and training service providers, and individuals within the industry**—that may help reduce rates of suicidal thoughts and behaviours within the industry.

These recommendations are designed to target specific risk and protective factors identified in the current survey, including loneliness, social support, work-life conflict, bullying, and excessive substance use. In addition, they target known issues that impact workers in the construction industry, such as issues with stigma, mental health literacy, and logistical barriers that impede help-seeking.

Policy

(1) Establish Industry-Wide Mental Health Policies

- a. **Recommendation.** Develop and enforce mental health policies across the construction industry that include regular independent and anonymous mental health assessments, mandatory training, and crisis intervention protocols. Safe Work Australia highlight that workers should be able to seek help without fear of stigma or repercussions (93).
- b. **Rationale.** These policies would formalise the approach to mental health, treating it as integral to worker safety. Regular mental health assessments could detect early signs of distress, while training can equip workers and supervisors to identify and respond to mental health crises.

(2) Integrate Mental Health into Workplace Safety Protocols

- a. **Recommendation.** Mental health should be included as a component of workplace safety, ensuring that mental and emotional health are treated with the same importance as physical health.
- b. **Rationale.** Including mental health in safety protocols creates a holistic approach to worker wellbeing. This would align mental health with existing safety measures, making it more likely that workers would take mental health seriously and act on it.

(3) Develop Anti-Discrimination Policies for Mental Health Issues

- a. **Recommendation.** Enforce policies that explicitly prohibit discrimination or stigmatisation of workers who seek help for mental health issues, ensuring that they feel safe in accessing support.
- b. **Rationale.** Fear of stigma or retaliation can prevent workers from seeking help. Anti-discrimination policies can encourage workers to be proactive about their mental health, knowing that their job security and workplace relationships won't be jeopardised.

Organisations

(1) Promote Positive Interpersonal Relationships in the Workplace

- a. **Recommendation.** Create initiatives that foster collaboration and support among workers, such as team-building activities and mentorship programs. This may include a buddy system, where workers are paired to check in on each other's wellbeing regularly. Buddies can share resources, provide mutual support, and encourage open communication about mental health.
- b. **Rationale.** A supportive workplace can act as a buffer against stress, isolation, and suicidal ideation. Encouraging strong interpersonal connections helps workers feel more comfortable discussing mental health issues with their peers.

(2) Implement Anti-Bullying and Harassment Initiatives

- a. **Recommendation.** Introduce zero-tolerance policies on bullying and harassment, alongside anonymous reporting systems to ensure workers feel safe when addressing issues.
- b. **Rationale.** Bullying and harassment can exacerbate feelings of isolation and distress, both of which are predictors of suicidal ideation. By addressing these issues head-on, organisations can create a safer, more inclusive workplace.

(3) Offer Flexible Working Arrangements to Support Work-Life Balance

- a. **Recommendation.** Implement flexible work hours, telecommuting options, and supportive leave policies to allow workers to manage their personal lives while maintaining their work responsibilities.
- c. **Rationale.** Striking a balance between work and personal life is crucial for mental health. Flexible working arrangements can reduce stress, promote wellbeing, and help workers manage personal challenges without sacrificing their professional responsibilities.

Wellbeing Support & Training Service Providers

(1) Offer On-Site Evidence-Based Mental Health Support

- a. **Recommendation.** Increase the number of trained MATES Field Officers and "Connectors" (peers trained to identify and assist co-workers in distress) across more worksites and regions, particularly in rural or underserved areas. Provide access to mental health professionals on-site or through partnerships with local services.
- b. **Rationale.** The peer-support model is central to MATES in Construction's success. Expanding this network allows workers in all locations, including those more isolated, to have immediate access to trained support, increasing the likelihood of early intervention in mental health crises. On-site or easily accessible mental health resources allow workers to seek help without logistical barriers.

(2) Provide Mental Health Awareness Training for Workers and Leaders

- a. **Recommendation.** Implement regular mental health training sessions for all workers, with additional training for supervisors on how to identify and support

workers in crisis. Train leaders to model healthy work-life balance by taking time off, managing stress publicly, and encouraging their teams to prioritise wellbeing.

- b. **Rationale.** Many mental health crises are preventable with early intervention, but this requires awareness and knowledge. Training empowers workers and leaders to act proactively, recognising signs of distress and providing the necessary support. Leaders modelling healthy behaviours, such as good work-life balance, send a clear message to workers that mental health is valued, and taking care of oneself is encouraged.

(3) Educate Workers on Coping Mechanisms and Resilience

- a. **Recommendation.** Offer workshops or resources that teach coping mechanisms, stress management techniques, and resilience-building exercises.
- d. **Rationale.** Teaching workers how to manage stress and build resilience can prevent burnout and mental health crises. These tools enable workers to manage their mental health proactively, reducing the likelihood of mental health deterioration.

