



WHITE PAPER

# Unlocking the action plan for better mental health in UK construction





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## EXECUTIVE SUMMARY

The UK construction industry has unacceptable mental health issues in its workforce. Statistics reveal that over 80% of workers experience stress or anxiety, 26% have suicidal thoughts, and suicide rates are nearly four times higher than in other sectors. As a result, both the industry, which according to ONS data provides typically 6-7% of the country's GDP, and the economy lose billions of pounds through presenteeism, absenteeism, low quality workmanship and reduced productivity. Mental ill health contributes to health and safety issues in an already high-risk environment by introducing additional risk factors, such as fatigue and lack of concentration. Within the sector there is an imbalance of gender representation, creating a hyper-masculine culture and stigma around mental health. Workers report overwhelming stress, depression, and fatigue, however these experiences are often hidden from employers due to stigma. Where workers take sick days for mental health issues, many will cite physical ailments instead. Although these problems have been acknowledged, with the causes set down in industry reports and academic research, the industry has not been able to make wholesale changes to improve the situation. In response, this White Paper explores how the UK construction industry can address the problem of mental ill health by providing specific recommendations to significantly improve the mental health of those working in the industry.

Providing mental health support in the construction sector is important because it is one of the main drivers of the UK economy. Output from construction exceeded £200 billion in 2025. To achieve this, the industry

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employs over two million people, 37% of whom are self-employed. Of the 364,514 registered construction firms operating across the UK, 98% employ less than 24 people. Only 618 have a turnover of more than £50 million, representing the Tier 1 and 2 contractors. These numbers don't include consultants and individuals in construction-reliant roles who are also vulnerable to conditions that contribute to or cause mental ill health in the sector. Although the workforce is large, it is severely fragmented, making it challenging to implement change. This fragmentation is reflected in the leadership structure, representative organisations and mental health charities, who provide mental health support and guidance for those working in the sector. Any meaningful attempt to address mental ill health will require collaboration, consolidation, and whole-supply chain support to overcome fragmentation in the industry.

The industry is tasked with creating our built environment. As a result, every British citizen is impacted by construction activity through the



creation of essential infrastructure, housing, offices, industrial buildings, schools, places of higher education, and hospitals. Despite its importance, there is often a negative perception of construction working practices from both inside and outside the industry. This includes accusations of a lack of professionalism, poor workmanship, and unreliability in cost and time. Working conditions in the industry involve dust, noise, and inconvenience. Misogyny and other negative behaviours, such as bullying and racism, are also commonly associated with the sector. Changing this culture, working environment, and public perception will be key to improving mental health outcomes for construction workers.

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*There are also insufficient obligations – either through legislation or contracting arrangements – for employers, stakeholders, and leadership to enforce good practice.*

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Despite the frequent negative view of construction, there are many examples of excellence, high achievement, world class technical expertise, comradery, and added social value throughout the industry. The diversity in construction make-up and outcomes means that it is difficult to identify a typical construction project in the public eye. Consequently, although the causes and impact of mental ill health are known, no specific measures have been identified for widespread implementation. Instead, good

practice is currently restricted to Tier 1 and 2 contracting firms and projects. Some of this good practice does not uniformly extend down the supply chain. I believe this is unacceptable and, throughout this White Paper, present an Action Plan to address these inconsistencies.

First, the communication of reports addressing mental health is ineffective. A barrier to improved communication is the lack of an industry specific research body for construction. Additionally, there is no central library or repository to find and action industry reports or publicly available research. The absence of digital infrastructure has led to repetitive work slowing progress. It is recommended that this be addressed by creating a centralised industry repository for relevant commercial reports.

There are also insufficient obligations – either through legislation or contracting arrangements – for employers, stakeholders, and leadership to enforce good practice. Recommendations are made in this White Paper to change these structures. The overall aim is to provide support for mental health that is on par with physical health and safety. Improved communication that recognises the fragmented and generational differences in the industry will also be necessary. Consideration should be given to the quickest possible implementation of an English equivalent of the Well-being of Future Generations (Wales) Act 2015, which should include an obligation for collaboration throughout the development process to support the seven well-being goals outlined in that legislation. Legal obligations will be instrumental in ensuring whole supply chain support for mental health, which is necessary for the Action Plan to be optimised. By



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changing the legal and contractual arrangements, a working environment can be created on every building site where the obligation to safeguard and protect in respect of mental health is the same as the obligations to safeguard physical health and safety.

Employers have a duty of care to their employees and are legally required to provide a safe working environment. This includes taking appropriate measures to protect employees from harm, including stress at work. Where work has caused an employee to develop a mental health problem – for example, from bullying, prolonged periods of stress from working practices and conditions, or discrimination – the employee may bring a claim against the employer for personal injury or breach of employment law. Discrimination claims rise by 30% when employers struggle to tackle mental health issues. Providing a supportive working environment in construction is in the interest of both employers and workers.

A frequent argument against improving mental health is that the costs are prohibitive. I strongly disagree with this. Research into the wider context of supporting mental health in the workplace shows a significant return on investment of £4.70 for each £1 invested in

mental health support. Additionally, banks and lenders are increasingly focused business environmental social and governance (ESG) performance. Tangible support for mental health can help evidence a company's support for its people and communities. The market is set to significantly influence credit appetite and pricing over the next five years in response to a firm's ESG. This shift is driven by regulatory pressure, investor expectations, and the desire to avoid reputational risks. As a result, there is a clear financial, moral, and business case for all construction firms to be more proactive in facilitating the changes recommended in this White Paper.

Construction firms and construction sites are communities, where everyone in the team deserves to feel supported. In construction, a whole supply chain community can be built through consultations with each level of the project. One way to achieve this is by using suggestion boxes. Such initiatives actively seek input from the workforce, enabling workers to share their experiences and professionalism, while giving them a voice to influence working patterns and workflows. Seeking ideas creates an innovative and inclusive environment that acts as a direct counter to stressors linked to an inability to influence workload. Additionally, supply chain inclusivity can be enhanced through project

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supply chain clubs and events that give a voice to the specialist. Cluster groups of specialists can be established with specialists whose trades interface directly with each other. Proactive use of risk management from project inception can reduce problems that cause mental ill health, stress, and anxiety. These simple measures can be implemented quickly, with minimal expenditure to create a sense of community, improve the overall culture, and improve mental health outcomes.

