



**CONSTRUCTION
WORKING MINDS**

Mental Health Promotion, Suicide Prevention
and Addiction Recovery at Work
www.ConstructionWorkingMinds.org



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Mental Health Safety

Committing to a Culture of Holistic Safety

**A GUIDEBOOK OF TOOLS & FRAMEWORKS TO
BRIDGE SAFETY + MENTAL HEALTH**

ACKNOWLEDGEMENTS

To the construction safety and risk management professionals who have long understood that safety is more than steel-toed boots and hard hats—we see you, and we thank you.

You were among the first to recognize that aspects of the construction mental health mission belong in the safety conversation in partnership with other allies. You opened doors for advocates, clinicians, and human resource professionals to understand job site realities better. You taught us the language of risk, readiness, and responsibility — grounding our work in systems thinking and team accountability.

You also had the courage to “daylight” the issues that too often remain in the shadows.

You took what was usually kept hidden and brought it out into the open, making it something everyone could see and talk about. By speaking straight-up about tough topics like suicide, addiction, and trauma—stuff most folks avoid—you helped break the silence that keeps people suffering alone in construction. By calling things what they are, you made it okay for others to step up, share their own stories, and ask for help when they need it. Because of your willingness to put hard truths on the table, you haven’t just changed organizational practices —you’ve changed lives.

Your leadership in toolbox talks, incident debriefings, and safety culture transformation laid the groundwork for mental health integration. Through your mentorship, many of us in the mental health and suicide prevention advocacy space have gained deeper insight into how to make lasting change in high-risk environments.

From pioneering peer support programs to advocating for psychological safety in training modules, you’ve shown that real courage lives in everyday actions. You’ve helped shift the mindset from compliance to compassion, from awareness to action.

We are grateful for your partnership, your persistence, and your belief that protecting the whole worker—mind and body—is the future of construction safety.

This movement would not be where it is without you.

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This document is intended for informational and educational purposes only. It is not a substitute for professional medical, psychological, or legal advice. If you are concerned about a specific situation involving mental health, safety, or legal liability, please consult with a qualified healthcare provider, legal counsel, or other appropriate professional. Always follow your organization's policies and procedures, and when in doubt, seek expert guidance.



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Definition

Mental Health Safety: the systematic application of established safety concepts to the prevention and management of mental and emotional risks in the workplace, ensuring early intervention and effective crisis response to protect and promote the wellbeing of all workers.

EXECUTIVE SUMMARY

Mental Health Safety: Committing to a Culture of Holistic Safety is a practical guide designed to bridge the gap between job site safety and mental health in the construction industry. While physical safety remains foundational, this guide challenges the industry to expand its focus.



Mental health safety is job site safety, and it's time we treat it that way.

Drawing on proven safety frameworks, lived experience, and cross-disciplinary teamwork, this guide offers actionable tools and strategies to help organizations recognize, prevent, and manage psychosocial risks. The content covers the full spectrum: from identifying upstream hazards like chronic stress and poor communication, to midstream monitoring for warning signs and proactive check-ins, to downstream response and postvention after critical incidents or tragedies.

Leaders at every level will find guidance on building a resilient workforce, integrating mental health into daily job hazard analyses, developing psychological first aid skills, and fostering a culture where every worker feels empowered to speak up and seek help. Real-world case examples and step-by-step protocols make this guide both practical and relatable.

By investing in mental health safety, construction companies not only protect their workforce but also reduce hidden costs like absenteeism, presenteeism, and turnover—building stronger, safer, and more productive teams for the long term. This guide is your roadmap to a future where protecting the whole worker—mind and body—is the new standard for excellence in construction safety.



OVERVIEW

STRONG MINDS, SAFE SITES

"If we are truly committed to saving lives in construction, we must expand our definition of safety. A hard hat won't protect a worker from suicide. A fall harness won't catch someone slipping into addiction. Construction workers are far more likely to die by suicide, overdose, or the consequences of addiction than in a job site accident—yet the industry pours so much energy into physical safety while ignoring the crisis happening in plain sight. Mental health safety is job site safety, and it's time we treat it that way." – Sally Spencer-Thomas

Construction safety is more than just physical safety. A truly safe job site prioritizes both physical and psychological safety. By planning for all aspects of safety, reducing physical and psychosocial hazards, owning our role in supporting coworkers, and committing to building resilient teams, we can create a culture where safety means protecting the whole worker, mind, and body.

Who This Guide Is For?

This guide is designed for anyone committed to creating safer, healthier construction workplaces by bridging job site safety and mental health. It's especially valuable for:

- **Safety professionals and leaders:** Those ready to apply the successful strategies that transformed physical safety culture, like situational awareness, peer support, and stop work authority, to the domain of mental health.
- **HR professionals and benefits managers:** Individuals who oversee employee assistance programs, benefits, and mental health resources, and want to realize that they have allies in safety, working together for whole-person wellbeing.
- **Mental health providers, suicide prevention advocates, and addiction recovery specialists:** Professionals looking to appreciate and leverage the impactful ways construction safety leaders have helped shift mindsets, open conversations, and champion systemic change.

Purpose of the Guide

This book aims to advance a culture of holistic safety in construction by giving safety professionals, leaders, HR teams, and mental health advocates the tools to integrate mental health into every aspect of job site safety. Specifically, this guide is designed to:

- ✓ **Equip safety leaders and supervisors** to identify, reduce, and manage mental health risks just as they do physical hazards—using tools like Job Hazard Analyses (JHA), leading/lagging indicators, and peer support.
- ✓ **Translate trusted safety concepts**—like stop work authority, hierarchy of controls, and situational awareness—into strategies for building psychological safety and early intervention.
- ✓ **Support HR professionals** and benefits managers in seeing how benefits, EAPs, and mental health resources fit into an overall safety culture, and how they can partner with safety teams for stronger outcomes.
- ✓ **Empower mental health, suicide prevention, and addiction recovery professionals** to appreciate and leverage the influential role safety professionals play in shifting mindsets, fostering conversations, and championing systemic change on job sites.
- ✓ **Make mental health safety actionable** with checklists, toolbox talks, incident investigation tools, and real-world case studies—helping teams plan for prevention, spot early warning signs, and respond effectively after an incident.
- ✓ **Create a culture of shared responsibility** where every worker owns their part in supporting mental health, speaks up when something feels off, and looks out for the whole team—mind and body.

Ultimately, this guide supports leaders at every level to move from awareness to action, building resilient teams and safer workplaces across the construction industry.

What is Mental Health Safety?

Mental Health Safety means creating conditions—on and off the job site—where workers’ minds are protected just like their bodies. It’s about recognizing and reducing risks to mental wellbeing, like stress, trauma, bullying, overload, or isolation, and ensuring everyone has the support, resources, and culture they need to stay healthy, focused, and able to do their best work. In short, it’s the proactive practice of preventing harm to a worker’s mental state—just like we do with physical hazards—because a truly safe workplace protects the whole person.

With so many established terms in workplace mental health, it’s understandable there’s confusion about “mental health safety” and how it relates to concepts like psychological safety, Mental Health First Aid (MHFA), and Psychological First Aid (PFA). Each plays a distinct role in supporting wellbeing.

Psychological safety creates a team culture where crew members can speak up, ask questions, or admit mistakes without fear of blame. Mental Health First Aid trains individuals to recognize when someone may be struggling and how to offer initial support or connect them to help. Psychological First Aid provides immediate, compassionate support after a crisis to help people feel safe and connected. Together, these approaches strengthen mental health safety—a proactive, system-wide strategy to prevent and address mental health risks. When psychological safety is strong, MHFA-trained team members can intervene early, and PFA can be used after critical incidents—creating a workplace where every worker’s wellbeing is truly protected.

DIFFERENTIATION TERMS RELATED TO WORKPLACE WELLBEING

Concept	Definition	Main Purpose	Application	Key Characteristics
Mental Health Safety	The systematic application of safety practices to prevent, identify, and respond to mental and emotional risks—protecting workers' wellbeing through early intervention and crisis response.	Protect and promote worker mental health by integrating prevention, early detection, and response strategies into safety systems.	Organization-wide safety policies, leadership, team processes, and crisis protocols.	Proactive, systemic, rooted in traditional safety models (JHA, hierarchy of controls), includes early intervention and postvention.
Psychological Safety	A team or workplace climate where individuals feel safe to speak up, share ideas, ask questions, and admit mistakes without fear of punishment or humiliation.	Foster open communication, innovation, and team trust.	Everyday team interactions, meetings, leadership approaches.	Cultural, relational, focused on trust and inclusion, foundation for all other safety efforts.
Mental Health First Aid (MHFA)	A training program that teaches people to recognize the signs of mental health or substance use problems, provide initial help, and connect individuals to professional support.	Build community capacity to recognize, respond to, and refer people with emerging mental health concerns.	Individual training for supervisors, peer leaders, HR, safety personnel, and community members.	Educational, skills-based, not treatment—focus on recognition, support, and referral.
Psychological First Aid (PFA)	An immediate, supportive response provided after a traumatic event, crisis, or disaster to help people feel safe, connected, and supported.	Reduce initial distress and foster short- and long-term coping after trauma.	Post-incident support from trained peers, supervisors, HR, or mental health professionals.	Acute, supportive, focuses on safety, calming, practical help, and connection to ongoing care.

Mental Health Safety and the Return on Investment

Proactive mental health safety isn't just the right thing to do—it's a smart financial strategy for any organization. While the visible costs of mental health challenges, like medical claims and disability, are important, the real financial impact is often hidden beneath the surface, —much like the iceberg on this slide. Unaddressed mental health issues lead to presenteeism (when employees are at work but not fully productive), absenteeism, lost productivity, overtime costs to cover absences, unrealized output, overstaffing, high turnover, extra recruitment and hiring costs, retraining, and increased stress on other team members. ¹



What We Measure vs. What We Miss

The visible tip of the iceberg shows what companies typically measure when it comes to mental health costs—medical claims, pharmacy expenses, disability, and substance use treatment. But beneath the surface are much larger, hidden costs that often go untracked: lost productivity, absenteeism, overtime to cover for sick

¹Lerner D, Adler DA, Rogers WH, Chang H, Lapitsky L, McLaughlin T, Reed J. Work performance of employees with depression: the impact of work stressors. *Am J Health Promot.* 2010 Jan-Feb;24(3):205-13. doi: 10.4278/ajhp.090313-QUAN-103. PMID: 20073388; PMCID: PMC4174367

workers, turnover, extra hiring and retraining, and stress on team members. Even more critical are the safety challenges and work errors caused by mental health struggles, like distraction, fatigue, or impaired decision-making, which can lead to costly accidents and injuries. Most of the true impact stays “below the waterline,” only becoming visible when organizations start to track and address mental health as part of their overall safety culture.

For example, studies show that employees with fair or poor mental health miss almost 12 days of work each year due to unplanned absences, while workers with better mental health average just 2.5 days.² That’s nearly five times more missed days, which can significantly impact productivity and team performance. When mental health is left unaddressed, these hidden costs quickly add up, affecting the bottom line in every corner of the business. By investing in mental health safety—creating supportive environments, training leaders to recognize risks, and making resources truly accessible—companies can not only reduce suffering but also save significant money and strengthen their teams for the long haul.

As Professor John Gambatese wisely put it, **“Safety pays—safety earlier pays better.”** Investing in prevention and upstream solutions doesn’t just save costs and injuries—it transforms the culture and sustainability of the entire job site.

Ways Mental Health Impacts Job Site Safety



1. Sleep Disruption & Fatigue - Poor mental health, such as stress, anxiety, and depression, often leads to sleep disturbances. Fatigue on the job site increases the risk of accidents, slow reaction times, and errors in judgment, similar to working under the influence of alcohol.



