NAC Executive Insights

Mental Health, Wellbeing & Suicide Prevention - Series

Understanding the Construction Industry Crisis Surrounding Workforce Mental Health, Wellbeing and Suicide Prevention, and the Actions that can Save Lives

Key Points

- Serves as an overview of the upcoming NAC Executive Insight series on "Mental Health, Wellbeing and Suicide Prevention in the Construction Industry ".
- The Construction Industry is experiencing a major crisis involving the mental health and wellbeing of its workforce.
- The result is large numbers of workforce deaths by suicide and drug overdose.
- Historically, psychological safety needs of workers were secondary to physical and jobsite safety requirements associated with getting the job done on time, within budget, and of high quality.
- Psychological safety needs are important and must be elevated and addressed.
- Prevention of deaths related to mental health and wellbeing issues is not achieved by a single awareness program.

Introduction

Construction is organized around managing and balancing risk. Companies routinely make plans and implement training programs to prevent falls, struck-by hazards, electrical exposure, and other threats to life. Yet one of the industry's largest risks is often less visible: mental health and wellbeing impacts, substance misuse, and suicide. The evidence and adverse impact are stark. Although construction workers make up a modest share of the U.S. workforce, they account for a greatly disproportionate share of suicide deaths and drug overdoses. This is much more than an individual/private health matter; it is an urgent workforce, leadership, and safety issue. The National Academy of Construction has adopted and supported an approach that emphasizes the importance of a Safety Culture on construction projects to reduce fatalities and lost time injuries. That Safety Culture must include prioritization and laser-focus on the workforce's mental health and wellbeing.

The Extent of the Problem

U.S. construction industry workforce deaths from on-the-job incidents have been 'flat/stagnant' for several years at ~1,000 deaths per year with no improvement. Even more devastating is that recent construction-specific estimates document that an additional 5,000 U.S. construction workers die by suicide annually. The suicide rate in 2024 was 41.9 per 100,000 workers—more than twice the rate across all industries.

Recent data indicates that almost one-fifth (17.9%) of all suicide deaths and almost one-quarter (23%) of all overdose deaths occur among construction workers, even though construction represents only 7.4% of the nation's workforce. Most suicides do not occur on a jobsite, but the working environment directly impacts employee mental health and wellbeing, and provides an important setting for prevention. A death-by-suicide immediately and directly affects coworkers, families, subcontractor teams and project communities, often creating grief, trauma, lost productivity, and increased risk among those exposed.

Mental health and wellbeing are broader than suicide or drug overdose alone. Research summarized by CPWR (The Center for Construction Research and Training) indicates that nearly half of construction workers in one survey experienced depression at some point, while another found almost one in three workers experienced anxiety at least monthly. Recent national data indicates that 29.6% of male construction workers experienced some form of psychological distress. Substance abuse is closely intertwined with the distress. Construction has typically carried the highest overdose death rate among U.S. industries; injury and pain associated with physically demanding work can create pathways to prescription or illicit opioid use. Alcohol or drugs may be used to cope with stress and can increase impulsivity during a crisis. Construction workforce deaths from drug overdose approximate 14,000 workers per year.

In summary, the construction industry is experiencing ~20,000 worker deaths per year from workplace accidents, suicides, and overdoses. This is a national, construction industry, and leadership crisis!

Why Construction Workers Face Elevated Risk

No single characteristic explains the crisis. It reflects a combination of workforce demographics, culture, working conditions, health risks, and barriers to intervention, help, and care. Construction remains predominantly male and men have a higher suicide mortality rate than women nationally. Traditional expectations of toughness and self-reliance create a stigma that discourages workers from seeking support or help to reduce their distress or to ask for help. Likewise, first-line supervisors have traditionally focused on driving workers to meet schedules and maintain quality, and do not focus on worker mental health and wellbeing. Finally, jobsite stigma or fear of being judged as weak reinforces silence and impedes counseling and recovery.

The construction work itself adds additional pressure: long or irregular hours, travel and separation from family, cyclical employment, layoffs, financial uncertainty, schedule demands, harsh physical conditions and limited control over work all impact workers' mental health and wellbeing. First line supervisors are

often overtasked and have little worker wellness training. Workers may move frequently between employers and projects, weakening continuity of healthcare and supportive relationships and networks. Chronic pain, fatigue, sleep disruption, and serious injury worsen depression and anxiety. Easy access to lethal means can turn a short-lived crisis into a fatal act.

Organizational fragmentation is another challenge. A project may contain a general contractor, many subcontractors, labor providers and self-employed workers, each with different cultures, priorities, benefits, and policies. Small employers may lack an employee assistance program or occupational health expertise. Even where resources exist, workers may not know about them, not trust their confidentiality, or be able to secure appointments during working hours. Language, cultural, and insurance barriers can further restrict access and impact on the workforce.