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Reflecting how physical health and safety is managed, it is recommended that all projects appoint a mental health manager to draft detailed, project-specific mental health plans that identify and manage psychological risks. Mental health managers would also be responsible for identifying suitable candidates to act as Mental Health First Aiders (MHFA), including supervising and organising relevant training. A mental health manager would provide a senior outlet in the organisation to address identified weaknesses in the MHFA initiative, which started in England in 2007. Any psychological risks would be identified and managed in accordance with ISO 45003 “Psychological health and safety at work”. It is

also recommended that organisations arrange suicide prevention measures through their management systems in accordance with BS 30480 “Suicide and the workplace - Intervention, prevention and support for people affected by suicide”. This requires no additional action beyond keeping the well-established principles of the Construction Design and Management (CDM) regulations:

- Manage risks and apply the general principles of prevention
- Appoint the right people at the right time
- Provide information, instruction, training, and supervision
- Cooperate with duty holders
- Consult with workers to develop effective risk management

To engender a continuing cycle of improvement when dealing with mental health, relevant key performance indicators (KPIs) should be designed or enhanced to monitor intervention measures. Development of KPIs should be undertaken by an employee assistance provider (EAP), with responsibility for creating, monitoring, interpreting, and modifying the KPIs as needed. It is recommended that scientifically proven, self-perceived assessment techniques be used. The results can be verified as required through cortisol testing, which can be included as a simple addition to current arrangements for drug and alcohol testing.

Better mental health in construction will require a new approach to welfare, which could be improved in every area. Although there are logistical and space constraints that limit welfare provisions on many sites, there is no barrier to addressing unfit for purpose toileting, breakout, and resting spaces. Wherever possible, welfare provision should



be upgraded to closely match those provided in permanent office environments. Throughout this White Paper, specific and achievable steps are recommended to move the industry in this direction.

Currently, there is a gender imbalance within construction that should be addressed to reflect the demographic representation in other industries. The nature of this gender imbalance prevents a rebalancing of the industry, making it difficult to optimise the construction process. A section of this White Paper – written by Faye Allen, author of “Building Women” – provides a series of recommendations on how to address this weakness.

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Alongside attracting more women into the sector, the future of construction will depend on successful integration of Gen Z into the workforce and industry leadership. A section of this White paper – written by future industry leader, Isobel Evans – sets out the needs and culture of Gen Z, highlighting best practices for communication to bring this generation into construction. Incoming workers will likely be the first tasked with using artificial

intelligence (AI) to bring industry improvements and efficiencies. Rapid developments using AI are likely to impact on mental health. As a result, it is a further recommendation of this White Paper that a task force or research working party be established to identify and monitor the impact of AI on mental health in the industry, with regular reports and proposed solutions to future problems.

A key aspect of the Action Plan is to facilitate cultural changes in the industry that will improve the landscape for mental health. This includes changes to physical working practices and updated financial structures and practices. The current financial structure involves poor payment models that disproportionately impact those lower in the supply chain and requires urgent revisions. In the White Paper, a new two-tier project bank account system is described and recommended to be adopted. The proposed top level is in-line with the Joint Contracts Tribunal (JCT) project bank account process, with the addition of a new subcontractor bank account subordinate to the main account. This second-level account would operate in the same way as the top level, enabling Tier 3 and 4 sub-subcontractors to be paid soon after the subcontractor has received payment funds. In addition to adopting project bank accounts, a second financial recommendation is to extend the payment practices and performance regulations (2017) to capture at least 50% of firms working in UK construction. To achieve this, the public sector fair payment initiatives would need to extend into the private sector.

Communicating the Action Plan will be central to its successful implementation. It will be essential to set out the persuasive business case, so that investment returns can be readily



understood. To do this, a clear connection should be made between mental health investment and tangible outcomes, including reductions in presenteeism, absenteeism, financial failures, and staff turnover, alongside safer, higher quality, and more predictable outcomes. Effective communication will also be needed to educate the workforce about the benefits of a changed mental health landscape and how this can be achieved. This will be particularly important for workers below Tier 1 contractors, so that they know what to look for and how to proactively contribute to the process. Funding for the proposed communication campaign can only come from Tier 1 contractors and significant developers. It is recommended that a call be made for funding of at least £25 million for TV, social media and written media outreach, with focussed advertising for a younger workforce. This investment equates to just £250,000 from the top 100 UK contracting and employer organisations. Local Government and Central Government should also be expected to contribute to the communication fund.

Throughout this executive summary and in several places in the White Paper, I have alluded to the concept of obligation. Reliance on good will alone is very unlikely to achieve the changes required as recommended. The JCT, as the producer of contracts governing 70% of construction projects, will be central to this endeavour. The current JCT college structure does not reflect changes in the industry since the Latham report in 1994. There is no evidence that the JCT represents the views and desires of the industry for change across a whole range of issues. It is recommended that the JCT self-evaluate its structure and representative value, restructuring as required. Great steps have been taken to make collaboration a main term in the

main versions of the JCT suite of contracts, but it is recommended that this be extended to include pro-active risk management. These are essential components of the mental health risk mitigation regime.

Another essential component of obligation is to extend the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable regime to include dangerous occurrences linked to mental health or with a mental health component identified by the mental health manager. I have also drawn attention to the role that simple acts of kindness can make to the mental health landscape. Against the more technical and structural elements of this plan, kindness could easily be dismissed as a whimsical afterthought. This is not the case. The male-dominated demographics of the industry has skewed construction workplaces to sometimes be cruel and harsh working environments. This perception must be broken, making a focus on industry kindness critical to the success of the Action Plan

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Although the scope of this Action Plan is wide-ranging, I believe all aspects are achievable. I have described the actual steps required, given reasons for the proposed changes and highlighted the benefits to firms, the industry, and broader UK economy. The parties I believe to be in the position to make the proposed changes have also been identified.

This call to action is targeted to all parties in the industry, emphasising collaboration and accountability for the needed changes. There can be no excuses for not implementing this blueprint and unlocking better mental health in construction.

**Marc Preston**

December 2025



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## INTRODUCTION

Over the past 10 years, there has been considerable research<sup>1-5</sup> into the causes of stress in the construction industry and its impact on worker's mental health, both blue and white collar. This research has improved our understanding of the structural nature of the construction sector and how this leads to wellbeing problems that blight our industry. The independent Stevenson Farmer Report<sup>2</sup> – commissioned by then Prime Minister Theresa May in 2017 – called for more to be done to create healthy and inclusive workplaces. As stated in the report, it is “massively in the interest of both employers and Government to prioritise and invest far more in improving mental health”. Change was said to be achievable by creating core standards to act as a framework for actions that an organisation can implement quickly. Throughout this White Paper, an Action Plan is introduced that is in keeping with this ethos, focussed specifically on the construction sector in its widest sense.