2. Distraction & Cognitive Overload - Mental health struggles can cause preoccupation with personal stressors at home or in a relationship, leading to reduced focus on tasks at hand. A distracted worker misses critical safety cues, increasing the likelihood of falls, equipment mishaps, or miscommunications that lead to injury.

Case Example

A skilled carpenter has been under growing stress at home, struggling with marital strain and mounting financial pressures. Arguments about overdue bills and uncertainty about keeping up with mortgage payments have kept him up at night. When he arrives on the construction site, he’s running on little sleep, his mind spinning with worry about his family’s future. During a routine scaffold setup, he’s distracted, thinking about things he wished he hadn’t said in a recent argument instead of focusing on his checklist. He misses attaching a crucial safety clip and doesn’t register a coworker’s warning about a loose board. As he steps onto the scaffold, he slips, barely catching himself and avoiding a serious fall. This close call shows how unresolved stress at home can spill over into work, reducing focus and putting both the worker and the crew at greater risk for accidents.

²Witters, D., & Agrawal, S. (2022, November 3). The economic cost of poor employee mental health. Gallup. <https://www.gallup.com/workplace/404174/economic-cost-poor-employee-mental-health.aspx>.



3. Impairment from Drugs or Alcohol –

Many workers self-medicate stress, anxiety, or chronic pain with substances, increasing the risk of slowed reflexes, impaired judgment, and risky behavior on-site. The construction industry has some of the highest rates of substance use disorders, making this a serious workplace safety issue.



4. Chronic Stress and Burnout – Chronic stress and burnout impair critical thinking, problem-solving, and adaptability—skills essential for identifying hazards and responding to unexpected safety challenges. Workers under extreme stress may make rushed decisions that compromise safety protocols.

A worker who's running on no sleep, feeling overloaded, pissed off from stress at home, or coming to work hungover or high is way more likely to check out from the crew or blow up during tough moments. They might snap at a coworker, zone out during safety talks, or skip sharing information. When someone's angry, distracted, or not all there, it's easy to miss a critical safety update or ignore a warning. That kind of behavior can put everyone at risk, especially during high-risk tasks where teamwork and communication matter most.

See Appendices E & F for Toolbox Talk on Mental Health Safety.

Key Takeaway: Mental health and job site safety are deeply connected. Addressing mental health risks improves focus, decision-making, teamwork, and overall job site wellbeing, keeping workers safe both physically and mentally.

Hands-On Teamwork

Aligning Safety, Support, and Lived Experience

When it comes to making real progress on mental health in construction, nothing is more valuable than the insights and honesty of people with lived experience—those who have faced addiction, survived suicide attempts, struggled with depression or trauma, navigated recovery, or supported someone through crisis. Including these voices—whether they are loss survivors, attempt survivors, or caregivers—brings a depth of understanding you can't get from a textbook or a policy manual.

They know firsthand what it's like to feel invisible on the job site, to face discrimination and judgment, or to try to get help and come up short. By actively inviting people with lived experience to co-design mental health safety programs, lead trainings, and join discussions, we create solutions that actually work in the real world—not just on paper.

Mental health in construction can't just be "someone else's problem." HR professionals, job site medics, counselors, crisis service teams, and safety leads all bring something important to the table. But true impact comes when these groups work together—learning each other's language, understanding the daily pressures of the site, and recognizing that mental wellbeing and physical safety go hand in hand.

When safety professionals open the door for mental health and addiction specialists to step onto the job site, and those professionals take time to listen, ask questions, and see how the work gets done, you build mutual respect and trust. This kind of cross-discipline teamwork, grounded in lived experience, helps spot early warning signs, break down silos, and ensure no one slips through the cracks.

The most successful programs aren't built in the office—they're built on the job site, through hands-on teamwork with people who have walked the walk. When HR leaders, chaplains, and mental health professionals take time to build real, face-to-face relationships with the workforce—showing up, getting to know crews, and becoming a familiar, trusted presence—they gain a much deeper understanding of what workers truly need. "Boots on the ground" engagement helps support staff move beyond policies and paperwork, allowing them to see firsthand the stressors, culture, and strengths of the team.

At the same time, construction workers benefit when support is visible, approachable, and woven into the fabric of daily site life—not just a phone number or a poster on the wall. When peer support workers, recovery advocates, chaplains, and loss survivors share their stories on-site, help shape safety meetings, or walk the job with the crew, it breaks down stigma and makes it easier for workers to reach out before problems become crises.

Key Takeaway: When safety pros, HR, mental health staff, and those with lived experience are all working side by side, you build solutions that truly fit your workforce. This kind of partnership isn't about checking a box—it's about building a culture where every worker feels seen, valued, and safe to ask for help. That's what takes a program from good intentions to real, lasting change.

Unique Stressors for Managers and Supervisors

Lonely at the Top

In addition to managing deadlines, team dynamics, and the ever-present pressure to keep everyone safe, construction supervisors face a unique set of mental health challenges. Many experience role overload, juggling responsibilities like scheduling, quality control, safety compliance, communication with upper management, and resolving on-site conflicts—often without enough support.

The responsibility for others' safety can be a heavy burden, as supervisors know that any mistake could lead to

serious injury or even death. Serving as the “middle layer” between the frontline and leadership, they’re often squeezed by pressure from multiple directions to deliver results and uphold safety standards.

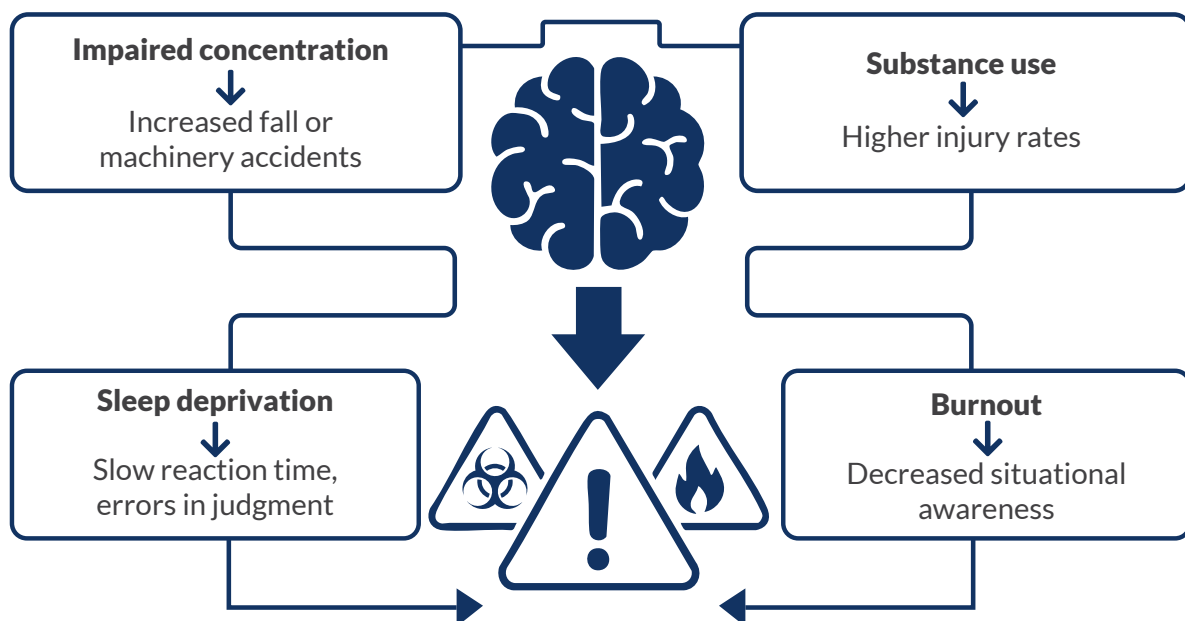
Job insecurity, contract fluctuations, and economic pressures add to the strain, especially when travel or uncertain work schedules disrupt their lives. Long hours and being “on call” make it hard to maintain a healthy work-life balance, while the expectation to always appear strong and in control can lead to isolation.

Managing conflict, disciplining staff, or delivering tough news can be emotionally exhausting, and supervisors are sometimes exposed to trauma after witnessing or dealing with workplace injuries or fatalities. All of this is compounded by the biases that still exist in construction, making it difficult for supervisors to admit when they’re struggling or to seek help for mental health challenges.

International research on managers³ in the construction industry highlights that supervisors often experience high levels of mental health stress due to these pressures and may lack the peer support available to the crews they lead.

Mental Health = Safety Risk Multiplier

“How mental strain turns into safety pain.”



³King, T., Gullestrup, J., & Lockwood, C. (2022). Supervisor relationships, peer support, and mental health stressors in the Australian building and construction industry. MATES in Construction. <https://mates.org.au/media/documents/Supervisor-relationships-peer-support-and-mental-health-stressors-in-the-Australian-building-and-construction-industry.pdf>

Nwaogu, J. M., Chan, A. P. C., & Akinyemi, T. A. (2022). Conceptualizing the dynamics of mental health among construction supervisors. International Journal of Construction Management, 23(15), 2593–2613. <https://doi.org/10.1080/15623599.2022.2080932>

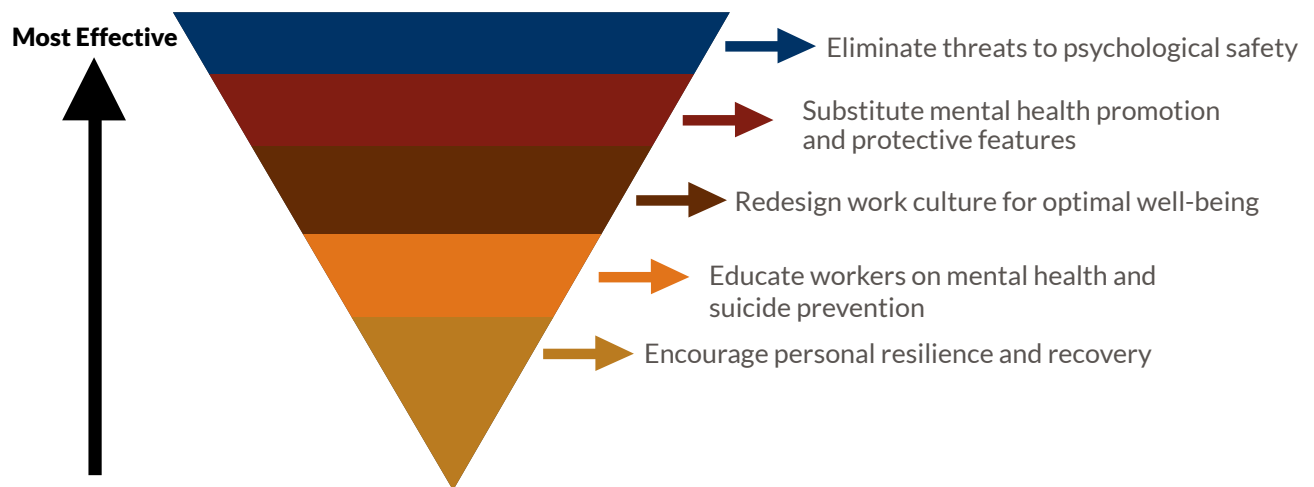
PSYCHOSOCIAL HAZARDS & THE HIERARCHY OF CONTROLS FOR MENTAL HEALTH SAFETY

While many companies have made strides in offering mental health support—through awareness campaigns, Employee Assistance Programs (EAPs), and stress management tools—these efforts alone aren't cutting it. A lot of workers don't even know these resources exist, and even when they do, they often don't feel safe or supported enough to use them.