Individuals

(1) Develop a Mental Health Monitoring Tool for Construction Workers

- a. **Recommendation.** Create a digital tool or mobile app to allow workers to monitor their mental health, track stressors, and access support resources anonymously.
- b. **Rationale.** Many workers may feel uncomfortable openly seeking help, but a digital tool provides anonymity and self-management. This tool could include self-assessments, mood trackers, and direct links to MATES resources, including crisis hotlines and counsellors.

(2) Foster Social Connections Inside and Outside of Work

- a. **Recommendation.** Encourage workers to participate in both workplace and community-based social activities to help build a strong support network.
- b. **Rationale.** Social isolation is a significant predictor of suicidal ideation. By encouraging strong interpersonal connections, both within and outside of work, organisations can help workers feel supported and connected, reducing feelings of isolation and distress.

(3) Recognise Signs of Distress

- a. **Recommendation.** Be observant of changes in your colleagues' behaviour that may indicate distress, such as increased substance use, mood swings, absenteeism, or changes in work performance. Understand that substance use can often be a coping mechanism for underlying issues. If you notice a colleague exhibiting signs of excessive substance use, approach them with empathy and without judgment. Use open-ended questions to express concern, such as, *"I've noticed you seem a bit different lately. How are you going?"*
- b. **Rationale.** Recognising these signs early allows for timely intervention and support, helping to prevent further deterioration of a colleague's mental health. Excessive substance use may be an invitation for discussions around mental health.

Concluding Statement

The mental health issues and crises within this industry are not just an isolated issue but part of a wider national challenge. In WA, there have been ongoing efforts to address this crisis, with industry-specific mental health initiatives being rolled out, yet the high prevalence rates highlighted in this survey suggest these efforts may still be insufficient or in need of greater scope and coordination.

The survey reveals a troubling prevalence of suicidal thoughts, psychological distress, and substance use, but also sheds light on risk and protective factors that could be key to meaningful intervention. Loneliness emerged as the most strongly associated risk factor for suicidal ideation, underscoring the protective power of social support both in and outside the workplace. Additionally, issues such as bullying, and work-life imbalance stand out as critical targets for reducing the psychological toll of demanding work environments on employee wellbeing.

Nationally, programs like MATES in Construction have made progress in raising awareness and providing peer support, but more systemic interventions are necessary to address the underlying issues that perpetuate mental health crises among construction workers. While it is unclear the extent to which rates of suicidal ideation and behaviours have changed over the years within the industry, the current survey highlights there is a significant need for targeted support services and systematic changes to how organisations and individuals within the industry approach mental health. Continued engagement and monitoring of mental health issues and crises in the construction industry can help provide important insights into workforce trends, the utility of various interventions, and those most at risk.

A black and white photograph of construction workers on a steel rebar grid. The workers are wearing hard hats and work clothes. The grid is made of many parallel steel bars. The background shows a building under construction with vertical columns.

APPENDIX

Appendix A: Bias Examination

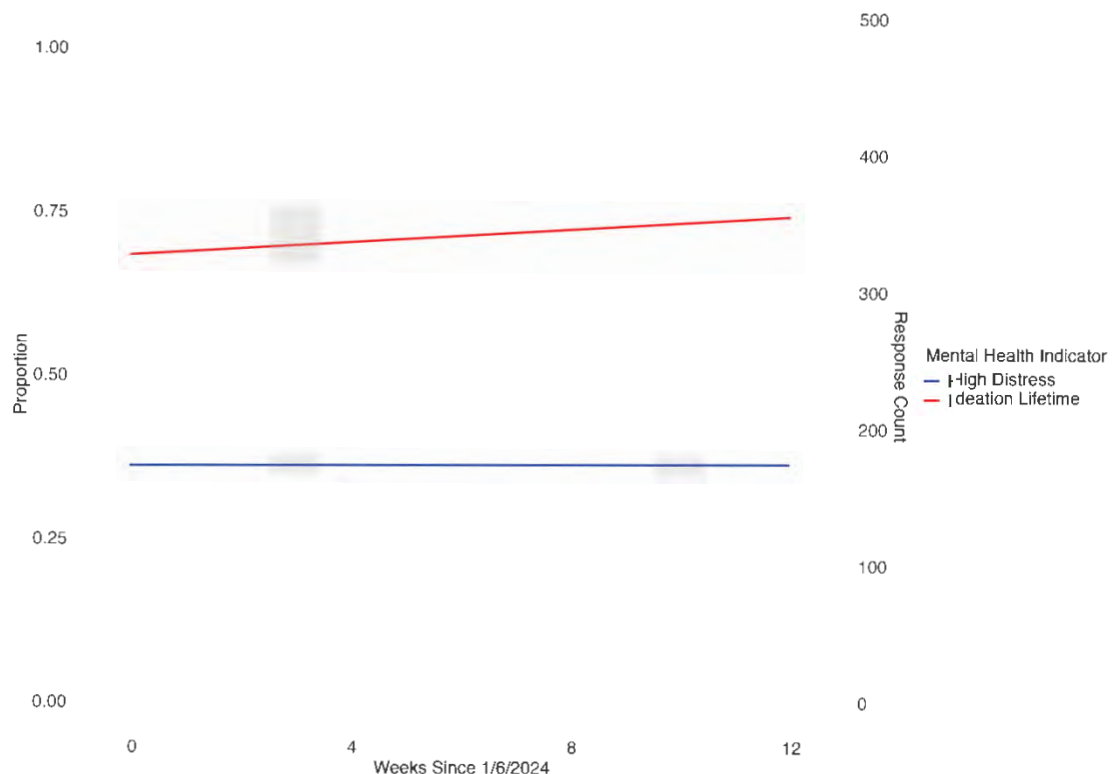
To explore the potential for response bias in the survey—specifically, whether individuals with a history of mental health issues might have responded differently based on when they were first invited—it was hypothesised that workers who participated immediately might have more negative experiences than those who needed multiple reminders or were more likely to participate when recruitment strategies changed.