A quick search on google scholar will reveal a plethora of academic research papers into the industry stressors, perceptions of mental health, and challenges, along with suggestions for how to promote and destigmatise mental health issues. Much of this research was stimulated by a 2021 Office of National Statistics (ONS) report<sup>6</sup>, where it was concluded that construction workers are nearly four times more likely to die by suicide than the national average. These statistics highlight the need for change in the industry and there is no reason why the identified issues cannot be addressed in a practical and cost-effective manner. One example of a major stressor is the lack of adequate welfare facilities. Typically, facilities are temporary

structures that are not fit for purpose. Replacing, for example, temporary toilets with modern facilities, would have a major impact on the daily experience of construction workers. Both the stressors and solutions are known, with each new research investigation presenting its own set of key take-aways. Despite this, there has been a failure to translate recommendations into action.

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*This White Paper aims to improve mental health outcomes in UK construction by providing an Action Plan for the sector.*

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Although construction is blessed with great people, industry fragmentation has prevented conversion of knowledge into action. This fragmentation is not confined to the supply chain, but also applies to leadership, representative groups, and employee types. The problem is not a lack of research or knowledge; it is something else. The issue is that fundamentally as a sector we do not value our people as much as process and product. This goes against public statements from employers that we are a people-first industry. The answer is not to conduct more research but, in my view, to gather, read, and use it. More research is not required, nor is there an overwhelming need for more statistical data until we can begin to measure the difference our actions are making. Future data collection should focus on developing key performance



indicators (KPIs) to benchmark where we are now and the impact of our actions on wellbeing.

This White Paper aims to improve mental health outcomes in UK construction by providing an Action Plan for the sector. First, I will explore the current state of the industry, overviewing the identified issues and existing research into the causes of poor mental health. Based on this research, I propose a series of actions that could be taken in the industry.

These are broken down into four categories: legislative and contracting changes; collaborative working; training and awareness; and culture shifts. The Action Plan is designed to reduce the tragic statistics of death by suicide and the prevalence of stress, anxiety, and burn out among construction workers. The vision is to transform the current mental health landscape, and to adopt new processes and systems that improve industry culture for those that commission and deliver projects.



# CURRENT STATE OF MENTAL HEALTH IN CONSTRUCTION

The ONS has reported that there are 364,514 registered construction firms operating across the UK. 98% of these firms employ less than 24 people. Only 618 of the total number of firms have a turnover of more than £50 million<sup>7</sup>. For all practical purposes, most firms do not have the resources or sophistication required to address the inherent problems of the industry. This section will explore the mental health challenges in construction by outlining the key stressors, identifying the fragmented groups involved in the sector, and reviewing why previous call for change have not been implemented.

## Stressors

Successive reports<sup>1,8-12</sup> have identified multiple stress points that affect worker's mental health and productivity in the construction sector. The main stressors are summarised below:

- Limited-term contracts
- Long hours
- Lengthy commutes
- Time away from family
- Pressure to complete work on time and within budget
- A hyper-masculine culture, which also impacts women in the industry
- Late and uncertain payments for work done
- Uncertainty over pipeline of work
- Unrealistic programme requirements
- Lack of control and say in work methods
- Exposure to extreme or poor weather

- Exposure to noise and dusty environments
- Exposure to potentially dangerous situations
- Poor on site welfare provisions
- Lack of a supportive structure

Although these stressors are well characterised, there has been a reluctance to implement change to address them. One reason for this could be a general resistance to change. The difficulty with change is that just because you believe that it will be beneficial does not mean the other party shares your perspective. They may see the change that you want to make as being far from beneficial to them<sup>13</sup>. To persuade stakeholders and leadership that change is worthwhile, we should take the approach of seeing the solutions as investments and not costs, which reap rewards in the long-term.

## Defining stakeholders

In any project, the key stakeholder is the employer. Employers on construction projects include local authorities, property development companies, the government, homeowners and end users. All employers must recognise that the quality of the final product depends on the culture and environment throughout the delivery and build process. Employers should prioritise mental health because doing so will lead to more reliable timelines for delivery and cost reductions, including those related to unpredictability and material quality.



Alongside employers, the next group of stakeholders are the contractors who often act as managers of the process, including both design and build stages. The actual work on an average multi-trade project is carried out by subcontractors, who are subordinate to the main contractor. Many projects are subcontracted to firms with a turnover of less than £50 million, in other words, firms that lack the resources and sophistication to make the required changes. On larger projects undertaken by Tier 1 and Tier 2 contractors, some will have internal policies for dealing with wellbeing. However, in general, these processes are inward looking and are not designed to help the supply chain who are not directly employed by the main contractor. Instead, contracting frameworks outline work responsibilities throughout the supply chain, but these contracts have not modernised fast enough to reflect changes in society and are frequently onerous in terms of risk allocation, to the extent that the risk cannot, for all practical purposes, be managed by the firms asked to do so.

On-site workers are a mixture of Small and Medium-sized Enterprises (SMEs), micro companies, and the self-employed. Although they are tasked with delivering the product and form most of the workforce, the nature of their employment terms means that they are not represented in decision making. Designers and other consultants are employed by either the employer or contractor on a project-specific contract basis. Like on-site workers, these groups may also not have a voice in decision making and, where they do, they may not be prepared to use their platform to influence wellbeing.

## Previous calls for change

In the mid-1990s, two publications by Latham<sup>14</sup> and Egan<sup>15</sup> outlined a series of changes needed in the construction industry. The key takeaways of both are summarised in **Box 1**. The calls by both Latham and Egan have not been achieved despite the rhetoric

### Box 1 | Latham and Egan's calls for change

#### Latham (1994) "Constructing the team" key points:

- Previous reports on the construction industry were either implemented incompletely or the problems persisted
- Clarity needed of design responsibilities
- Contracts need substantial change
- Bespoke documents need to be phased out
- Tenders should be evaluated on quality, not just price
- Improve public image of construction
- Statutory backing needed for contracts
- Improved education and research required
- Productivity improvements needed

#### Egan (1997) "Re-thinking construction" key points:

- Identified a need for: committed leadership, focus on customer, integrated process and teams, quality driven agenda, commitment to people, reduced number of defects and modernisation
- Substantial changes required in culture and support for improvement
- Decent and safe working conditions as standard
- Replace competitive tendering
- Identify best practice
- Improve quality and efficiency in the industry
- Industry fragmentation inhibits performance
- Lean thinking
- Workers should be provided with uniforms, proper facilities and rest areas
- More and better training needed, as training and quality are inextricably linked
- Better regulation required in the sector



and good intentions. A possible reason for this is that these reports lack, in some cases, specific guidance on how to achieve the recommended aims. As a result, change-makers have not understood how to convert poorly defined terms into tangible actions. The exceptions are where subsequent legislation created an obligation for change, most notably in the Construction Act (Housing Grants, Construction and Regeneration Act 1996) where there is a call for improved payment and rapid dispute resolution through adjudication. To a degree, this can reduce mental health problems linked to poor payment practices.