To truly move the needle on mental health safety, we need to go beyond telling people to manage stress on their own with “emotional PPE” like yoga, mindfulness, or counseling. These tools matter—but they're not enough in isolation. According to the National Institute for Occupational Safety and Health (NIOSH), the Hierarchy of Controls shows us that the best way to protect workers is to eliminate or reduce hazards at the source, not just rely on personal responsibility.

When we apply this model to mental health, that means taking on the real psychosocial hazards in our industry: chronic stress, excessive workloads, job insecurity, poor communication, and lack of control over tasks. These aren't personal problems—they're structural issues baked into how the work is run.

Counseling helps, but it's not a cure-all. If the work environment stays toxic, even the most resilient workers will burn out. For people to truly thrive, the leadership and system they work in have to be safe, both physically and mentally.



Adapted from NIOSH "Hierarchy of Controls"

Elimination & Substitution

The most effective way to promote mental health safety is to eliminate unnecessary stressors before they cause harm. This means removing the root causes of emotional strain, such as poor planning, unrealistic deadlines, and unsafe work schedules. Setting clear expectations and realistic task timelines can help reduce overwhelming job demands. Zero tolerance policies for bullying, harassment, or discrimination should be foundational, not optional.

In addition to eliminating harm, we can substitute harmful practices with healthier ones. For instance, replace fear-based management styles with practices that build psychological safety, trust, and inclusion. When workers feel respected and heard, they're more likely to stay engaged and less likely to experience burnout. A simple but powerful shift is to include those doing the work in planning the work. This improves both morale and job outcomes.

Engineering Controls

Engineering Controls aim to "design out" psychosocial hazards the same way traditional engineering controls eliminate physical risks—by changing the environment rather than relying solely on individual behavior. That includes rethinking physical spaces and workflows to promote focus, calm, and safety.

Create quiet break areas, hydration and cooling zones, and improve lighting wherever possible. Bright, natural light helps regulate sleep and mood, while dim or harsh lighting can leave workers feeling anxious, irritable, or exhausted. Noise is another key factor. Constant loud sounds or sudden noise disruptions increase stress, make it harder to concentrate, and can escalate tension among the crew. By engineering environments that are more



comfortable—brighter, quieter, and better suited to human needs—we help workers stay mentally sharp, emotionally balanced, and ready to do their best.

Additionally, strong engineering controls should include communication structures that give workers more autonomy and better ways to express concerns early, before they become crises.

Administrative Controls

Administrative controls applied to mental health safety are workplace policies, procedures, training, and scheduling practices designed to reduce exposure to psychosocial hazards by changing the way people work, rather than removing the hazard itself.

This effort begins with establishing clear mental health policies, educating all employees about them, and training leaders to model help-seeking and support behaviors. Leadership development, structured peer support networks, and awareness campaigns normalize conversations about mental health and let workers know it's safe to speak up. Administratively, we must also shift how we manage tasks. Rotate workers off high-stress jobs, encourage regular breaks, and integrate peer check-ins into daily routines. Offer more than just generic stress management—deliver targeted training on signs and symptoms of significant mental health challenges (e.g., addiction, trauma, suicide), coping strategies, and how to access care.

Administrative Controls also put a focus on getting upstream and building resilience in workers and teams. Resilience isn't just a buzzword—it's a teachable skillset that protects mental health on and off the job. Resilience-building programs teach practical skills like problem-solving, emotional regulation, and stress management. Programs modeled after the U.S. military's Comprehensive Soldier Fitness and Resilience Training for First Responders have led to lower rates of depression and burnout, and better confidence in handling life's challenges.⁴

Another aspect of Administrative Controls would be to make mental health resources credible and accessible. In order for this goal to happen, the resources must also be visible and understandable. Information should be available in both English and Spanish, with clear steps on what to expect when reaching out. Simple, low-barrier actions—like posters in break rooms or bathroom stalls listing helpline numbers and peer support contacts—can make all the difference. Confidential support should feel safe, normal, and easy to access.

Key Takeaway: By making resources accessible, trustworthy, welcoming, and culturally relevant, you show your team that asking for help is a resourceful and reasonable thing to do.

⁴IOM (Institute of Medicine). 2012. *Building a resilient workforce: Opportunities for the Department of Homeland Security: Workshop summary*. Washington, DC: The National Academies Press.

Personal Protective Equipment (PPE) for the Mind (aka “Emotional PPE”)

On every job site, workers are responsible for using their personal protective equipment (PPE) correctly. It’s not enough to just have a helmet—you’ve got to buckle the chin strap. Fall harnesses need to be inspected and worn properly. Eye and hearing protection only work if they’re used when and where they’re needed. That level of care and attention keeps you safe from physical harm.

In the same way, we all have individual responsibility to understand and apply Emotional PPE—the personal tools and habits that protect us from the psychological wear and tear of high-stress environments.

Emotional PPE refers to the strategies we use to guard our mental health, especially in demanding fields like construction, where workers face high stress, long hours, and emotional strain. This includes building strong social support systems, practicing healthy boundaries, using humor to relieve pressure, engaging in hobbies and family time, getting quality sleep, eating well, and knowing when to reach out for professional help or peer support.

Wearing emotional PPE might mean taking a walk to clear your head before a tough conversation, calling a trusted friend at the end of a hard day, or setting limits so work stress doesn’t bleed into your personal life. It’s different for everyone, but the key is knowing what works for you and using it before you hit a breaking point.

Key Takeaway: Just like physical safety, mental wellbeing starts with personal responsibility—but it thrives in a culture of care. When workers bring their best to the job and the organization backs them with strong systems, training, and support, the result is a workforce that’s not just protected, but vibrant, resilient, and ready to perform at the highest level.



PLAN WITH PRECISION ANTICIPATE MENTAL HEALTH RISKS

Just as construction projects require planning, staging, and contingency protocols, so does a culture of mental health safety. A strong Mental Health Safety Plan addresses risks at every stage—upstream (prevention), midstream (management), and downstream (response)—so teams are protected before, during, and after a crisis.

UPSTREAM: Prevention Before Exposure

At this stage, the priority is to bolster mental health buffers and spot and eliminate psychosocial hazards before they cause harm—just like you’d clear trip hazards or secure scaffolding before work starts.

Actions To Take

Develop a Mental Health Safety Plan: Identify job site risks like long hours, poor communication, job insecurity, unclear roles, isolation, or bullying. Build solutions for these into your safety planning. Know your support structure ahead of time, and make sure key contact numbers are included in your emergency action plan so they’re easy to find when needed.

The best crews don't wait for problems to surface—they build prevention into the foundation.

See Appendix G for Mental Health Safety Plan Form

Include mental health in Job Hazard Analyses (JHA) and pre-task planning: Make discussions about psychological risks a routine part of how you assess and plan for each job.

Bring “mental readiness” into daily huddles and toolbox talks: Make it standard to ask how people are doing—not just physically, but mentally—at the start of every shift.

See Appendices E & F for examples of Mental Health Safety Toolbox Talks

Schedule for safety, not just speed: Set realistic production timelines, enforce recovery breaks, and distribute tasks fairly to prevent overload and burnout.

Train leaders to think upstream: Give foremen, safety pros, and superintendents the skills to recognize early signs of mental health issues, build trust, and lead a culture of care from the top down.

Conduct Job Hazard Analysis for Mental Health Safety: Break down each task to identify where psychosocial hazards—like stress, high-risk roles, or emotional triggers—may show up, and outline practical steps to control or eliminate them before work begins.

Track Leading Indicators – Warning Signs and Preventive Actions: Regularly monitor early warning signs, such as changes in worker behavior, increased absenteeism, or drops in team engagement, and use this information to take preventive action before problems escalate.

Job Hazard Analysis (JHA) for Mental Health Safety (See Appendix B for more information)

Just like physical JHAs, a Mental Health JHA involves:

- ☐ Breaking down the job into discrete steps or phases (e.g., start of shift, high-stress task, late-stage project crunch).
- ☐ Identifying mental health hazards present at each step—such as isolation, fatigue, unclear expectations, emotional strain, or toxic leadership behaviors.
- ☐ Assessing the risks these psychosocial hazards pose to worker well-being and performance.
- ☐ Implementing controls to reduce or eliminate these risks—whether through scheduling adjustments, increased communication, leadership support, or access to mental health resources.

Leading Indicators in Mental Health Safety: The Two That Matter

To make mental health safety measurable and actionable, safety professionals should track both leading and lagging indicators, just like they do with physical safety. Leading indicators help you spot risk early and take preventive action, such as tracking how many mental health toolbox talks are delivered or how often supervisors check in with their teams. Lagging indicators, such as EAP usage or near-miss reports with a mental health component, help identify patterns and areas for improvement after incidents occur. By consistently monitoring both types of indicators, organizations can turn insight into impact. See Appendix C: Mental Health Safety Indicators Tracker for a full list of sample indicators and implementation tips.

In construction safety, leading indicators are used to predict and prevent harm—and in mental health safety, we can apply the same principle.

1. Early Warning Signs

These are observable patterns or behaviors that suggest a worker or team may be under strain, before a mental health safety incident or crisis occurs. Think of these as the “canary in the coal mine” indicators.

Examples include:

- Workers appearing withdrawn or distracted
- Swings in mood, irritation, agitation or anger
- Unusual increases in interpersonal tension or conflict
- Crews reporting chronic fatigue or morale dips
- A decrease in participation during meetings or check-ins
- Sharp increase in requests for time off

Why they matter: These signals allow supervisors to intervene early, offering support or adjusting work before psychological distress compromises safety and performance.

2. Preventive Actions

Leading indicators as preventive actions are proactive steps your organization takes to reduce mental health risks before any problems arise. These actions don't point to an urgent issue, but instead show how committed your organization is to building awareness, preparing your team, and creating a culture that supports prevention and wellbeing.

Examples include:

- Delivering toolbox talks with a mental health focus
- Logging supervisor mental health check-ins
- Training peer supporters or mental health first aiders
- Integrating mental health considerations into Job Hazard Analysis (JHAs) and Pre-Task Plans (PTP)
- Launching awareness campaigns or updating EAP materials

Why they matter: These indicators measure your upstream investment in psychological safety and help-seeking culture—essential for building mental health resilience before distress takes root.

Key Takeaway: A strong safety plan starts before the boots hit the ground—by spotting mental health risks early and building them into every JHA and pre-task plan.

MIDSTREAM: Spot the Strain

This is the phase where you're actively monitoring and responding—watching for signs of stress, fatigue, or overload, and taking quick action to support your crew.

Actions To Take



Know your team: When you understand what's normal for your coworkers, you'll notice faster when someone's "off" or acting differently.



Make mental health part of daily safety briefings: Skip the check-the-box approach. Use these moments for real connection—reinforce that everyone is responsible for looking out for one another, teach simple self-checks, and open up space for honest conversation and peer support. Ask the crew what would make their day easier.



Coach leaders on daily mental health check-ins: Make asking "How's your headspace today?" as routine as asking about PPE.



Train in Basic Mental Health Conversational Skills



Encourage peer support: Remind workers to watch out for one another and to speak up if something feels wrong.



Adjust the work, not just the worker: If someone's struggling, rotate them off high-stress tasks, give extra breaks, or shift their role. Make sure "light duty" is still meaningful—every job on site matters.

Don't wait for a scaffold to collapse to reinforce it—you watch for the wobble.

DOWNSTREAM: Response After Impact

This phase ensures your plan includes what happens after someone experiences a mental health crisis or traumatic event, just like you'd respond to a fall or equipment failure.

If a structure fails, you don't walk away—you shore it up, investigate the cause, and build back better. The same goes for mental health: respond with care, learn from the impact, and reinforce the team.

What does a mental health emergency look like on site?