To test this hypothesis, respondents were sorted by the number of days since the study's initiation. Rates of adverse outcomes were then analysed according to the time elapsed since the study's launch. Each agency had its own timeline, as the study was rolled out at different times across agencies. Generally, response rates were highest during the initial days following the launch, with modest increases observed when reminders were sent after one, two, and three weeks.

The outcomes assessed included the prevalence of high levels of psychological distress as measured by the K10 and lifetime suicidal ideation. The analysis revealed no significant changes in the rates of these outcomes based on the time elapsed since the study's launch, indicating minimal evidence of response bias related to mental health difficulties.

Appendix Figure 1 illustrates the connection between selected negative outcomes and the number of days since the study began. The lack of significant variation in outcomes over time suggests that early and late responders, as well as those who required multiple reminders, did not differ substantially in their levels of mental health issues or distress. Logistic regression analysis further confirmed that there was no significant correlation between high distress ($B = 0.008$, $p = 0.495$), suicidal ideation ($B = -0.003$, $p = 0.820$), and the time since the study's launch.

Appendix Figure A1. Proportion of respondents with high distress or lifetime ideation by time the survey was available.



Evaluating Representativeness of Our Sample

A comparison between our sample of WA construction workers and known labor force statistics is provided in **Appendix Table A1**. This comparison enables us to assess whether our sample is representative of the WA construction industry. An overrepresentation of certain groups may result in prevalence statistics that do not accurately reflect the broader population.

Gender. Labour force statistics from the Australian Bureau of Statistics (ABS; EQ09) suggest that the total percentage of females working in the WA construction industry has increased from 14.5% in May 2024 to 18.5% in September 2024 (94). Therefore, our sample only slightly overrepresents female workers in the WA construction industry (21.3%).

Age. Labour force statistics are not publicly available for age and industry at a state-level. The age distribution of our sample was compared against national levels for the construction industry (ABS Table EQ12) as of September 2024 (94). Our sample mostly exhibited a similar age composition, although there was a slightly higher proportion of workers aged 35-44 years.

Occupation. To our knowledge, labour force statistics for 2024 are not yet publicly available at the state level for occupation groups within the construction industry. However, comparisons between the available WA construction industry occupation data and total Australian population statistics as of August 2023 (through the ABS Table Builder feature) indicate that the composition of occupations within the construction industry is comparable. Therefore, to assess whether the occupation groupings in our sample are representative, we compared them to national figures as of September 2024 (ABS Table EQ09).

Our sample had a notably higher proportion of managers and professionals, with a lower proportion of trades workers. However, it is worth noting that 41% of those classified as managers in our sample also reported working on-site, including site supervisors, who are likely to have more direct involvement in fieldwork.

Appendix Table A2 further breaks down occupation groups by gender as per the ABS (94). Technicians and trade workers and labourers were underrepresented among males, while managers and professionals were overrepresented. Female workers were underrepresented in terms of clerical and administrative roles, and overrepresented in terms of professional roles.

Apprentices. As outlined in the Construction Training Fund 2023-2024 Annual Report, approximately 12.3% of apprentices and trainees in the building and construction industry made up the **trade workforce**. While our analysis found that 9.4% of our sample were completing an apprenticeship at the time of the survey, this includes individuals in professional, managerial, and clerical and administrative roles. Additional statistics from Master Builders indicate that, as of December 2023, 10,265 apprentices were in training, representing 7.0% of the total construction workforce in Western Australia ($N = 145,636$) according to labor force statistics (95). In the absence of more recent apprenticeship data, our sample was found to only slightly overrepresent apprentices.