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Since these publications were released, society has evolved. As a result, efforts to implement the reports' recommendations have not kept pace with societal demands and changes. However, there is a clear need to support mental health. Implementing change will lead to improved productivity, higher profits, and more reliable product outcomes. In turn, these investments will reduce both costs and waste in the industry. We have failed to communicate research by Deloitte<sup>16</sup> that for every £1 invested in mental health support, there is a £4.70 return generated from a reduction in presenteeism, absenteeism, and

staff turnover, with an accompanying improvement in loyalty, quality of work, and on-site safety.

However, Tier 1 and 2 contractors are not compelled to support the supply chain, nor do they see the £1 spent as investment, but a cost. Therefore, the shared perspective needed to make the required adjustments is not there. To address this, I have been seeking changes in the contracting arrangements to oblige the contracting parties to agree obligations that put support for mental health on par with provisions made for physical health and safety. To unlock progress, it is my opinion that we need an actionable plan that is specific and achievable with clear, incentivised steps and benefits, including a time frame for commencement.

Before exploring our plan it is important to note that there are other action plans<sup>17</sup>, which are excellent, but distinguishable from the proposed plan in this White Paper as they focus on action by individuals and team leaders, rather than the whole industry supply chain. Existing plans assume that individuals are equipped to spot the early signs of mental health problems in others and that they have the requisite skills to make a difference. These skills are unlikely to be present without training. In many cases, an individual may not be able to spot changes in others because interactions may be brief due to site programmes, workloads, or location changes. There may also be language challenges due to the workforce demographic. By contrast, the proposed Action Plan takes a broader view, with suggested industry and other structural changes to improve the working environment for everyone.



A critique of my work frequently centres around the wrong assumption that I believe all adverse mental health issues experienced by construction workers are caused by the construction industry. This is not the case. Many people are impacted by factors outside of work, such as physical ill health, family issues, self-doubt, pre-existing addictions, and many other causes. Although construction working practices and environments

disproportionally impact mental health, it is also clear that when external conditions lead to mental ill health, the industry does not provide a safe space, understanding, or support for those in need. Construction is not required to fix every problem in society, but without proper mental health safety, planning, and support, the risks and problems arising from mental ill health will be greatly exacerbated.



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## PROPOSED ACTION PLAN

From the overview provided in the previous section, it is clear that as an industry we are lagging behind other sectors. Currently, there is a lack of modern ways of working, limited engagement with the workforce, and insufficient provision for mental health support. In this section, I will outline an Action Plan to achieve change within the industry. This plan is divided into four broad areas: legislative and contracting changes; collaborative working; training and awareness; and culture shifts. At the end of each section, a group of actionable points are highlighted. The overall aim of this plan is to show that there are cost-effective, practical and achievable steps that can be taken in construction to address the widespread problem of poor mental health among workers.

### Legislative and contracting changes

We are rules-based society and require regulations to make improvements. This is despite problems and solutions being known long before the law is changed. Examples of regulation changes from society and construction include seat belt legislation (1983); wearing of crash helmets (1973); smoking indoors (2007); charge for plastic bags (2015); Construction Design and Management (CDM) regulations (2015); building safety act (2022); turn left warning on lorries and direct vision standards (2024). These examples show the impact legislative changes can have on health and wellbeing. Within the construction sector, changing the rules of the industry would be a powerful

approach to improve mental health for all workers.

There are two ways of changing rules within the industry: through legislation and contracting terms. Ideally, legislation would be the most effective approach to improve mental health in construction, but the reality is that this is some way off. Nevertheless, there are current health and safety acts and standards that include mental health support in their scope, such as the Management of Health and Safety at Work Regulations (1999) and the Equality Act (2010).

Ensuring that workplaces are legally required to be safe mental health environments, on par with the legal expectations for physical health safety, should be the goal for the industry. However, these changes will take time to implement. I believe that even without legal incentives, there are rules-based steps we can take in the immediate-term. This would be through project contracts, either by amending industry-standard forms of contract or adding clauses to bespoke contracts. We are fortunate that in our sector, projects are mainly governed by widely accepted, industry-standard contracts. These have evolved to be suitable with most types of development in both the private and public sector. As these contracts already outline responsibilities and provisions for physical health, there is no reason why we cannot add similar contractual obligations for mental health.

Industry-standard contracts are, from time to time, updated to reflect changes in society, legalisation, and case law. It would be easy to



agree a set of words that provide support for mental health that is equal to the support mandated for physical health. This action would be by far the most effective measure, as parties would be obliged to address stressors and adopt practical solutions. These are the points that I suggest should be added to any contract:

- The parties agree to:
  - Arrange and implement the project-specific mental health and wellbeing plan.
  - Appoint a Mental Health Manager to manage mental health and wellbeing on site.
  - Adopt the recommendations and requirements of ISO 45003 and BS 30480.
  - Increase employee knowledge, available information, and awareness about mental health, wellbeing issues, and behaviour.
  - Promote policies and practices that actively uphold wellbeing.
  - Promote non-discriminatory policies for mental wellbeing for employees.
  - Deal with issues around mental health and stress effectively.
  - Not discriminate against any employee suffering from mental illness.
  - Train Mental Health First Aiders (MHFAs) appropriate to the number of workers engaged on a project.
  - Provide procedures for dealing with mental health crisis, including access to an employee assistance program (EAP) – jointly funded by the employer and contractor, for the benefit of the whole supply chain working on the site – to

supply confidential professional therapeutic counselling.

- Identify the EAP responsible for the project.
- The cost of the above should be set against a Prime Cost Sum, agreed to cover the total cost of the measures.