- ✓ Someone having a panic attack or emotional breakdown
- ✓ A crew member showing trauma reactions or signs of being overwhelmed
- ✓ A worker talking about suicide or taking risky actions that seem out of character
- ✓ Visible signs of impairment from drugs or alcohol
- ✓ Someone who is seeing or hearing things that are not there

If you notice any of these behavioral cues, Stop Work Authority (SWA) means you don't "wait and see"—you have the right and duty to pause the work, check in, and get help.

Actions To Take



Train Supervisors in Psychological First Aid⁵: Respond to the immediate needs of a traumatized workforce after a critical incident.



Stop Work Authority (SWA) is a core part of any strong safety program. It means every worker—no matter their job title—has the power and responsibility to immediately stop work if they see something unsafe. Traditionally, SWA is used for physical hazards, like a missing guardrail or equipment malfunction. But in today's world, it's just as critical to use SWA for mental health emergencies. Some workers may worry about stopping work because they're afraid of slowing down the job or losing money, but nothing is more valuable than your life or the life of a teammate—safety always comes first. (See next section and Appendix A for more information)



Postvention Protocols: Postvention refers to the organized response after a serious mental health crisis—such as a worker's overdose or suicide, as grief and trauma often ripple through job sites.

Postvention is about supporting the crew and job site after these events, recognizing that grief and trauma can deeply affect everyone involved and ripple across the team. Have a clear postvention plan outlined in your Emergency Action Plan, so everyone knows how to provide support, communicate appropriately, and connect those affected with professional help. Postvention is a critical part of workplace safety, helping teams heal and return to work with confidence and compassion.



Access to Resources: ensure everyone knows how to reach EAPs, onsite counselors, or crisis lines (e.g., 988). A few best practices are to include this information in the job site Safety Plan, communicate during site orientation, post flyers throughout the job site, and place stickers on hard hats.



Conduct a learning review, not blame: review all incidents to the fullest. If an incident is identified as mental health-related, treat it as a system failure, not a personal one—review what could be improved upstream and midstream.

⁵<https://learn.nctsn.org/course>

Train for Psychological First Aid on the Job Site: Responding to Critical Incidents

When a serious accident happens on a construction site—like a fall, a major injury, or even a fatality—it doesn't just affect the person involved. The whole crew can feel the shock, stress, and grief that ripple out from a critical incident. That's where psychological first aid (PFA) comes in.⁶

What is Psychological First Aid (PFA)?

PFA is just like regular first aid, but instead of treating physical injuries, it's about giving immediate support to someone's mind and emotions after a traumatic event. You don't have to be a therapist to use it—anyone can learn the basics and help their coworkers through tough moments. It's not about counseling or getting into deep conversations; it's about being present, listening, and helping people feel safe and supported.

How Does PFA Work on a Job Site? After a critical incident, here's what psychological first aid looks like:

- ✓ Check for Safety: Make sure everyone is physically safe and out of harm's way.
- ✓ Be Present: Stick around—don't leave people alone if they're shaken up. Let them know they're not alone and that what they're feeling is normal.
- ✓ Listen and Offer Comfort: Sometimes just listening is the best help. Ask, "How are you holding up?" or "Is there anything you need right now?" Give them space to talk, or just sit with them if they don't feel like talking.
- ✓ Connect to Resources: Let folks know what support is available—like the Employee Assistance Program (EAP), chaplains, or mental health contacts. Offer to help them reach out if they're not sure how.
- ✓ Help with Practical Needs: Sometimes people just need a ride home, a chance to call their family, or a break to collect themselves. Offer help with the basics.

Why is PFA Important?

Research shows that workers who get quick, compassionate support after a traumatic event are less likely to develop long-term mental health problems like anxiety, depression, or post-traumatic stress. Psychological first aid helps people recover faster and makes it more likely they'll feel safe returning to work.⁷

Building PFA Into Your Downstream Protocol

Make psychological first aid a standard part of your emergency action plan for critical incidents. Train crew leads, foremen, HR, and medics on how to use PFA. The goal is to help the team process what happened, feel connected, and know they have support as they recover.

⁶National Child Traumatic Stress Network. (2024). Psychological First Aid Online. <https://learn.nctsn.org/>

⁷West, C., et al. (2021). Psychological First Aid: Current knowledge and future directions. *Psychiatric Quarterly*, 92(4), 1595–1609. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8583237/>

Tansey, L., et al. (2023). Psychological first aid for trauma: A systematic review. *Trauma, Violence, & Abuse*. <https://journals.sagepub.com/doi/full/10.1177/15248380231221492>

Case Example:

Peer Ally Delivers Psychological First Aid After a Job Site Incident

During a routine morning shift, a crew on a high-rise project witnessed a coworker fall from scaffolding. While the injured worker survived, the entire team was shaken—several crew members froze, some became visibly upset, and others couldn't focus on their tasks afterward. Tension and fear rippled across the site.

Fortunately, one of the foremen had recently completed psychological first aid (PFA) training as a peer ally. Instead of pushing everyone to “get back to work” right away, the peer ally gathered the crew in a quiet area, checked that everyone was physically okay, and simply listened. He acknowledged that what they saw was traumatic and reassured them that their reactions—shock, anger, sadness, or even numbness—were normal after an incident like this.

He encouraged the team to talk about how they were feeling, but didn't force anyone to share. The peer ally also made sure the group knew about the company's EAP, passed out contact numbers, and reminded them that help was available. He mentioned he had used the EAP after he had witnessed a similar event years ago and found it to be helpful.

He then checked in with individual crew members later in the week, just to make sure they were coping. As a result, most crew members reported feeling less anxious coming back to work the next day. One worker later shared that he probably would have quit if someone hadn't taken the time to acknowledge how rattled everyone was. This example shows how PFA, delivered by someone the crew already trusts, can help workers process trauma, feel supported, and get back to work with greater confidence and less long-term stress.

Postvention Protocol Checklist: Responding to a Suicide or Overdose Death⁸

Immediately (First Hours)

- ☐ Confirm Cause of Death
- ☐ Ensure Safety: Secure the scene and address any immediate safety concerns.
- ☐ Notify Key Personnel: Inform leadership, HR, and your crisis response/postvention team.
- ☐ Contact Authorities: Follow legal reporting requirements (police, coroner, OSHA if required).
- ☐ Protect Privacy: Do not share details publicly until family has been notified and facts are confirmed.
- ☐ Support Family: Reach out to the family with compassion, offer organizational support and get permission to share news with workforce.

⁸Carson J Spencer Foundation, Crisis Care Network, National Action Alliance for Suicide Prevention and American Association of Suicidology (2013). A Manager's Guide to Suicide Postvention in the Workplace: 10 Action Steps for Dealing with the Aftermath of Suicide. Denver, CO: Carson J Spencer Foundation.

<https://workplacesuicideprevention.com/wp-content/uploads/2020/11/managers-guidebook-to-suicide-postvention-web.pdf>

First Day

- ☐ Communicate with Staff:
 - o Share the news honestly and sensitively with affected workers.
 - o Use clear, non-graphic language; avoid speculation or blame.
 - o Let the team know what supports are available (EAP, counselors, peer support).
- ☐ Bring in Support:
 - o Arrange for on-site grief counselors, chaplains, or trained peer supporters.
 - o Give workers permission to take time off or seek support.
- ☐ Designate Spokesperson:
 - o Assign a point person for all questions and communications (internal and external).
 - o Prepare a clear, consistent statement for all communications.

Following Days/Weeks

- ☐ Monitor & Support:
 - o Watch for signs of distress among team members.
 - o Offer ongoing support (check-ins, support groups, resources).
 - o Follow up individually with those closest to the deceased.
- ☐ Honor the Person:
 - o Acknowledge the loss in a respectful way (e.g., moment of silence, memorial).
 - o Provide guidance if coworkers wish to send condolences or support the family.
- ☐ Review Policies & Learn:
 - o Debrief with leaders about what went well and what could be improved.
 - o Update postvention protocols and training as needed.

Long-Term

- ☐ Sustain Support:
 - o Remind teams periodically about available resources.
 - o Continue peer check-ins, especially near anniversaries or triggers.
- ☐ Address Root Causes:
 - o Use lessons learned to strengthen prevention, psychological safety, and support systems.

OWN YOUR PART

EVERYONE HAS A ROLE IN MENTAL HEALTH SAFETY

A job site's safety culture is only as strong as the individuals who uphold it. Just as we take responsibility for wearing PPE, following safety protocols, and looking out for our coworkers, we must own our role in fostering a mentally healthy work environment.

- **Watch for Warning Signs** – Be aware of changes in behavior, mood, or performance in yourself and colleagues. When we struggle with stress, substance use, or burnout, we may be at greater risk of getting hurt.
- **Check In & Offer Support** – A simple “You doing okay?” can open the door for a coworker to talk about struggles and seek help. Peer support saves lives.
- **Take Action When Something Feels Off** – If someone is exhibiting signs of distress, don't ignore it. Just as we are empowered to stop work when we see a physically unsafe condition, we must intervene when a coworker or ourselves may be in crisis. Take the time to step up and ask “what's going on?”

Key Takeaway: A culture of ownership in mental health safety strengthens trust, teamwork, and ultimately, job site well-being.

"Stop Work Authority" = "Speak Up Culture" for Mental Health Safety

In safety, workers are empowered to stop work when something is unsafe. There are times when using Stop Work Authority for mental health reasons is not just justified—it's essential. For example, if a worker is severely impaired by drugs or alcohol, is hallucinating, or hasn't slept for days, they're at serious risk of making a mistake that could endanger themselves and others.

Think of it like noticing someone about to operate a crane in dense fog, or spotting a coworker about to enter a confined space without proper ventilation—these are all situations where safety demands an immediate stop. When you see warning signs like confusion, erratic behavior, extreme fatigue, or emotional instability, SWA means you can pause the job to protect your team. Taking this step isn't overreacting; it's putting safety first and giving everyone the chance to regroup and get support before something goes wrong.

Case Example:

During an early morning concrete pour on a hospital expansion project, a crew member appeared visibly distressed, pacing, distracted, and uncharacteristically withdrawn. A peer noticed he wasn't his usual self and quietly asked if he was okay. The worker admitted he hadn't slept in two days due to a personal crisis at home but had shown up because he "didn't want to let the team down." Normally, the team might have brushed it off, but thanks to recent training on psychological safety and mental health awareness, the foreman had emphasized that mental fitness is job site safety, and anyone could call a "stop work" if something didn't feel right.

The crew member's peer alerted the foreman, who discreetly reassigned the worker to a low-risk task. The worker later confided that he'd been experiencing suicidal thoughts that morning, and the interruption gave him space to connect with support services. Because someone spoke up without fear, and leadership responded without judgment, a life may have been saved—and the team's culture of care was strengthened.

This case highlights the power of turning stop work authority into a speak-up culture—one where psychological risk is taken as seriously as physical hazard.

Each worker on a crew is critical for success on a team and a jobsite. If anyone on the team experiences an accident, the team and the jobsite suffer. That's why it's important to take a moment to check our surroundings and our headspace regularly throughout the day. Ever hear of the 20-20-20 rule? This rule suggests completing a quick safety check for 20 seconds, evaluating safety hazards within 20 feet every 20 minutes to maintain situational awareness. Remember that YOU are also included in that 20 feet!

In mental health, empower workers to speak up when something doesn't feel right, with themselves, or a co-worker. Give everyone permission to help.

Train your teams to recognize when mental health might pose a safety risk, just as they would with any physical hazard. Encourage proactive check-ins—these are intentional, regular conversations where team members reach out to each other to see how they're really doing, not just waiting for obvious signs of distress. Reinforce the message: "If you'd stop a job to prevent a fall, you should also stop to check on someone who seems in a high level of distress or confusion."

Proactive check-ins build trust, create space for open conversation, and help prevent mental health struggles from turning into safety incidents.