Job Location. Roughly 20.3% of our sample worked in a fixed metropolitan location. This is comparable to the 19.7% of people in Western Australia who were classified as working within the Perth Region (ABS Table EQ03).

Working Arrangement. Our sample slightly underrepresented the percent of part-time or casual workers (11.4%) that exist within the WA construction industry (15.2% ; ABS Table EQ03).

Summary. Overall, the sample was found to be mostly representative of workers in the construction industry in key criteria. There was slight overrepresentative of workers aged 35-44, and a larger overrepresentation of those in managerial, professional, and clerical roles. Survey weights were used to adjust for these differences, meaning more weight is given to responses from under-represented groups so prevalence statistics may better reflect the population.

Appendix Table A1. Sample Characteristics Comparisons to available construction population statistics.

	Current Sample	Labour Force Statistics	Comparison Statistics
Gender			
Male	78.3%	81.5%	WA
Female	21.3%	18.5%	WA
Age			
16-24 years old	13.4%	16.1%	AUS
25-34 years old	25.8%	26.8%	AUS
35-44 years old	29.5%	22.8%	AUS
45-54 years old	20.5%	17.8%	AUS
55-64 years old	9.6%	12.8%	AUS
65+ years old	1.1%	3.7%	AUS
Occupation			
Clerical and Administrative Workers	5.2%	8.6%	AUS
Labourers	8.8%	15.3%	AUS
Machinery Operators and Drivers	5.0%	7.1%	AUS
Managers	30.4%	12.5%	AUS
Professionals	21.0%	5.3%	AUS
Technicians and Trade Workers	29.0%	50.6%	AUS
Apprentice			
No	90.6%	93.0%	WA
Yes	9.4%	7.0%	WA
Job Location			
Metro	79.7%	80.3%	WA
Other	20.3%	19.7%	WA
Working Arrangement			
Part-time/Casual	11.4%	15.2%	WA
Full time	88.6%	84.7%	WA

Appendix Table A2. Occupation groups by gender for the current sample and ABS Labour force statistics for Australia.

	Males		Females	
	Current Sample	Labour Force	Current Sample	Labour Force
Clerical and Administrative Workers	1.84%	2.30%	17.34%	48.74%
Community and Personal Service Workers	0.22%	0.21%	0.54%	0.03%
Labourers	9.10%	16.61%	7.86%	7.10%
Machinery Operators and Drivers	4.92%	7.80%	5.15%	2.54%
Managers	32.89%	12.50%	21.95%	12.46%
Professionals	17.40%	4.06%	34.15%	12.93%
Sales Workers	0.15%	0.43%	0.27%	1.05%
Technicians and Trades Workers	33.48%	56.10%	12.74%	15.16%

Appendix B: Survey Materials

Summary of Measures

Below is a brief summary of the measures used in this survey to capture a range of risk and protective factors.

Appendix Table X. *List of measures used in the current survey to capture risk and protective factors.*

Variable	Source	Items
Mental Health Outcomes		
Psychological Distress	ABS	10
History of Suicidal Thoughts and Behaviours	ABS	1-6
Severity of Recent Suicidal Thoughts	SIDAS	5
Substance Use	ABS	1-2
Alcohol Consumption	HILDA	2-4
Social Connectedness		
Loneliness	UCLA	3
General Social Support	MSPSS	12
Workplace Factors		
Workplace Social Support	COPSOQ	2
Bullying		1
Job Security	HILDA	1
Job Demands	HILDA	3
Job Stress	HILDA	2
Job Pay	HILDA	1
Work-life Conflict		1
Presenteeism		1
Job Skill		1
Financial Wellbeing	CBA	4
Life Events	HILDA	2

UWA = designed by UWA team; APA = American Psychological Association; ABS = Australian Bureau of Statistics; SIDAS = Suicidal Ideation Attributes Scale; UCLA = UCLA 3-Item Loneliness Scale; COPSOQ = Copenhagen Psychological Questionnaire; HILDA = Items extracted from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. MSPSS = Multidimensional Scale of Perceived Social Support. CBA = Commonwealth bank of Australia.

Occupation

Several questions will be asked to gain insights into current employment:

- Current employment status (e.g., full-time, part-time, casual)
- Industry type (e.g., Residential, Commercial, Both)
- Location of Work (e.g., On-site, Office/Off-site)
- Apprenticeship status
- FIFO/DIDO

What is your current employment status?

- Full-time
- Part-time
- Casual

Which construction industry sector do you primarily work in?