The measures include creating and identifying a Mental Health Manager – equivalent to the Health and Safety Manager – with the contract making clear who is responsible for employing them. Additionally, the proposals ensure commitment to high quality welfare provision, including supplying personal protective equipment (PPE) that is fit for purpose and fit for all workers (compliant with BS 20417:2025); multi-language mental health inductions; appropriate provision for female workers; toolbox talks; suggestion schemes; and whole supply chain team building. The contract should outline how the plan will be enacted through collaboration between the Employer and Contractor.

These provisions are consistent with the private sector construction playbook (2022) directive<sup>18</sup>, which states that: “Health and safety should go beyond statutory requirements, and the mental health and wellbeing of the workforce must always be safeguarded ... We need to provide a high-quality workplace synonymous with professional behaviours and culture, which will feed through into the quality of work”. This is identified as a non-negotiable priority that underpins all the recommended actions in the playbook, which are reflected in this Action Plan.



## Implement existing laws and standards

### Well-being of future generations (Wales) Act 2015

The Welsh Government brought into Law the Well-being of Future Generations (Wales) Act 2015, with the goal of improving the social, economic, environmental, and cultural wellbeing of Wales. The Act gives a legally-binding common purpose – the seven wellbeing goals – for national government, local government, local health boards, and other specified public bodies. It details how public bodies must work together to improve the wellbeing of Wales, with an emphasis on long-term thinking and collaboration with communities to prevent problems. The Act seeks to increase prosperity by creating a more resilient, healthier, equal, and cohesive society.

One way this can be enacted is through an obligation to provide mental health support during the construction process, at the shared cost of developers and contractors. This will have long-term benefits for the current workforce and their families, while also generating improvements for incoming workers, including apprentices. Although an equivalent UK-wide Act is not currently on the agenda for the Government in Westminster, we still have s106\* agreements and community infrastructure levies (CIL)<sup>†</sup>. These are less focussed but do create an obligation to add social or community value to developments. As part of this Action Plan, I recommend that the British Property Federation (BPF) work with the Local Government Association (LGA) to implement

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\* An s106 agreement is a legally binding agreement entered into with the planning authority to provide or pay for things that work for the local community

wellbeing support through existing planning instruments

### ISO 45003: Psychological health and safety at work

Several recommendations of this White Paper are contained in the detailed management system of British Standard ISO 45003<sup>5</sup>. This standard provides further authority to implement the measures recommended for the construction sector. In summary, ISO 45003 outlines that workplaces in general should:

1. Understand the organisation and its context
2. Understand the needs and expectations of workers and other interested parties
3. Agree a management system
4. Provide leadership and commitment
5. Allocate roles and responsibilities
6. Undertake action planning and risk assessment
7. Identify hazards
8. Create clear objectives
9. Provide support resources
10. Operate with competence
11. Raise awareness of issues
12. Communicate clearly
13. Ensure confidentiality
14. Eliminate hazards
15. Monitor, receive feedback and audit any measures taken
16. Review and learn to ensure continual improvement

This White Paper recommends that management of psychological risks are

<sup>†</sup> A CIL is a charge that local authorities can apply to new developments to help fund infrastructure need to support an approved development



derived with reference to and in accordance with ISO 45003.

### **BS 30480: Suicide and the workplace - Intervention, prevention and support for people affected by suicide**

This standard summarises the measures organisations can take for suicide prevention, intervention, and support for those affected by suicide<sup>19</sup>. It provides guidance on creating and sustaining safe, supportive work environments where people can survive through crises. A key point is that the tragedy of suicide can be prevented by implementing strategies, systems, policies, and practical actions. Some steps described in BS 30480 are generic good practice, while others are specific to suicide prevention. In this White Paper, I have provided meaningful and practical strategies focussed on the construction sector to reduce deaths by suicide in the workplace.

BS 30480 highlights that the recommendations could be seen as an additional business cost. However, there are wider benefits to implementing organisational suicide prevention initiatives, including increasing operational resilience, confidence, and capabilities.

Compliance with the standard does not replace the need to comply with employment and health and safety legislation. Instead, BS 30480 provides a practical guide to recognise the signs of suicide risk. A full list of risk factors is beyond the scope of this White Paper but can be found within the standard. In summary, the risks are divided into personal relationships, workplace, and circumstances. The workplace section includes organisational culture, which covers nearly all the risk factors in the construction industry. Addressing organisation structure, creating supportive

environments, reducing access to means of suicide, coping, and responsiveness are key to lowering deaths by suicide in the construction workplace. The guide provides several proposed actions to promote and change organisational culture.

Although suicide ideation does not solely stem from workplace issues, employment conditions and culture influence the risk suicide. This White Paper recommends that the best practice guidelines set out in BS 30480 are included as a contract obligation for compliance by the contracting parties in a construction project.

### **New regulatory proposals**

RIDDOR is an acronym for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. Current health and safety legislation requires those in control of construction workplaces to report and record work related incidents, accidents, and dangerous occurrences to the Health and Safety Executive (HSE). Anything that can or has caused a physical injury or fatality must be reported. The aim is to use the reports to develop preventative or improved safety protocols, for example, by creating new health and safety guidance, statistics, and KPIs.

Acts of deliberate self-harm are not RIDDOR reportable. The incidence and cause of stressors that could lead to a physical injury or fatality through presenteeism issues are also not reportable. Given the potential for injury or fatalities, it is entirely within the aims and purpose of RIDDOR to include mental health incidents in the reporting requirements. These reports would include input from the Mental Health Manager so that a professional assessment could be made to identify any



mental health factors in RIDDOR reportable incidents.

The methodology of the reporting process could be adapted over time. Although the process may need optimisation, this is not an excuse for not having a reporting requirement. The system should be overseen by an industry accepted body to become an integral part of any mental health plan and provide a way to evaluate and monitor progress. However, it is recognised that making mental health incidents RIDDOR reportable will require government action. Additionally, the 2015 CDM regulations may need to be updated by the HSE to clarify that risk management, planning, cooperation, and information sharing to prevent accidents and ill health in construction extends to mental ill health.