See APPENDIX A: Mental Health Safety Stop Work Authority Checklist

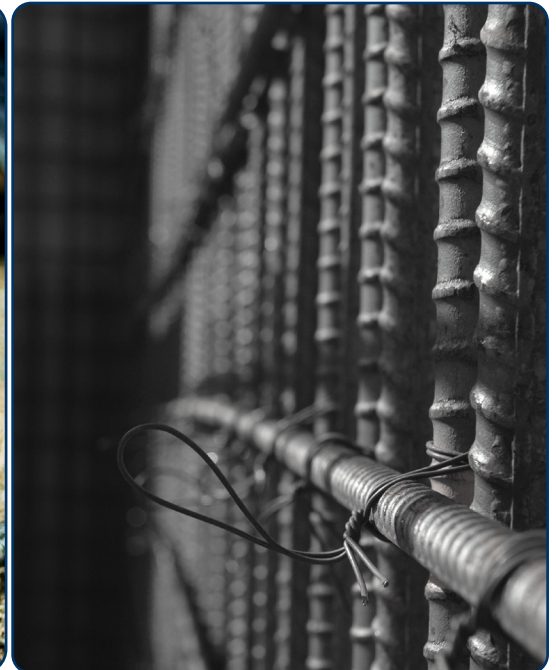
COMMIT TO EXECUTION WITH EXCELLENCE

BUILD RESILIENT LEADERSHIP

The strongest teams commit to safety in every aspect, including the resilience and mental health of the leaders. High-stakes environments demand focus, clarity, and teamwork. A mentally healthy workforce is a safer workforce.

- **Train for Mental Health Safety Like Any Other Safety Skill** – Invest in peer support training, stress management tools, and mental health first aid. Just like CPR and fall protection training, these skills save lives. Train teams to recognize when mental health may be a safety risk and encourage proactive check-ins. Reinforce being your brother's keeper: "If you'd stop a job to prevent a fall, also stop to check on someone who's in distress".
- **Lead by Example** – When leaders talk about mental health as part of overall safety, it normalizes the conversation and encourages workers to seek support without fear.
- **Embed Mental Health into Safety Culture** – Integrate mental wellbeing into policies, job site routines, and leadership strategies. A comprehensive safety program includes both physical and psychological health.
- **Track Trends** – What gets measured, gets managed. Use leading/lagging indicators to adjust your mental health program

See APPENDIX C for Mental Health Safety Indicators Tracker for Safety Professionals.



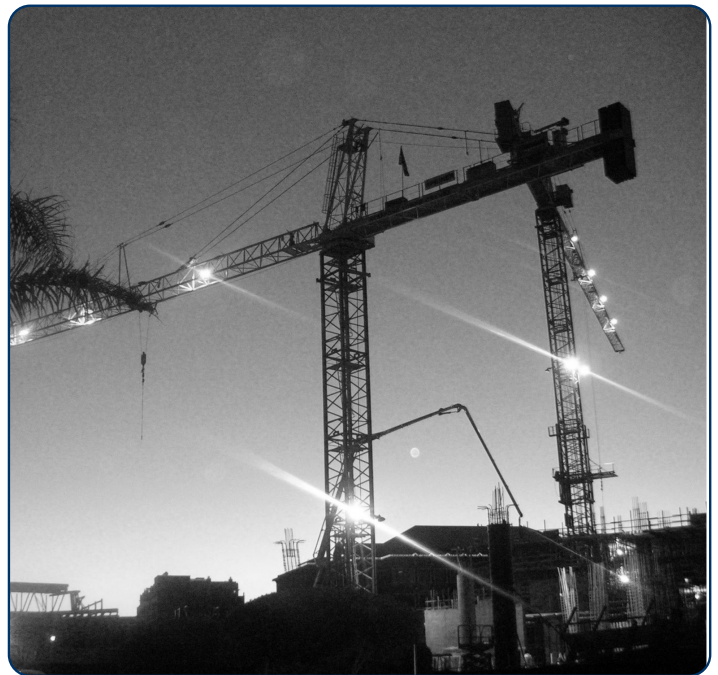
Case Example:

On morning during a team meeting, a usually quiet and steady project engineer suddenly began blurting out strange, out-of-character phrases. Everyone in the room could feel that something was off—this wasn't the person they knew. Recognizing the seriousness of the situation, the Project Manager immediately paused the meeting and privately asked the engineer to join them in a separate conference room.

Behind closed doors, the project manager calmly listened as the engineer opened up about major relationship troubles at home. It became clear he was overwhelmed and unsure where to turn. Instead of brushing it off or telling him to "tough it out," the project manager shared their own experience using the company's Employee Assistance Program (EAP) during a tough time. They didn't just hand over a phone number—they sat with the engineer, called the EAP together, and helped take the first step toward getting support.

This real story shows how powerful it is when leaders notice unusual behavior, respond with compassion, and lead by example. With the right training, managers can spot these signs early and help their team members get the support they need—sometimes changing the course of someone's life.

Key Takeaway: When we commit to mental health safety, we create stronger teams, safer workplaces, and a healthier construction industry.



LEARN FROM MISTAKES

INCIDENT INVESTIGATIONS THAT INCLUDE MENTAL HEALTH CONTEXT

Too often, incident investigations default to explanations like skill deficits, distraction, or procedural non-compliance. But when we stop there, we risk missing the true root causes, including those tied to mental health stressors and psychosocial hazards.

If an error was made, it's essential to ask why—and keep asking until the full picture emerges. Just like with physical safety, we need to dig deeper than the immediate behavior and assess the context: Was the worker set up to succeed, mentally and emotionally?

Encourage integration of mental health into your incident investigations and root cause analysis so post incident learning can help drive change.

Don't Assume It's Just Human Error Due to Lack of Skills or "Bad Behavior."

If an error occurred, ask:

- Was the worker distracted by a personal crisis?
- Did they feel too afraid to ask for clarification?
- Were they stretched too thin to focus?

Expand Root Cause Analysis to Include Mental Health Factors

When completing incident investigations, add these mental health lens questions to your root cause process.

Case Example:

When investigating a fall incident that occurred during a night shift on a fast-tracked commercial build, the initial assumption was human error—failure to tie off. But a deeper review through a mental health lens revealed a more complex root cause. The worker involved had recently returned to the job after losing a family member and was quietly struggling with grief and insomnia. Coworkers noted signs of emotional exhaustion and increased irritability in the days prior.

From a workload standpoint, the crew had been working extended hours for three straight weeks to meet a compressed deadline, with limited rest and breaks often skipped to stay on track. The worker had taken on multiple high-risk tasks without task rotation. Team dynamics further amplified the risk: unclear instructions from two competing foremen had created confusion and tension, and the worker later disclosed that he didn't feel safe asking for clarification, worried it would make him appear weak or incapable. Leadership, under pressure themselves, had been dismissive of earlier requests by the worker to slow the pace.

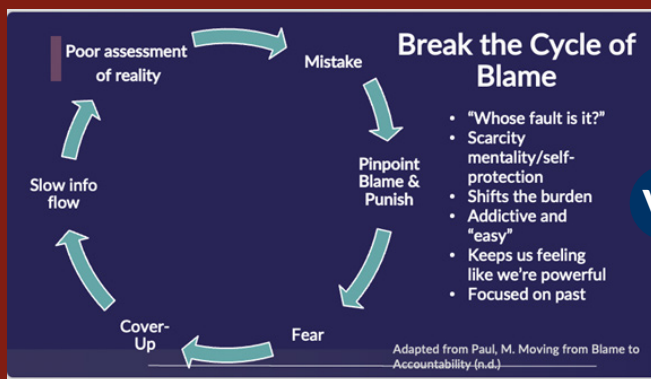
The investigation also revealed that job roles had not been clearly assigned that day, and two other near misses had gone unreported earlier in the week due to fear of retribution. In this case, integrating mental health context into the incident investigation shifted the focus from blaming the individual to identifying system-level changes needed: improved schedule pacing, stronger leadership communication, postvention support after personal loss, and a clearer psychological safety commitment across the team.

See the Appendix: Mental Health & Psychosocial Factors Review Tool for Incident Investigations

Human & Organizational Performance (HOP) Principles

These principles help safety professionals understand how to prevent harm in complex systems. They also support mental health:

- **People make mistakes.** Normalize mental health challenges.
- **Blame fixes nothing.** Create a non-punitive space for asking for help.
- **Context drives behavior.** Recognize job stressors like long hours, isolation, poor leadership.
- **Learning is vital.** Debrief after near misses—mental health close calls count too.



VS



Break the Cycle of Blame

In construction, it's easy to fall into the blame game when something goes wrong. Our brains are wired for quick fixes—so we hunt for the “bad apple,” point fingers, and hope that by firing or punishing one person, we've solved the problem. But when it comes to mental health and substance use, this approach actually backfires. If someone is fired for struggling with a substance use disorder, chances are they'll end up on another job site—still hurting, still at risk, and still a danger to themselves and others. The real hazard just moves down the road.

Blame doesn't solve anything. Minds close up, trust disappears, and people who are already feeling isolated or “less than” become even more withdrawn. It's no surprise that productivity drops and safety risks rise, especially when workers hide their struggles out of fear.

Build a Spiral of Growth and Resilience

Instead of asking “Who screwed up?” imagine a crew where the first question after any mistake is, “What happened, and how can we fix it together?” That's psychological safety—knowing you won't be shamed for speaking up about a mental health struggle, an error, or asking for help. In this kind of culture, people are more likely to reach out before things spiral, and leaders can connect folks to real support (instead of just a pink slip).

When every error is met with curiosity and teamwork, not punishment, the whole crew learns. Trust grows, workers build resilience, and everyone gets better at managing stress and bouncing back from tough days. That's how you build a site where people don't just survive—they thrive. And when mental health is treated as a safety priority, everyone benefits: fewer accidents, stronger teams, and a culture where help is always available.

Empowering Questions for Leaders and Teams:

- What are we missing about what's really happening here?
- Are there stressors, broken systems, or mixed signals making things harder?
- How did our actions—or inaction—contribute to this?
- What can we learn, and how do we make sure it doesn't happen again?
- Who needs support right now, and how can we step up for them?

Bringing these questions to the table builds a job site where nobody falls through the cracks, and everyone's mental health is part of the plan.

“ We want your honest perspective and we get that this work—and life—can be tough. If you need anything, say the word. We're in this together. ”

CONCLUSION: BUILD THE CULTURE, PROTECT THE CREW

True safety leadership means seeing the whole person, not just the hard hat. When mental health is integrated into safety systems, training, and daily job planning, we reduce preventable risks and create stronger, more resilient teams. This guide offers tools and language that safety professionals already use—now expanded to include the psychological hazards hiding in plain sight. Let's lead with courage and compassion, making mental health safety part of every conversation, every plan, and every action. Because when we protect the mind, we protect the crew.



APPENDICES

APPENDIX A

Mental Health Safety Stop Work Authority Checklist

Mental Health Safety Stop Work Authority is for everyone—not just safety professionals—when a team member appears mentally unwell or emotionally distressed.

Worker Fitness & Functioning

- ☐ Is the worker showing signs of impaired concentration, confusion, or poor coordination?
- ☐ Does the worker seem overwhelmed, emotionally reactive, or shut down?
- ☐ Are they physically or emotionally exhausted, to the point where it affects their focus or stamina?
- ☐ Have co-workers expressed concerns about their wellbeing or ability to safely do their job?

Task Risk Amplification

- ☐ Is the task at hand high risk (e.g., heavy machinery, elevated work, confined spaces)?
- ☐ Would even a brief distraction or hesitation create a hazard for themselves or others?
- ☐ Is this a task that requires strong communication or rapid judgment, and are those skills currently impacted?