Key Areas of Focus

To help the industry arrest and significantly reduce this crisis, The National Academy of Construction is creating a series of Executive Insights under the heading "Mental Health, Wellbeing and Suicide Prevention in the Construction Industry". These Insights address key aspects of the problem and describe practical steps for improvement. They also connect closely with themes from the Safety Culture Executive Insight Series, which offer additional useful context as leadership must treat psychological safety with the same seriousness and discipline as physical and jobsite safety. Effective prevention is not a single awareness campaign; it is a layered system built upon the foundation of an effective Safety Culture, that minimizes harmful jobsite conditions, identifies people at risk, connects them with care and help, and supports the workforce after a crisis.

The "Mental Health, Wellbeing and Suicide Prevention – Executive Insight Series" addresses the following topics:

1. Understanding Mental Health and Wellbeing
2. Leadership Imperative - A Call to Action.
3. The Role of Leadership – Four V's: Visible, Vocal, Vulnerable, Visionary
4. Intersection of Substance Abuse, Mental Health, Wellbeing, Suicide Prevention, and Overdose Prevention
5. Stigma Reduction – Removing Barriers and Improving Access to Care
6. Leveraging Company and Union-sponsored Health Benefit Programs
7. Emotional Intelligence
8. Bullying, Harassing, Discriminating, and Retaliating
9. Peer Support Programs
10. Employee Assistance Programs versus Member Assistance Programs
11. Musculoskeletal Injuries and Opioids – why Naloxone is the next AED of Emergency Preparedness
12. Fatigue and Sleep Deprivation – Impact of Schedule and Maximum Number of Days and Hours Worked
13. Traumatic Brain Injuries

Establishing an Environment that Supports Positive Mental Health and Wellbeing

Some specific actions to achieve a workplace culture that supports and achieves positive workforce mental health and wellbeing include:

- Commitment and involvement from all leadership levels in the organization, from the CEO down to the first line supervisors; and workers who recognize and actively support leader engagement in worker mental health and wellbeing.
- Recognition and action by leaders when employees display a change in demeanor that might indicate something affecting their mental health and wellbeing, and caring engagement to help the employee deal with the issue.
- Creating physical facilities to support workforce counseling in private, secure settings to facilitate access to mental health, wellbeing and suicide prevention counseling.
- Publishing resources that are available if employees have an issue, through the use of posters, television monitors, stickers, handouts, briefings, etc.
- Incorporating mental health, wellbeing and suicide prevention issues, and the resources available to deal with them, in periodic toolbox talks and general briefings.
- Including mental health, wellbeing and suicide prevention considerations in safety plans/programs, Accident Hazard Analyses, and daily safety moments at meetings.
- Ensuring the maintenance of a non-attribution culture so workers feel free discussing and seeking help when they have an issue.

Conclusion

The construction industry's suicide crisis is serious and demands immediate action. The industry already knows how to change behavior through leadership commitment, planning, training, peer intervention and continuous improvement. Applying those same capabilities to mental health and wellbeing can make help-seeking and support the norm rather than the exception. The goal is not to turn supervisors into clinicians; it is to create a workplace safety culture where distress is identified early, caring questions are asked, hazards are reduced, and professional help is genuinely promoted, accessible, and delivered.

Progress will require owners, contractors, subcontractors, unions, insurers, benefit providers and healthcare partners to work together and to leverage each other. Every project should leave workers with a clear message: their lives are the number one priority of leadership and their peers. Seeking help is highly encouraged and expected, no one should ever have to face a crisis alone, and to lean on the team; they have your back.

If someone may be in immediate danger: Call 911. In the United States, call or text 988 for free, confidential crisis support 24 hours a day. Never, never leave a person at imminent risk alone.

For Further Reading

- CPWR—The Center for Construction Research and Training, Construction Worker Overdose Deaths Plummet, Suicides Decline Slightly (February 2026; analysis of 2024 mortality data).
- CPWR, Mental Health Trends in the Construction Industry (Data Bulletin, September 2024) and Fatal and Nonfatal Injuries in Construction (Data Bulletin, April 2025).
- CPWR, Suicides Among Construction Workers: Key Findings from Research (2024).
- Occupational Safety and Health Administration, Preventing Suicides in Construction and Workplace Mental Health resources.
- Centers for Disease Control and Prevention, 988 Suicide & Crisis Lifeline and occupational suicide research.

About the Authors

Tony Leketa was elected to the National Academy of Construction in 2016. He is Chair of the NAC Safety Committee, a position he has held since 2023. Tony has a distinguished career, overseeing and executing projects and programs from the simplest of building rehabilitations to multi-billion-dollar programs both in the U.S. and overseas. He is a retired military officer and member of the Senior Executive Service with the U.S. Army Corps of Engineers. He finished his career with Parsons, a worldwide program management, engineering and construction firm, and retired in 2017 as the Executive Vice President for Construction Services in the Federal Company. He is a registered professional engineer and former President of the Society of American Military Engineers (SAME).

David O'Connor was elected to the National Academy of Construction in 2020. In his 40-year career with Amoco & BP, he served in engineering, technical, and leadership positions in the U.K., Norway, Egypt, Middle East, Algeria, and the U.S. In 2015, he became head of all BP global projects in the Upstream Division. He is known for transforming project organizations into the best learning organizations in the industry. David retired from BP in 2020