### Action points

Until legislation changes, it is up to employers as the key stakeholder to act for better construction outcomes. Employers that cannot see the benefits of updating contracts could

be persuaded by contractors to make rule improvements, including those needed in competitive tendering to maintain a level playing field. To persuade contractors to include mental health support in contracts, it can be argued that there is a practical necessity for change based on financial returns and long-term commitment to industry growth<sup>20,21</sup>. Direct financial benefits can be further increased through improved social credit ratings. For example, environmental and social governance (ESG) scores are judged by funders and strengthen competitive edges in bidding and tendering. Having a good ESG score is likely to result in improved terms for lending, benefitting both the employer and contractor. Additionally, strong ESG scores show that a firm is actively safeguarding against reputational loss and potential claims from employees under employment law. More broadly, providing mental health support makes it more likely that the right people will be attracted into the industry or individual company. To summarise, the recommended legislative and contractual action points are:

1. Change the rules by including mental health in contracting terms
2. Plan for and support the next generation through value added processes, for example by implementing the Well-being of future generation (Wales) Act 2015
3. Adopt the requirements of ISO 45003: Psychological health and safety at work
4. Adopt the requirements and recommendations of BS 30480: Addressing risk of suicide and its impact in the workplace
5. Make mental health related incidents RIDDOR reportable
6. Extend the provisions of CDM regulations to cover risks to mental health

### Collaborative working

An effective way to address stress is by implementing meaningful collaborative

processes. This requires trust, good faith, and practical measures, such as risk management, fair payments, and wellbeing improvements, which goes beyond contractual intent and



meaningless words. The 2024 editions of the Joint Contracts Tribunal (JCT) changed the option to adopt collaborative working practices into a fundamental obligation. Article 3 of the JCT says: “The parties shall work with each other and with other project team members in a cooperative manner in good faith and in a spirit of trust and respect. To that end each shall support collaborative behaviours and address behaviour which is not collaborative.” The incentive to adjust the parties’ obligations under the JCT contract may be attributed to the guidance in the Government Paybook<sup>22</sup> and its private sector equivalent<sup>18</sup>.

Arguably, these clauses only require the parties to follow the contract requirements in a trusting and collaborative manner. If the parties work well together, there is no need to blindly follow what the contract says. Adhering to the contract terms should build an understanding and awareness about each party’s needs and naturally lead to a mutual trust and cooperation process. It is essential that pragmatic collaborative processes are introduced into the project cycle at the earliest possible time. Team selection should favour parties that show an understanding of collaboration or can demonstrate an existing collaborative culture.

Guidance for collaboration can be found in both construction playbooks and in BS 11000: Collaborative business relationships, the first standard for collaborative working<sup>23</sup>. BS 11000 provides an eight-stage structured model for collaboration that is designed to add value and profit to the construction process. Some recommendations focus on framework and longer term or repeat business arrangements. However, the guidance may still be incorporated into one-off projects that

represent a significant proportion of construction work. For longer-term arrangements, a cycle of continuing improvement can be created by developing and using KPIs. Individual firms, outside of frameworks, may also develop their own KPIs, for example, to use in external promotional literature, to create efficiencies, or to enhance profits.

Collaboration starts by agreeing mutually acceptable and beneficial contracting arrangements. Key to this is a fair allocation of risks, to ensure that no party takes responsibility for aspects beyond their ability to manage. Connected to this is an agreement to implement a live risk management process. This requires team identification of risk, management plans for all risks, and allocation of a person who can deliver risk mitigation. The process must be regularly reviewed, recording any lessons learned for future use. Collaboration is achieved through cooperation where the parties work together to achieve a common benefit, and work to jointly create a new outcome. Meaningful collaboration requires the parties to adopt tangible and meaningful processes to give life to a term that otherwise might not be understood and certainly cannot be achieved without effort.

Another central component of collaborative contracting is the facility for rapid dispute resolution. A formal system for escalating disputes is important to avoid roadblocks in the collaboration journey. The Royal Institution of Chartered Surveyors (RICS) have established a Conflict Avoidance Process (CAP)<sup>24</sup> as a fast, cost-effective, and collaborative way to resolve issues early. The goal of the RICS CAP process is to preserve relationships, ensure parties remain in control,



and provide impartial guidance that doesn't incur the commitment and costs of a formal proceeding. This represents a step change from current reliance on adjudication to resolve disputes after the event. Instead, CAP puts measures in place to avoid disputes arising in the first place. I believe this could go one step further, with an obligation to set up risk management processes from the outset of a project.

## Payment processes

Payment friendly terms are also central to collaboration. All levels of the supply chain should be considered in the payment process. Lengthy payment practices are frequently cited as a cause of poor mental health among workers below Tier 1 contractors. This is because it takes too long for money to transfer from the employer to the bottom of supply chain. It is recommended that we look at financial arrangements in the industry that prevent change and improvements.

Consideration should be given to the use of project bank accounts (PBA), **Figure 1**. It is recommended to adopt the project bank payment accounting system, as provided for by the JCT in, for example the PBA 2022 documentation<sup>25</sup>. This enables a payment mechanism that ensures subcontractors receive payment at the same time the main contractor receives their payment from the employer. The process is easy to understand and flexible, with the capacity to add new subcontractors when needed as works progress. The PBA processes allow all the requisite notices to be included, as required by the Construction Act and ensures that both the contractor and subcontractors are paid within 21 days of the application for payment.