- Residential Construction
- Commercial Construction
- Industrial Construction
- Heavy Civil Construction
- Other (please specify) _____

How would you best describe where the majority of your work is conducted?

- On-Site
- Office

Please describe your primary occupation below (Note: Start typing and select one option that best describes your occupation). If you cannot find an appropriate job title, please select 'Other'.

Are you currently completing an apprenticeship?

- No
- Yes

How many years of experience do you have in the construction industry? Please use numbers (e.g., 0.5, 2, 10)

What is your current working arrangement?

- FIFO
- DIDO
- Living and working in a fixed metro location
- Living and working in a fixed rural location

Demographics

What is your gender?

- Male
- Female

Other (Please describe) _____

Sexual Orientation

- Straight
- Gay or Lesbian
- Bisexual
- I use a different term (Please Specify)
- Prefer not to answer

Please enter your age in whole numbers (e.g., 18, 56).

What is your current relationship status?

- Married
- Widowed
- Divorced
- Separated
- Never married
- In a relationship
- Single

How would you broadly describe your ethnicity?

- Oceanic (e.g. Australian, New Zealand, Melanesian and Papuan, Polynesian)
- North-west European (e.g., British, Irish, Scandinavian)
- Southern and Eastern European (e.g., Italian, Spanish, Greek, Macedonian, Czech, Russian)
- North African and Middle Eastern (e.g., Arab, Jewish, Sudanese)
- South-East Asian (e.g., Indonesian, Filipino, Thai, Vietnamese)
- North-East Asian (e.g., Chinese, Japanese)
- Southern and Central Asian (e.g., Indian, Pakistani, Afghani, Kazakhstani)
- Peoples of the Americas (e.g., African American, Canadian, Brazilian, Mexican, Cuban)
- Sub-Saharan African (e.g., South African, Nigerian, Kenyan)

Measures of Mental Health Outcomes

Psychological Distress

Thinking about the past 4 weeks, how often have you felt:

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Tired for no good reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So nervous nothing could calm you down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restless or fidgety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So restless you could not sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That everything was an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So sad that nothing could cheer you up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Burnout

Burnout will be measured by a single item, developed by Dolan et al. (2015) in their study “Using a Single Item to Measure Burnout in Primary Care Staff: A Psychometric Evaluation.” In this study, a single item performed well against the more comprehensive, validated Maslach Burnout Inventory.

- I enjoy my work. I have no symptoms of burnout.
- Occasionally I am under stress, and I don’t always have as much energy as I once did, but I don’t feel burned out.
- I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
- The symptoms of burnout that I’m experiencing won’t go away. I think about frustration at work a lot.
- I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.

History of Suicidal Thoughts and Behaviours

If participants select No they will skip remaining questions for more severe behaviours or within the time frame.

	No	Yes
Have you ever seriously thought about taking your own life?	<input type="radio"/>	<input type="radio"/>
Have you seriously thought about taking own life in last 12 months?	<input type="radio"/>	<input type="radio"/>
Have you ever made a plan for taking own life?	<input type="radio"/>	<input type="radio"/>
Have you made a plan for taking own life in last 12 months?	<input type="radio"/>	<input type="radio"/>
Have you ever attempted to take own life?	<input type="radio"/>	<input type="radio"/>

Recent Suicidal Thought Severity

These questions are skipped if no lifetime or 12-month ideation reported.

Item	Range
In the past month, how often have you had thoughts about suicide?	(0 = Never, 10 = Always)
In the past month, how much control have you had over these thoughts?	(0 = No control, 10 = Full control)
In the past month, how close have you come to making a suicide attempt?	(0 = Not close at all, 10 = Made an attempt)
In the past month, to what extent have you felt tormented by thoughts about suicide?	(0 = Not at all, 10 = Extremely)
In the past month, how much have thoughts about suicide interfered with your ability to carry out daily activities, such as work, household tasks or social activities?	(0 = Not at all, 10 = Extremely)

Substance Use

If participants select 'no longer drink,' 'I do not consume alcohol,' 'non-drinker,' or 'ex-drinker,' they will skip the subsequent questions.

In the last 12 months, how often did you have an alcoholic drink of any kind?

- Every day
- 5 to 6 days a week
- 3 to 4 days a week
- 1 to 2 days a week
- 2 to 3 days a month
- About 1 day a month
- Less often
- No longer drink
- I do not consume alcohol

At the present time do you consider yourself. . .? (Mark one response only)

- A non-drinker
- An ex-drinker
- An occasional drinker
- A light drinker
- A social drinker
- A heavy drinker
- A binge drinker

On a typical day that you have an alcoholic drink, what type of alcoholic beverage do you consume the most?