Work Environment Stressors

- ☐ Is this worker under acute personal stress (e.g., grief, crisis at home, recent trauma, visible distress)?
- ☐ Is there a high-pressure deadline or productivity push creating added strain on decision-making?
- ☐ Are there chronic environmental stressors present (e.g., long hours, isolation, heat exposure) compounding mental fatigue?

Support & Safety Culture

- ☐ Has the team created space for people to speak up without fear of judgment?
- ☐ Is the worker aware that it's okay to pause work or ask for support when mentally unwell?
- ☐ Has the worker been offered a private conversation or mental health check-in with this worker?
- ☐ If this were a physical injury, would you stop work? If yes—then consider stopping for mental health too.

Stop Work = Start Support

If you've answered "yes" to any of the above, it's time to:

- Pause the task
- Engage the worker in a non-punitive conversation
- Offer support or refer to resources
- Reassign or modify duties if needed

APPENDIX B

Mental Health Add-On for Daily Job Hazard Analysis (JHA)/Pre-Task Plan (PTP)

“Fit for Duty – Mind & Body” Check-In Tool

Purpose: To help safety leaders include mental health awareness as part of their daily safety assessments, without adding complexity.

Step 1: JHA/PTP Mental Health Check-In

Add these questions into your daily crew brief:

Supervisor Script

“Before we jump into the task list, let’s take a minute to check in on how we’re all showing up today. We all have off days—and that’s okay. But when your head’s not in it, it becomes a safety risk. If anything’s weighing on you or distracting you, speak up—we’ll work together to make it safe.”

Then ask:

- “How’s everyone holding up today?”
- “Anyone feeling tired, stressed, or off their game?”
- “Does anyone need to adjust roles or tasks today to help you focus?”
- “Anyone need a quick breather before we get rolling?”

Reminders for Leaders:

- Lead with empathy, not interrogation.
- Model vulnerability if appropriate (e.g., “I didn’t sleep great last night, so I’m going to be mindful of my ability to focus today—let’s all look out for each other.”)
- Normalize pauses or task swaps when needed.

Step 2: Add Mental Health to Your JHA Form or Process

Modify your existing JHA with a “Fit for Duty – Mental Readiness” section:

Mental Health Safety Factors	Yes	No	Notes or Action Needed
Crew appears alert and emotionally ready for the day			
No one appears distracted, withdrawn, or distressed			
Adequate breaks scheduled for high-stress/high-risk tasks			
Psychological safety present—evidence that crew feels safe to speak up			
Fatigue, grief, or conflict observed or reported			

If concerning observations are checked, pause and adjust. Offer a grounding exercise like breathing or stretching, give those who report distress a private check-in, assign alternative tasks, or connect to support as a crew.

Step 3: End-of-Shift Morale Pulse (Optional)

Each week managers rate morale for themselves and, their team and all related partners on a scale from 1 to 10. If morale starts trending downwards, leadership can step in early to try to understand the root cause and ask, "How Can I Help?"

"Any stress building up that we should keep an eye on tomorrow?" "Did anything happen today that's still weighing on someone?"

Pro Tip for Safety Leaders:

Track trends. If you're hearing more people say they're fatigued or sense poor morale, it might be a signal of:

- Poor scheduling
- Burnout
- Job conflict
- Lack of recovery time

Use this insight to bring leadership-level awareness to underlying psychosocial hazards.

Key Components of a Mental Health JHA

Just like with physical hazards, Mental Health Job Hazard Analyses (JHAs) are valuable tools for supervisors, safety managers, forepersons, and crew leads to proactively protect workers. These leaders can use Mental Health JHAs to monitor emotional readiness during pre-task planning, helping identify when a worker may be distracted, fatigued, or overwhelmed. When warning signs are observed, they can adjust roles, redistribute tasks, or provide additional support to reduce risk. Just as you'd plan for fall protection or confined space entry, Mental Health JHAs help document and address psychosocial hazards—such as chronic stress, poor communication, or isolation—before they escalate into safety incidents or crises.

Component	Application to Mental Health Safety
Job Description	Define the scope of work, work environment, shift length, crew composition, and timeline pressure.
Potential Mental Health Hazards	<ul style="list-style-type: none">- Excessive workload or unrealistic deadlines- Poor role clarity or leadership communication- Social isolation or interpersonal tension- Sleep disruption due to shift timing- Prior exposure to trauma or grief- Signs of worker fatigue or emotional withdrawal
Risk Assessment	Evaluate the likelihood and severity of outcomes such as distraction, substance use, interpersonal conflict, reduced morale, or suicidal distress.

Component	Application to Mental Health Safety
Controls and Mitigation Strategies	<ul style="list-style-type: none"> - Adjust staffing or shift length - Clarify expectations and roles - Add breaks or task rotation - Encourage psychological safety check-ins - Provide EAP access and peer support - Escalate concerns using MH Stop Work Authority if needed

Example:

Task: Working at heights on a complex install under a tight deadline

Mental Health Hazards:

- Fatigue from back-to-back overtime
- Stress from high visibility of the job
- Poor communication from conflicting directions

Controls:

- Provide extra break rotation
- Assign a lead communicator to reduce confusion
- Begin shift with a brief mental health check-in

APPENDIX C

Mental Health Safety Indicators Tracker for Safety Professionals

Purpose: Support proactive mental health safety management using familiar safety metrics language—leading indicators to predict and prevent harm, and lagging indicators to learn and adapt from past events.

SECTION 1: Leading Indicators

These are actions and observations that help you measure prevention, readiness, and culture.

Leading indicators are your early alert system. They signal when mental health risks are building—before a crisis occurs. On construction sites, these include both proactive measures that build resilience and visible warning signs that a worker or crew may be under strain. Organized here from system-level prevention to real-time behavioral red flags.

Early Warning Signs -- What You Might See on the Job Site

- ☐ Sudden absenteeism or frequent tardiness
- ☐ Crews noticing a teammate is unusually quiet or disengaged or unusually vocal
- ☐ Substance use changes or visible impairment
- ☐ Changes in hygiene or personal appearance (gaining or losing weight)
- ☐ A usually reliable worker becomes withdrawn or reactive
- ☐ Uncharacteristic outbursts, mood swings, or irritability
- ☐ Multiple workers showing signs of exhaustion
- ☐ Tension, arguments, or low morale spreading across the team
- ☐ Talks about hopelessness, guilt, or feeling like a burden
- ☐ Increase in minor safety mistakes or near misses
- ☐ Giving away personal belongings or saying vague goodbyes

Proactive Actions

Category	Sample Proactive Actions	Tracking Frequency	Why It Matters
Training & Awareness	<ul style="list-style-type: none"> - # of toolbox talks with mental health content - % of workforce completing mental health training 	Weekly / Monthly	Builds awareness and creates shared language for support and help-seeking.
Peer Engagement	<ul style="list-style-type: none"> - # of peer-to-peer check-ins encouraged/reported - # of peer support champions trained 	Weekly / Monthly	Peer conversations are early warning signs and help identify struggles before crisis.
Communication & Campaigns	<ul style="list-style-type: none"> - EAP and resource posters visible/updated - # of awareness campaigns launched - # of new hires introduced to MH resources 	Monthly / Quarterly	Signals leadership support and normalizes help-seeking culture.
Leadership Actions	<ul style="list-style-type: none"> - Supervisor-led MH check-ins recorded - # of job planning meetings including MH JHA items 	Weekly	Reinforces top-down accountability for culture of care and readiness.
Policy & Practice Updates	<ul style="list-style-type: none"> - Mental health language added to JHA/safety forms - Fatigue management policies reviewed - Recovery/rest incorporated into schedule planning 	Quarterly	Aligns systems with well-being priorities.
Access to Care	<ul style="list-style-type: none"> - Average response time for workers connected to MH services - % of workers who know how to access EAP or peer support 	Monthly / Quarterly	Ensures resources are not only available—but understood and accessible.

SECTION 2: Lagging Indicators

These are outcomes that help you learn from past stress exposure, harm, or system failure.

Lagging Indicators		
Category	Sample Indicators	Why It Matters
Reported Incidents	- # of incidents where mental health or fatigue was a contributing factor	Highlights missed early detection or support opportunities.
Turnover & Retention	- Exit interviews citing burnout, stress, or mental health reasons	Often a trailing signal of chronic distress in the environment.
Utilization Data	- EAP usage trends - Peer support usage trends	Indicates trust in resources and unmet mental health needs.
Absenteeism Patterns	- Increases in unscheduled absenteeism or sick days in certain teams or time periods	May reflect hidden or unspoken emotional strain.
Near Misses or Injuries	- Review of mental health or fatigue contributions to physical safety incidents	Completes the feedback loop between psychological and physical safety.
Critical Incidents	- Suicidal ideation reports or interventions - Postvention activities	Must be reviewed for systemic learning and response improvements.

APPENDIX D

INCIDENT REPORTING FORM & DEBRIEFING QUESTIONS

MENTAL HEALTH & PSYCHOSOCIAL FACTORS REVIEW

Purpose: Integrate this form into your existing investigation process for any incident where human error, interpersonal conflict, behavioral issues, or unexplained risk-taking occurred to understand and learn from the event. Train supervisors and safety staff on how to ask and document these findings with sensitivity.

PART 1 EMPLOYEE SECTION: Contact Information and Description of Event

COMPANY NAME		DEPARTMENT		DATE OF EVENT
LOCATION OF EVENT		TIME OF EVENT		REPORT DATE
		AM PM		
IF NOT REPORTED PROMPTLY, STATE THE REASON				
WORKERS SUPERVISOR		INJURED NAME (first, last)		TITLE
CHECK OFF ALL STATEMENTS THAT BEST DESCRIBE THE INCIDENT				
<input type="checkbox"/> Critical incident stress <input type="checkbox"/> Psychological abuse <input type="checkbox"/> Fatality <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Mental health problem/crisis <input type="checkbox"/> Physical attack <input type="checkbox"/> Critical Injury <input type="checkbox"/> Chemical Spill <input type="checkbox"/> Harassment <input type="checkbox"/> Threat <input type="checkbox"/> Occupational Illness <input type="checkbox"/> Working alone <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Assault <input type="checkbox"/> Psychological Stress <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Discrimination <input type="checkbox"/> Physical Injury <input type="checkbox"/> Near Miss <input type="checkbox"/> Medical Aid Injury <input type="checkbox"/> Bullying <input type="checkbox"/> First Aid Injury <input type="checkbox"/> Workplace Incivility <input type="checkbox"/> Lost Time Injury				
WAS THE INCIDENT		<input type="checkbox"/> SUDDEN EVENT/ OCCURRENCE		<input type="checkbox"/> GRADUALLY OCCURRING OVER TIME
DESCRIBE WHAT HAPPENED (IN DETAIL): Include who was involved and what happened. If there was an injury, illness, or safety risk involved—explain what it was and how it may relate to mental health or emotional wellbeing. <small>*Note, If the employee is unable to complete this section, it is the responsibility of the supervisor to gather and document this information.</small>				
WHAT FACTORS CONTRIBUTED TO THE EVENT (relevant background/underlying/root causes)				
HOW COULD IT HAVE BEEN AVOIDED/PREVENTED?				
WAS FIRST AID / MHFA ADMINISTERED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, by whom?	
WAS MEDICAL TREATMENT ADMINISTERED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	INDICATE HEALTH CARE PROVIDER	
MENTAL HEALTH PULSE CHECK - R U OK? (Please indicate where your mental health and wellbeing is currently because of this incident)				
<input type="checkbox"/> Healthy		<input type="checkbox"/> REACTING		<input type="checkbox"/> INJURED
<input type="checkbox"/> ILL				
POST INTERACTION ACTIONS OR SUPPORTS REQUIRED (please include any supports or actions you did or would benefit from to ensure your mental health is supported post incident)				
WITNESS NAME(S) AND CONTACT INFORMATION, IF ANY				