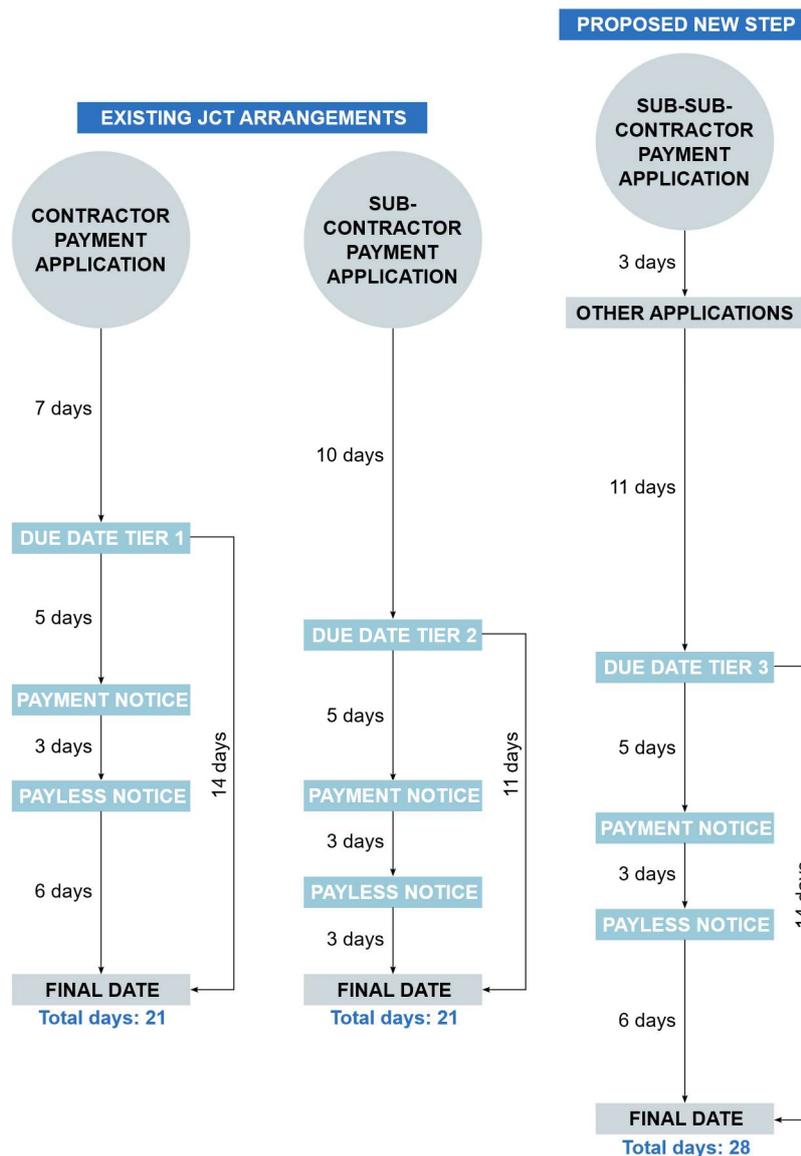
It is recommended that each subcontractor sets up its own PBA to provide payments to their sub-subcontractors, with a short delay from when the subcontractor receives payment from the main contractor. This would mean that Tier 3 contractors are paid within 28 days of their application for payment. It is recommended that the maximum period for payment to reach lower tier subcontractors – Tier 4 and self-employed – be restricted to 42 days. This is an effective approach that works through existing JCT arrangements and can eliminate mental ill health caused by late payments or anxiety over payment structures.

Tier 1 contractors in the UK are already required by law to report on payment practices every six months. However, regulations only apply to firms with an annual turnover greater than £54 million, balance sheet total over £27 million, and more than 250 employees<sup>‡</sup>. As highlighted earlier in the White Paper, these criteria are only met by a few registered UK construction firms. Under the regulations, 60-day payment periods are allowed if fair. In my view, it can never be considered fair if this payment length extends the time taken to pay the bottom of the supply chain to 120 days. I recommend that regulations are extended to capture firms representing at least 50% of UK registered companies, based on turnover recorded by the ONS.

To go beyond the minimum standards proposed in the construction playbooks, it is recommended that the costs of wellbeing and health and safety are removed from competitive tendering. This would enable all bidders to promote good practice. Instead,

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<sup>‡</sup> Thresholds as of April 6, 2025



**Figure 1 | Proposed project bank account (PBA) system for the construction industry.** The left and middle flow charts for Tier 1 and Tier 2 contractors reflect the existing JCT PBA arrangements, with payments received within 21 days of application. The right flow chart shows the additional recommendation for a Tier 3 contractor PBA, with application for payment initiated 3 days before the main and sub-contractors and a final payment date within 28 days of application.

Cost or a Provisional Sum paid against the best practice minimum measures agreed between the client and contractor. This would enable contractor selection to focus on proposal quality.

In the public sector, construction payment initiatives are driven by the Procurement Act 2023 and the Fair Payment Code launched in late 2024. These aim to enforce 30-day payment terms across the supply chain, increase transparency through mandatory reporting, implement spot checks to combat



late payments, and improve cash flow with tiered payment standards (Gold, Silver, Bronze) that reward good practice. However, the private sector is not mandated to follow suit. I recommend this difference be addressed by the Government through new legislation.

A positive aspect of the public sector initiatives is that they promote fair terms in the supply chain. Fair, in my view, means transparency that avoids or reduces project problems. Fairness can be achieved through communication. This could occur during pre-tender briefing sessions, where onerous administrative requirements and high-level project risks are identified. It can be argued that firms tendering projects should have the expertise not to require special briefings. However, the reality is that short tender times and resource limitations lead to obligations being overlooked and not priced in. As there is a tendency to appoint the lowest tenders, poor communication makes it more likely that

problems will occur due to misunderstandings.

The proposals outlined in this section form the foundation of collaboration, which builds trust. This results in financial resilience in the supply chain, for example by ensuring money flows quickly from the employer to the main contractor, subcontractors and overlooked majority of sub-subcontractors. If the main contractor has not taken the initiative, there is nothing preventing the supply chain from including some or all these requirements in the tender proposals and contract terms. This White Paper recommends the creation of meaningful, collaborative contract arrangements to reduce stress points created by outdated arrangements.

### Action points

To summarise, the recommended collaborative working action points are:

1. Introduce whole supply chain support investment from client and contractor through effective collaboration
2. Extend good payment practices and obligations, introducing project bank accounts with documentation to cover subcontractor to sub-subcontractor payments
3. Implement fair risk management processes
4. Remove health and safety and mental health support costs from competitive tenders by making these measures the subject of a Prime Cost Sum

## Training and awareness

To improve mental health in the sector, it is important to ensure effective training and awareness about these issues. One challenge is that, although many reports have been commissioned about mental health in the

construction industry, there is a lack of a centralised hub to make these documents findable and accessible to stakeholders and leaders in the sector. Without an available database, there is a risk that recommendations are missed or that work will be repeated unnecessarily. To address this, it is proposed



that a central, free to access, industry-wide database of commercial reports be created, with links to externally hosted, open access academic research. There should also be an accompanying web site or portal for users to access resources. A database like this would need to be created, maintained, and funded by an organisation such as the BPF, Construction Leadership Council (CLC), Build UK, and Construction Industry Council (CIC).

Beyond resource availability, it is essential that an effective framework be developed for action planning around mental health on a project. A powerful technique in business is the use of SMART plans (Specific, Measurable, Agreed, Realistic and Time Framed) as a framework for improvement or change. I add the letters E (Evaluate) and R (Renew) to the acronym, making a SMARTER process that includes scope for continued improvement. In response to any identified mental health risk, the proposed plan of action should be clearly defined in terms of the seven SMARTER attributes to ensure optimal outcomes.