- Full-Strength Beer
- Mid-Strength Beer
- Low-Strength Beer
- Red Wine
- White Wine
- Spirits (e.g., Whiskey, Vodka)

Please write below the number of drinks you would typically have of your selected beverage. Please also select the volume (e.g., 6 pints of beer, 3 glasses of red wine)

Quantity	Volume or Unit (select from drop-down list)	Volume or Unit (select from drop-down list)	Volume or Unit (select from drop-down list)

Have you ever used illicit drugs (including prescription medication used for non-prescribed purposes)? (Note: This information will NOT be communicated to your employer)

- No
- Yes

Please indicate whether you have used any of the following drugs in past 12 months:

- Marijuana/cannabis
- Ecstasy/MDMA
- Meth/amphetamine
- Cocaine
- Hallucinogens
- Inhalants
- Heroin
- Ketamine
- GHB
- Synthetic Cannabinoids
- Pain-killers/pain-relievers and opioids
- Tranquillisers/sleeping pills
- Steroids
- Methadone or Buprenorphine

Loneliness and Support

	Hardly Ever	Some of the Time	Often
How often do you feel that you lack companionship?			
How often do you feel left out?			
How often do you feel isolated from others?			

Multidimensional Social Support

	Very Strongly Disagree	Neutral	Very Strongly Agree				
	1	2	3	4	5	6	7
There is a special person who is around when I am in need.							
There is a special person with whom I can share joys and sorrows.							
My family really tries to help me.							
I get the emotional help & support I need from my family.							
I have a special person who is a real source of comfort to me.							
My friends really try to help me.							
I can count on my friends when things go wrong.							
I can talk about my problems with my family.							
I have friends with whom I can share my joys and sorrows.							
There is a special person in my life who cares about my feelings.							
My family is willing to help me make decisions.							
I can talk about my problems with my friends.							

Workplace Support

	Never/Hardly Ever	Seldom	Sometimes	Often	Always
How often do you get help and support from your immediate superior, if needed?					
How often do you get help and support from your colleagues, if needed?					

Bullying

Workplace bullying is described as verbal, physical, social or psychological abuse by your employer (or manager), another person or group of people at work.

How often were you bullied at work in the last six months of your latest job?

- Never
- Now and Then
- Monthly
- Weekly
- Daily

Workplace Experiences

1. My job is more stressful than I had ever imagined (JStress)	
2. I fear that the amount of stress in my job will make me physically ill (JStress)	
3. I get paid fairly for the things I do in my job (Pay)	
4. I have a secure future in my job (JSec)	
5. My job is complex and difficult (JD)	
6. I have to work very intensely in my job (JD)	
7. I don't have enough time to do everything in my job (JD)	
8. In the past month my work life frequently interfered with my personal/family life. (WL-C)	
9. I had gone to work despite feeling that I really should have taken sick leave due to my state of health (Presenteeism)	
10. I felt I had the skills and abilities to perform well in my job (Skills)	

JStress = Job Stress, JD = Job Demands, JSec = Job Security, WL-C = Work-life Inference.

Financial Wellbeing

How well do the following statements describe you or your situation?

	Not at all	Very little	Somewhat	Very well	Completely
I can enjoy life because of the way I'm managing my money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could handle a major unexpected expense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When it comes to how you think and feel about your finances, please indicate the extent to which you agree or disagree with the following statements

	Disagree strongly	Disagree	Neither agree nor disagree	Agree	Agree strongly
I feel on top of my day to day finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable with my current levels of spending relative to the funds I have coming in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am on track to have enough money to provide for my financial needs in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Life Events

Did any of these happen to you in the past 12 months? Please select all that apply.

- Got married
- Separated from spouse or long-term partner
- Got back together with spouse or long-term partner after a separation
- Pregnancy
- Partner or I gave birth to, or adopted, a new child
- Serious personal injury or illness to self
- Serious personal injury or illness to a close relative/family member
- Death of spouse or child
- Death of other close relative / family member (e.g., parent or sibling)
- Death of a close friend
- Victim of physical violence (e.g., assault)
- Victim of property crime
- Detained in Jail
- Close family member detained in jail
- Fired or made redundant by an employer
- Removal of children or child-custody issues
- Bullying
- Changed jobs
- Promoted at work
- Major improvement in financial situation (e.g., received an inheritance)
- Major worsening in financial situation (e.g. went bankrupt)
- Changed residence
- A weather-related disaster

Appendix C: Narrative Review Resources

The Review Process

In conducting a narrative review on mental health in the construction industry, both gray literature and peer-reviewed literature were utilised to provide a comprehensive understanding of the topic. Gray literature, including reports, white papers, and government publications from both international and Australian sources, offered valuable insights into industry-specific issues and practices that may not be extensively covered in academic journals. These sources provided real-world data, industry perspectives, and case studies that enriched the contextual background of the review. Meanwhile, peer-reviewed literature contributed rigorous, scientifically validated research findings, ensuring the review was grounded in established theories and empirical evidence. The integration of these diverse sources allowed for a holistic examination of mental health challenges, interventions, and outcomes within the construction industry, highlighting both global trends and local nuances pertinent to Australia. Australian research, typically conducted by MATES, has been highlighted in the results below due to the relevance to this research project. In total, 32 manuscripts were reviewed and synthesised due to their focus on mental health in the construction industry, including qualitative and quantitative research.