Form adapted from the Mental Health Commission of Canada, Workplace Safety North & Ontario Mine Rescue

SIGNATURE OF INJURED PARTY/COMPLAINANT		Date
IF THIS FORM WAS COMPLETE BY SOMEONE OTHER THAN THE INJURED/AFFECTED PARTY, COMPLETE THE FOLLOWING		
FORM COMPLETED BY (first, last)		SIGNATURE
PHONE NUMBER		Date

Healthy	REACTING	INJURED	ILL
Normal fluctuations in mood Takes things in stride Good sense of humour Consistent performance Normal sleep patterns Physically & socially active Behaving ethically & morally Confident in self & others Limited or no alcohol/gambling	Nervousness, irritability Sadness, overwhelmed Displaced sarcasm Procrastination Forgetfulness Trouble sleeping Low energy Muscle tension, headaches Intrusive thoughts Occasional nightmares Decreased social activity Regular alcohol use/gambling	Anxiety, Anger, Pervasive sadness, Tearfulness Hopelessness, worthlessness Negative attitude Difficulty concentrating Trouble making decisions Decreased performance or workaholic tendencies Restless, disturbed sleep Increased fatigue, aches & pain Recurrent vivid nightmares Persistent intrusive thoughts/images Avoidance, withdrawal Increased alcohol use, gambling - hard to control	Excessive anxiety Panic attacks Easily enraged, aggressive Depressed mood, numb Overt insubordination Cannot concentrate Inability to make decisions Cannot perform duties Cannot fall asleep/stay asleep Constant fatigue, illness Absentee from social events and work Alcohol, gambling or other addictions
Focus on task at hand Break problems into manageable tasks Controlled, deep breathing Nurture a support system	Recognize limits, take breaks Get enough rest, food, exercise Reduce barriers to help-seeking Identify & resolve problems early Example of personal accountability	Talk to someone, ask for help Tune in to own signs of distress Make self care a priority Get help sooner, not later Maintain social contact, don't withdraw	Follow care recommendations Seek consultation as needed Respect confidentiality Know resources & how to access them

PART 2 SUPERVISOR SECTION: General information and Preventive Measures					
SUPERVISORS NAME (first, last)		TITLE		REPORT DATE	
IF NOT REPORTED PROMPTLY, STATE THE REASON					
INTERVIEW THE WORKERS INVOLVED: Confirm statements that best describe the incident and contributing factors including how it could have been avoided (if possible). Use this section to include any additional findings or opportunities for improvement based on your investigation.					
MENTAL HEALTH PULSE CHECK – R U OK Employee? (Please review and confirm with employee regarding where their mental health and wellbeing is currently because of this incident)					
<input type="checkbox"/> Healthy	<input type="checkbox"/> REACTING	<input type="checkbox"/> INJURED	<input type="checkbox"/> ILL		
POST INTERACTION ACTIONS OR SUPPORTS REQUIRED (please include any supports or actions you recommended to the employee to ensure their mental health is supported post incident)					
BASIC AND IMMEDIATE CAUSES: WHAT ACTIONS, CONDITIONS, PERSONAL OR JOB FACTORS CAUSED OR COULD HAVE CAUSED THIS EVENT?					
EXAMPLES OF FACTORS CAN INCLUDE					
Under the Influence	Inappropriate workplace behavior	Lack of knowledge/ training	Lack of skill	Stress	Distraction
Fatigue	Improper motivation	Lack of job satisfaction	Lack of engagement	Personal Factors	Inadequate communication

Work Overload	Insufficient Leadership/supervision	Inadequate Work Standards	Inadequate Policies and/or procedures	Abuse and misuse	Unclear/ Inadequate expectations
Inadequate support	Using defective equipment	Lack of responsibility	Ineffective conflict management	Lack of control over work	Unclear/ inadequate priorities and goals
Lack of resources	Organizational change	Inadequate Tools/ Equipment	Inadequate Maintenance	Operating equipment without authority	Poor housekeeping
WHAT WERE THE CONDITIONS, ACTIONS, OR FACTORS? (list below)			WHAT WERE THE CONTRIBUTING CONDITIONS, ACTIONS OR FACTORS THAT WERE THE ENABLERS? Root Cause (list below)		
REMEDIAL/CORRECTIVE ACTIONS: What has or should be done to control the causes listed and prevent reoccurrence or reduce further harm?			RESPONSIBILITY		BY WHEN
RISK ASSESSMENT - WAS THIS TYPE OF INCIDENT CAPTURED ON THE RISK REGISTRY		YES		NO	
CHECK OFF ALL STATEMENTS THAT BEST DESCRIBE THE INCIDENT OUTCOME (FOLLOW UP)					
<input type="checkbox"/> Non-Disabling Injury/Occ. Illness	<input type="checkbox"/> Disabling Injuries/Occ. Illness	<input type="checkbox"/> Fatality	<input type="checkbox"/> Critical Injury	<input type="checkbox"/> Lost Time	
<input type="checkbox"/> Medical Aid	<input type="checkbox"/> First Aid	<input type="checkbox"/> Mental Health First Aid	<input type="checkbox"/> Modified Duty	<input type="checkbox"/> EAP	
<input type="checkbox"/> Refused medical treatment	<input type="checkbox"/> Other, please explain				
WAS THERE AN ABSENCE FROM WORK FOLLOWING THE EVENT?					
DO YOU ANTICIPATE THAT AN ACCOMODATION AND/OR FLEXIBLE WORKPLACE ARRANGEMENT WILL BE REQUIRED? (If yes, please complete the functional abilities form/modified work form)					
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> May be	
MENTAL HEALTH PULSE CHECK – R U OK Supervisor? (As a supervisor investigating an incident, sometimes your mental health can be affected based on circumstance. Please take a moment to self-check where your mental health and wellbeing is currently based on investigating this incident)					
<input type="checkbox"/> Healthy		<input type="checkbox"/> REACTING		<input type="checkbox"/> INJURED	
<input type="checkbox"/> ILL					
POST INTERACTION ACTIONS OR SUPPORTS REQUIRED (please include any supports or you have taken to support your mental health post incident, or any additional supports you may need or benefit from)					
SIGNATURE OF SUPERVISOR			DATE		
THIS SECTION IS DESIGNED FOR REVIEWERS OF THE INVESTIGATION REPORT TO INCLUDE ADDITIONAL OPPORTUNITIES FOR IMPROVEMENT OR RECOMMENDATIONS AFTER INITIAL REVIEW					

CHECK OFF ALL STATEMENTS THAT BEST DESCRIBE THE INCIDENT OUTCOME (FOLLOW-UP)

Physical Health Response:

- ☐ Non-Disabling Injury/Occupational Illness
- ☐ Disabling Injury/Occupational Illness
- ☐ First Aid Provided
- ☐ Medical Aid Provided
- ☐ Critical Injury
- ☐ Fatality
- ☐ Lost Time
- ☐ Modified Duty
- ☐ Refused Medical Treatment

Mental Health Response:

- ☐ Mental Health First Aid/Psychological First Aid Provided
- ☐ Modified Duty
- ☐ EAP (Employee Assistance Program) Referral
- ☐ 988 Suicide & Crisis Lifeline Contacted
- ☐ Peer Support Engaged
- ☐ Referred to Offsite Mental Health Provider
- ☐ Worker Declined Mental Health Support

List Specific Referrals

- ☐ _____
- ☐ _____
- ☐ _____

REVIEWER'S NAME (first, last)	
REVIEWER'S TITLE	
REVIEWER'S SIGNATURE	
REVIEWER'S DATE	
THIS SECTION IS DESIGNED FOR MANAGEMENT REVIEW TO INCLUDE ADDITIONAL OPPORTUNITIES FOR IMPROVEMENT OR RECOMMENDATIONS	
REVIEWED BY MANAGEMENT MEMBER	DATE

Debriefing Questions for Critical Response Team

1. Worker Mental State & Readiness

- Was the worker experiencing personal stress (e.g., family issues, financial strain, mental health symptoms)?
- Were there signs of fatigue, burnout, or emotional exhaustion?
- Had the worker recently disclosed any mental health or substance use concerns?

2. Team & Environment Dynamics

- Was the crew working extended hours or under deadline pressure?
- Has the team experienced recent conflict, turnover, or leadership change?
- Were breaks and rest opportunities available and used appropriately? Or were they skipped?
- Did the environment contribute to sensory overload (e.g., excessive noise, heat, crowded space)?

3. Psychological Safety

- Did the affected worker (or others) feel psychologically safe to raise concerns before the incident?
- Was there a recent attempt by someone to stop work or raise a red flag that was ignored or minimized?
- Do workers trust leadership to respond constructively when issues are raised?

4. Systemic Contributors

- Were job expectations clearly defined and achievable?
- Was there a mismatch between task demands and the worker's capabilities or condition?
- Are there recurring patterns of stress-related incidents in this department or team?

Recommended Actions (if any boxes are checked)

- Conduct a confidential check-in with the affected employee or peer team.
- Offer access to EAP, peer support, or mental health services.
- Flag patterns to Safety & HR leadership for trend analysis and intervention planning.
- Consider revising team schedules, break times, staffing levels, or role clarity.

APPENDIX E

Tool Box Talk #1

How Does Poor Mental Health Impact Jobsite Safety?

Purpose: Provide mental health awareness as part of weekly safety discussions.

1. Sleep Disruption & Fatigue – Fatigue on the job site increases the risk of accidents, slow reaction times, and errors in judgment, similar to working under the influence of alcohol. Try to keep your bedtime and waketime consistent, even on the weekends, and resist the urge to take naps. There's no such thing as "catching up" on sleep. Consistent sleep intervals help keep your body in a reliable routine of rest and rejuvenation.

2. Distraction & Cognitive Overload – Mental health struggles can cause preoccupation with personal stressors, leading to reduced focus on tasks at hand. A distracted worker misses critical safety cues, increasing the likelihood of falls, equipment mishaps, or miscommunications that lead to injury. Identify concerns that may be causing your mind to wander, talk about them with your supervisor so they can help address them accordingly.

3. Impairment from Drugs or Alcohol – Many workers self-medicate stress, anxiety, or chronic pain with substances, increasing the risk of slowed reflexes, impaired judgment, and risky behavior on-site. Alcohol and substance misuse in the construction industry is estimated to be nearly 2x the national average, making this a serious workplace safety issue.

4. Chronic Stress and Burnout – Long hours, working away from home, schedule and budget pressure can lead to chronic stress and burnout, which impair critical thinking, problem-solving, and adaptability—skills essential for identifying hazards and responding to unexpected safety challenges. Workers under extreme stress may make rushed or uninformed decisions that compromise safety protocols.

What can we do to prevent negative Mental Health on our jobsite?

Use the Hierarchy of Controls to reduce negative Mental Health on the jobsite.

- **Elimination & Substitution:** Set realistic expectations and eliminate unnecessary stressors at their source such as zero-tolerance of bullying or harassment of any kind.
- **Engineering Controls:** Create quiet break areas or hydration/cooling zones.
- **Administrative Controls:** Establish clear mental health policies and educate workers on what they are. Provide structured peer support networks to normalize help-seeking behaviors. Offer resilience-building programs, stress management tools, and access to professional care.
- **Provide "Emotional PPE":** Encourage and normalize the use of peer support networks and professional care. Offer mental health training, coping tools, and access to support resources.

Why does this matter?

Mental health and job site safety are deeply connected. Addressing mental health risks improves focus, decision-making, teamwork, and overall job site well-being—keeping workers safe both physically and mentally. Save your EAP numbers on your phone and memorize 988. It just might be YOU to save the next life or prevent the next crisis on your jobsite.