Prior Survey-Based MATES in Construction Sponsored Research

MATES in Construction has sponsored a number of large projects over the past decade with the intention of furthering our understanding of why suicide and other mental health difficulties are prominent within the construction industry. Most notably, a study was conducted into the impacts of bullying among Queensland apprentices, which surveyed 1,483 apprentices in total, finding 30% had thoughts of suicide in the past 12 months and 13% were currently experiencing high levels of psychological distress (57). Over 20% of apprentices experienced severe bullying, which was linked to psychological distress and lower wellbeing. Being gender diverse, working for large employers, and being younger (aged 18-25) was associated with higher odds of being a victim of bullying.

In 2013, MATES in Construction funded a survey of FIFO/DIDO workers in Australia. Approximately 30% of this sample indicated high or very high psychological distress, and a significant number adopted poor coping mechanisms, such as illicit drug and alcohol use. The survey identified large differences in job satisfaction across occupations (with labourers indicating the lowest satisfaction), and stress tending to differ depending on work rotations. Other aspects of mental health, such as suicidal thoughts and behaviours were not assessed, and it is important to note that experiences faced by FIFO/DIDO workers are not necessarily indicative of the construction industry as a whole.

Other MATES funded research has been heavily reliance on secondary data sources. That is, they do not specifically assess or survey individuals across the construction industry and instead rely on representative national surveys of the entire Australian workforce, of which construction workers are a subset. There is a need to survey individuals across the entire construction industry within each state to capture unique experiences across multiple levels of organisations. To inform development of survey material, existing literature has been reviewed

that may indicate priority areas. By determining the prevalence of suicide, as well as factors that may exacerbate suicide risk, support services are better positioned to intervene and prevent incidents. Further, assessing a large number of factors within a single study assists with delineating their effects on suicide risk.

Risk Factors for Suicide from Prior Research

Coroner's databases are useful at identifying the antecedents that often occur prior to suicide attempts. In these cases, information is compiled regarding particular stressors that may have occurred in the time prior to a completed suicide attempt. An analysis of the Australian Coronial database (45) found that among construction workers found the presence of seven broad domains were predictive of suicide: (1) mental health issues prior to death; (2) transient working experiences (i.e., the inability to obtain steady employment); (3) workplace injury and chronic illness; (4) work colleagues as a source of social support; (5) financial and legal problems; (6) relationship breakdown and child custody issues; (7) substance abuse. The sections below cover broader literature from Australian and global research that largely supports these findings. Studies assessing the influence of these factors on broader mental health (including suicide) have been listed in Appendix Table 2.

1. Mental Health Issues Prior to Death. A recent study conducted by the Australian Institute of Suicide Research and Prevention (AISRAP) (96) focused on young construction workers aged 14 and above. It identified pre-existing depression as a significant risk factor for suicide within this demographic. The study primarily analysed individuals aged 15 to 24, constituting 90.9% of the sample, revealing an alarmingly high suicide rate of 58.6 deaths per 100,000 population—twice the rate observed among working-aged males in Australia. Additionally, a history of attempted suicide was found to be closely associated with this elevated risk. Subsequently, a more recent investigation, examining both work-related and non-work-related factors influencing suicide among male construction workers in Australia, corroborated these findings (45).

2. Transient Working Experiences. Other research has linked poor personal and family financial security, inadequate employment opportunities resulting in prolonged unemployment, and insufficient home support for personal care, training, and education with elevated levels of psychological distress among young workers. This distress can lead to severe depression, substance abuse, and ultimately, suicide (57).

3 & 4. Workplace Factors. Studies from Australia have shown that young workers who are mostly employed in manual occupations are more prone to suicide, whereas those with managerial roles tend to have better mental health (6, 97). Lack of familiarity with the construction industry (98) and limited professional skills (6, 97) contribute significantly. Research indicates that young workers with lower educational attainment often experience heightened psychological distress and increased vulnerability to self-harm and suicide.