APPENDIX F

Tool Box Talk #2

Mental Health Safety and Job Site Safety – Taking Action

Toolbox Talk: Taking action to improve mental health safety

Opening: We all know that on this job site, watching out for each other is what keeps us safe. Whether it's making sure someone clips their harness, spots a hazard, or radios for backup, our situational awareness and teamwork are our best tools for preventing accidents. Today, we're taking that same commitment—looking out for each other's safety—and applying it to our mental health, too.

Just like you'd speak up if you saw a buddy about to step into danger, we need to do the same when we notice signs of stress, fatigue, or someone struggling. Mental health safety is job site safety—and it starts with us, having each other's backs in every way⁹.

The Facts:

When mental health struggles go unchecked, the risks of accidents, injuries, and costly mistakes rise significantly. A big study of over 1.4 million workers found something important: Getting hurt on the job and having mental health problems—like stress, anxiety, or depression—are connected, and each one can make the other worse.

- If you get injured at work, you're about twice as likely to later struggle with your mental health (things like substance use disorders, depression, or PTSD).
- And if you're dealing with a mental health challenge, you're also more likely to get hurt on the job.¹⁰

Real-World Stories:¹¹

Case Example #1: Early Intervention, Not Exclusion

On a Shawmut job site, a union tradesperson working for a subcontractor called his crew leader at 6 a.m., sounding perfectly normal, just asking for instructions on the day's tasks. But only 30 minutes later, he was found unconscious near the construction gate. The response from the team was immediate—crew members called 911 for medical help, but they didn't stop there. Instead of the old-school approach—"Go to the hospital and don't come

⁹Virginia Tech. (2024, July 2). Construction industry's mental health crisis: Why the stakes are so high. Virginia Tech News. https://news.vt.edu/articles/2024/07/construction_mental_health_expert.html

¹⁰Granger, S., & Turner, N. (2024). Work injuries and mental health challenges: A meta-analysis of the bidirectional relationship. *Personnel Psychology*, 78(1), 11–57. <https://doi.org/10.1111/peps.12649>

¹¹Tulodziecki, L. (2024, April 18). Where safety and mental health meet on construction projects. *Engineering News-Record*. <https://www.enr.com/articles/60577-where-safety-and-mental-health-meet-on-construction-projects>

back”—the site leadership did something different. They rallied everyone involved: the crew leader, the union steward, Shawmut’s project team, the subcontractor’s representative, and even the union business agent. Their focus wasn’t on blame or prying into whether the issue was related to drugs or something else; it was on getting the worker the right support. By that afternoon, he was connected not just to medical care, but to enhanced treatment and ongoing support.

This matters because the construction industry is a tight-knit, mobile workforce—many workers rotate through multiple sites each year. Simply banning someone after a crisis doesn’t solve the underlying issue and often means the problem returns elsewhere. By stepping in early and providing real help, Shawmut’s team set this worker up to be healthier and safer, wherever he works next—and helped raise the standard for caring, proactive support across the industry.

Case Example #2: Proactive Observation Leads to a Safer Outcome

During a morning walk on a project site, a safety professional noticed that a roofer was behaving just a bit “off”—not enough to set off alarm bells, but enough to raise concern. They almost dismissed it, thinking, “It’s early in the day—can this really be a problem?” But the safety professional trusted his instincts and suggested they look into it. Instead of approaching the worker alone, they involved the superintendent and the crew leader, following our reasonable suspicion training to handle the situation properly and respectfully. When they spoke to the roofer, he admitted he had been drinking before coming to work.

The safety team responded quickly and safely: the worker was removed from the site, and they ensured he had a safe way home—offering to call a cab or a friend, making sure he wasn’t left stranded or unsupported. This approach prioritized not just the immediate safety of everyone on site, but also demonstrated care and responsibility for the worker’s well-being.

Case Example #3: Beyond PPE—Why Compassion Can Be the Ultimate Safety Intervention

In 2023, on a large construction site, a safety coordinator noticed a worker who seemed especially withdrawn and downcast. Sensing something was wrong, the coordinator reached out, using an interpreter to break through the language barrier. What emerged from the conversation was far more serious than a typical safety concern: the worker, deeply distressed over being separated from his family abroad, revealed that if the roof had been open, he might have ended his life that day. Thankfully, the roof was locked.

This is a powerful reminder that not all job site incidents are unintentional mishaps or lack of skills. No amount of PPE or safety training can prevent tragedy when a person’s pain is so great that risk becomes intentional. Without this compassionate conversation, any resulting incident might have been misclassified as an accident, missing the true root cause.

Instead, the safety coordinator responded with humanity and urgency, offering comfort, connecting the worker to resources, pairing him with a peer buddy, and providing ongoing follow-up. Because someone noticed and

intervened, the worker's story changed: his family was eventually reunited, and he's now thriving both on and off the job.

This case shows that compassion and connection are essential parts of a truly effective safety culture, saving lives in ways that traditional safety protocol and protective equipment never could.

Taking Action and Starting Conversations

But here's the good news: mental health challenges are common, and talking about them can save lives. When we check in on each other, share our own experiences, and know the signs of stress, we build a culture where everyone gets home safe, physically and mentally.

Ask:
Does anyone have a story of when checking in on someone's distress made a difference? Maybe someone offered you support during a difficult time – loss of a loved one, health scare, divorce?

[Facilitator of Toolbox Talk can share a personal story here of how they were supported or how they supported someone else]

Let's talk about how we can all keep this conversation going.

Remember...

- Many people experience mental health challenges – you are not alone. Most people who struggle with mental health go on to thrive with the right support.
- Connect people to support—it's a sign of strength to ask for and offer support.

So today, let's make it standard to check in with your team. If you notice a coworker is acting differently—more withdrawn, distracted, or irritable—don't ignore it. Ask, "I noticed you don't seem like yourself today. Are you okay?" or "Anything you want to talk about?" Share that it's normal to have tough days, and remind folks we all want to keep each other safe, on every level.

If you or someone you know is struggling, you're not alone. Support is always available—on this crew, through our Employee Assistance Program, or by calling 988 for the Suicide & Crisis Lifeline.

Together, when we protect our mental wellbeing, we protect our lives.

APPENDIX G

Mental Health Safety Plan Development Form

Organization: _____

Date: _____

Contact Person: _____

Team Members Involved: _____

UPSTREAM: Prevention (Proactive Prevention/Hazard Mitigation)

Goal: Identify and address psychosocial hazards before harm occurs.

What are the main psychosocial hazards at your job sites?

(Examples: excessive workload, poor communication, job insecurity, isolation, bullying)

How are these hazards currently addressed in your safety planning?

Who is responsible for mental health safety on your team?

What resources/support structures are in place (EAP, peer support, etc.)?

How will you make sure these resources are visible and accessible to all workers (including in multiple languages)?

How is mental health discussed in Job Hazard Analysis (JHA) or pre-task planning?

How will you train leaders/foremen in recognizing early warning signs and building a culture of trust?

MIDSTREAM: Monitoring & Early Intervention (Early Identification)

Goal: Spot and address emerging issues before they become crises.

How do you check in with workers about mental readiness each day (huddles, toolbox talks, etc.)?

What proactive check-in or peer support practices will you use?

What are your early warning signs for mental health risks?

(Examples: withdrawal, anger outbursts, fatigue, increased conflict, distraction)

How will workers be empowered to use Stop Work Authority for mental health concerns?

Who is responsible for addressing concerns in real-time, and how will follow-up occur?

DOWNSTREAM: Crisis Response & Postvention (After an Incident)

Goal: Support recovery and learning after a mental health emergency, trauma, or loss.

What is your protocol for responding to a mental health crisis, overdose, suicide, or traumatic incident?

Who is on your crisis/postvention team (HR, safety, peer allies, chaplains, counselors)?

How will you provide psychological first aid and communicate with affected workers?

How will you support and follow up with impacted teams and individuals (debriefs, support groups, referrals)?

How will you review, document, and learn from incidents to improve future prevention and response?

SIGN-OFF & REVIEW

Plan Completed By: _____

Date: _____

Next Review Date: _____

Attach this completed form to your job site's safety management system and review/update at least annually or after any critical incident.

RESOURCES

988 Suicide and Crisis Lifeline: <https://988lifeline.org/>

American Foundation for Suicide Prevention – Construction Industry Toolkit:
<https://afsp.org/construction>

Centers for Disease Control and Prevention (CDC) – Construction Industry Suicide Prevention:
<https://www.cdc.gov/niosh/topics/suicide/construction.html>

Construction Industry Alliance for Suicide Prevention: <https://www.preventconstructionsuicide.com/>

Construction Suicide Prevention Safety Week: <https://constructionsuicideprevention.com/>

Construction Working Minds: <https://www.constructionworkingminds.org/>

CPWR – The Center for Construction Research and Training – Worker Well-being:
<https://www.cpwr.com/research/worker-well-being-and-mental-health/>

Man Therapy – “Therapy for Men” (Construction-Targeted Messaging):
<https://mantherapy.org/>

MATES in Construction (Australia & Global Inspiration):
<https://mates.org.au/>

National Alliance on Mental Illness (NAMI):
<https://www.nami.org/Home>

National Guidelines for Workplace Suicide Prevention: <https://workplacesuicideprevention.com/>

National Safety Council – Mental Health & Wellbeing:
<https://www.nsc.org/workplace/safety-topics/mental-health>

QPR Institute – Suicide Prevention Gatekeeper Training:
<https://qprinstitute.com/>

Substance Abuse and Mental Health Services Administration (SAMHSA) Helpline:
<https://www.samhsa.gov/find-help/national-helpline>
1-800-662-HELP (4357)

United Suicide Survivors International (US):
<https://unitesurvivors.org/>

VitalCog in Construction Suicide Prevention Training: <https://vitalcog.com/suicide-prevention-in-construction/>

ABOUT THE AUTHORS



Sally Spencer-Thomas, Psy.D.

Dr. Sally Spencer-Thomas is a clinical psychologist, leading researcher, and mental health advocate dedicated to transforming construction industry safety culture. Recognized as one of ENR's Top 25 Newsmakers in Construction, Sally brings both professional expertise and personal passion, inspired by the loss of her brother to suicide. As lead author of the National Guidelines for Workplace Suicide Prevention and president of United Suicide Survivors International, she partners with industry leaders and unions to create bold, practical strategies that empower teams and save lives. Sally champions recovery, resilience, and a life worth living for every worker.



Rebecca Severson, CIH, CSP

Rebecca Severson brings 28 years of construction experience, covering occupational health and safety, project management, and engineering, alongside 22 years of military service as a Bioenvironmental Engineer and Medical Group Commander to her current role as Principal of RSR Construction Services. She has been instrumental in changing the industry's approach to head protection with the use of helmets and providing mental health awareness training. An active leader in the American Society of Safety Professionals (ASSP), Rebecca is currently the Region V, Area 1 Director. She is a founding member of the Alliance for Naloxone Safety in the Workplace (ANSW), offering complimentary resources for implementing naloxone programs.



Thomas(T.J.) Lyons, CRIS, OHST, CSP

Thomas(T.J.) Lyons is a Board-Certified Occupational Health and Safety Technologist and Certified Safety Professional with deep roots in construction safety, emergency response, and community service. A former assistant fire chief, New York adjutant fire instructor, EMT, and lifelong volunteer firefighter, T.J. believes in bringing safety lessons from the field to the home. Recognized by IRMI with the Bill McIntyre Leadership Award, the WOW Award, and the Gary E. Bird Horizon Award, he is a respected educator, mentor, and industry innovator. T.J. champions "design intervention"—smarter, people-centered approaches that eliminate hazards before they reach the job site.