Periods of elevated suicide rates among young workers correlate with heightened stress levels, reduced construction activity, and a rise in lost workdays, primarily linked to workplace conflicts stemming from strained relationships (15). Additionally, research (57, 99) suggests that working in physically substandard construction environments heightens young workers' vulnerability to significant psychosocial risks, including exposure to attempted or witnessed

suicides and severe injuries among colleagues. A consistent correlate of suicide among construction workers is job insecurity and loss of employment, particularly when examining coronial databases. This is intrinsically tied with financial security within families, indicating how work and personal life are linked (10, 15, 45, 100, 101).

5 & 6. Financial/Legal Problems and Relationship Breakdown/Child Custody Issues.

Previous research on young construction workers in Australia (45, 96) revealed that those facing relationship breakdowns, including legal separation, divorce, and child custody disputes, exhibited elevated levels of psychological distress and were more prone to adverse mental health outcomes such as suicide. For instance, a prior study (96) found that 75% of young male suicide victims in their sample had a heightened risk of separation or divorce compared to other male suicide victims.

Only one study has investigated females within this context (102). This study delved into the interplay between work and family dynamics, including caregiving responsibilities, spousal support, stress management strategies, and mental health, among low-income working mothers. Further, challenges such as dealing with an alcoholic and/or abusive spouse, experiencing intimate partner violence, caring for children with special needs, and lacking sufficient childcare support were significant risk factors for severe and persistent depression as well as suicide attempts.

Young female construction workers, particularly mothers from low-income backgrounds, facing diminishing support from extended family networks, exhibit elevated psychological distress due to persistent concerns regarding their children's safety, nutrition, and education (102). Consequently, this demographic experiences notable rates of anxiety disorders, depression, and suicidal thoughts.

Workers lacking adequate support for academic or vocational training, whether from their families or other sources, are at heightened risk of experiencing significant psychological distress, bullying, and suicidal tendencies (57).

Demographics. Youth amplifies a worker's vulnerability to various significant risk factors including PTSD (99), bullying (57), and illicit drug use (96). Correspondingly, individuals aged 15 to 24 are noted to face an increased likelihood of suicide stemming from poor mental health. Additionally, cultural factors were implicated in suicide risk in a UK study, where young construction workers of Irish descent, cognisant of the mental health risks associated with alcoholism and suicide, attributed their alcohol abuse to "the experience of being Irish in London" (103).

Substance Use. Reports from psychological autopsies have confirmed that problems related to alcohol use often precede suicide among young workers, especially apprentices (46). One study among young construction workers found drugs such as cannabis and methamphetamine in the prior 12 months were notably higher than the national prevalence and were connected with recent symptoms of psychological distress (104).

Appendix Table 2. A summary of global research in alignment with grouping determined by Milner et al., (2017).

	All	Australian
Mental health issues prior to death		
Diagnosed and undiagnosed mental health conditions	(45, 99, 105)	(45, 105)
Past history of attempted suicide	(96)	
Transient working experiences.		
Lack of adequate employment opportunities	(57)	(57)
Poor home support for personal care, training, and education	(57, 102)	(57)
Workplace Factors		
Poor relationships with others and associated workplace disputes [27,38,44]	(106, 107)	(107)
Workplace stigma	(107)	(107)
Unsuitable site accommodation	(98, 108)	
Presence of and exposure to both on-site and off-site hazards and incidents	(57, 98, 99, 109-111)	(57)
Organizational management conditions	(43, 45, 98, 108, 109, 112, 113)	(113)
Display of masculinity and domination by superiors	(104, 106, 114, 115)	
Support for substance use as a coping mechanism	(44, 46, 103, 115)	(44)
Psychosocial job adversity	(12)	(12)
Job Support	(116)	
Job Control	(116)	
Masculine culture/Self-Stigma	(12, 117)	(12, 117)
Job Insecurity	(10, 15, 45, 100, 101)	(10, 45, 101)
Financial and Legal Problems		
Poor personal and family financial security	(57, 96, 101, 102, 107)	(57)
Family breakdown (separation and/or divorce)		
Child caring concerns; abuse by close relations; poor/lack of spousal support	(45, 101, 102)	(45, 101)
Demographics		
Younger Age	(46, 57, 96, 99, 104, 107, 110, 114)	(46, 57, 104)
Sexual Orientation	(57)	(57)
Substance Use		
Substance use and abuse (alcohol, meth/amphetamine, cocaine, cannabis)	(57, 96, 103, 104)	(57, 104)
Support for substance use as a coping mechanism	(44, 46, 103, 115)	(44)
Physical health conditions		
Poor general physical health	(45, 46, 109, 118)	(45)
Pre-existing injuries	(118-120)	

A black and white photograph of construction workers on a steel beam. The workers are wearing hard hats and work clothes. The background shows a large industrial structure with vertical columns. The word "REFERENCES" is overlaid in large white letters.

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