A mental health action plan<sup>26</sup> is a structured approach to promoting positive mental health and wellbeing, often within a specific setting like a school or workplace, or as a broader public health initiative. There is currently no industry standard mental health action plan for construction. An example framework for what should be included in a site-specific mental health plan is shown in **Box 2**. Additionally, I propose creating a Contractors Health and Safety Assessment Scheme (CHAS) equivalent for mental health. CHAS is a UK accreditation backed by Build UK that verifies a company's health and safety. Following the CHAS model, the recommended contents would deal with mental health safety and risk assessments. The

## Box 2 | Example contents to include when creating a site-specific mental health action plan

### 1. Introduction, project description, and scope

- Project overview and objectives
- Purpose and goals of the plan
- Site location and description
- Scope of works
- Scope of who is covered by the plan
- Communication of the plan

### 2. Roles, responsibilities, support and contacts

- Key duty-holders (client, principal designer, principal contractor)
- Director responsible for mental health wellbeing
- Mental health manager
- Site manager, supervisors, and key personnel
- Emergency contact information for mental health support, such as the EAP or Samaritans

### 3. Wellbeing management

- Mental health and wellbeing policy
- Risk assessment procedures relating to psychological hazards and risks
- Accident reporting and investigation
- Mental health surveillance and monitoring
- Mental health awareness training
- Names and roles of the MHFAs

### 4. General procedures

- Site access and hours of work
- Welfare and break out facilities
- Identification of workers, working away from home and support proposals
- Location and operation of suggestion and feedback scheme
- Dates and locations for supply chain club and team building meetings
- Procedures for disclosing relevant pre-existing mental health issues and process for making reasonable work adjustments

### 5. Construction activities

- Specific plans for high-risk activities with potential to impact on mental health
- Method statements for key phases of work and risk mitigation measures
- Communication and reporting of mental health concerns and risks
- Stress and anxiety evaluation and mitigation proposals
- Plan for incident response
- Data gathering for KPIs
- Date or work stage for mental health plan review

### 6. Signatures



mental health version of CHAS should ideally be established by Build UK or the CLC.

The wider aim of a mental health plan as set out in the HSE Working Minds Campaign<sup>27</sup> is to create a regime designed to reach out and have conversations with workers; recognise the signs and causes of stress; respond to any identified risks; reflect on actions agreed and taken; and routinely check in with people. Additionally, there should be a way to check the plan's impact so that adjustments can be made.

## Mental health managers and first aiders

### Mental health managers

A key component of this plan is to create the role of mental health managers, with widespread appointment to cover all construction sites as currently exist for physical health and safety managers. A construction health and safety manager ensures a safe working environment by developing policies,

conducting site inspections, performing risk assessments, and providing training to workers and management. Similar responsibilities would be expected for mental health management. Their duties would include creating and implementing organisational mental health guidelines and plans. It is not recommended that this role be given to existing physical health and safety managers as an additional responsibility, as this could potentially cause the management of both functions to be weakened.

The main role of the mental health manager would be to oversee site-specific or company-wide mental health programs. Their duties would include managing budgets and staff, developing policies, ensuring service quality, creating a supportive work environment for optimum team performance, and providing or signposting support for individuals. Duties will commence at the precontract stage, detailing the hazards and risks to mental health. In more detail:

Support and wellbeing	Training and Development
<ul style="list-style-type: none"><li>• Create and promote a supportive, kind culture where employees feel safe discussing mental health.</li><li>• Draft and agree with stakeholders the site-specific mental health plan.</li><li>• Recognise early signs of stress or burnout.</li><li>• Hold wellbeing conversations and toolbox talks.</li><li>• Provide or signpost resources and support, such as EAPs or occupational health.</li><li>• Facilitate reasonable adjustments for employees with mental health difficulties.</li><li>• Perform regular site inspections to check compliance with the strategic or site-specific mental health plan.</li></ul>	<ul style="list-style-type: none"><li>• Coordinate, manage, select, and assist with training of the MHFA.</li><li>• Stay up to date with mental health regulations, legislation, and best practice.</li><li>• Conduct in-house training sessions on mental health and safety awareness.</li></ul>



### Strategic and administrative duties

- Draft and review pre-contract questionnaires on mental health support.
- Carry out mental health risks assessments before starting a new project.
- Review all work procedures and propose adjustments to reduce causes of stress and anxiety.
- Analyse data to improve service delivery and quality assurance.
- Attend meetings and create reports.
- Ensure services comply with regulatory requirements and guidelines.
- Understand and implement BS 30480 and ISO 45003
- Track incident metrics, apply findings, develop and monitor mental health KPIs.
- Liaise with external organisations as required.
- Investigate, prepare and file reports for accidents with a mental health component

### Mental health first aiders

The HSE carried out a review summarising evidence on the effectiveness of MHFA training in the workplace<sup>28</sup>. The review found:

- Only a small number of published occupational studies address MHFA and those that exist have design and quality limitations.
- Limited evidence that the content of MHFA training has been adapted for workplace circumstances.
- Consistent evidence that MHFA training raises employees' awareness of mental ill health conditions, including signs and symptoms.
- Limited evidence that MHFA training leads to sustained improvements in the ability of those trained to help colleagues experiencing mental ill health.
- No evidence that the introduction of MHFA training improved organisational management of mental health in workplaces.

A workplace physical health first aider provides immediate, life-saving medical care to a sick or injured colleague until professional medical help arrives or the individual recovers. Similarly, a workplace MHFA acts as the first

point of contact for colleagues experiencing mental health issues by listening non-judgmentally, providing support, and guiding them to appropriate professional help. The key difference is that a physical first aider administers care until help arrives, while a MHFA listens, guides, and encourages seeking of further support. It is critical the role is understood and specific additional training provided, which is tailored to construction. Currently, it seems that the MHFA role may not be fully understood, perhaps even by the MHFA's themselves. The reality is that when faced with a colleague who has a problem, the MHFA often lacks the training or skill to address the issue. In a workplace setting, they may also lack the power to make adjustments that could help alleviate the issue.

The review<sup>28</sup> concluded that, while some expectations of MHFA training were met for those who completed it, most participants could not confidently attribute any positive changes in the workplace to the training. This supports the notion that single-point action to improve mental health is insufficient. Instead, a full range of changes are needed to make a real difference. Just like in professional counselling, boundaries should be set to protect MHFAs from both psychological transference and physical abuse. This Action



Plan recommends that MHFA practices are adapted to meet construction industry requirements and challenges – for example, substance misuse, depression, loneliness, and suicide ideation – to maximise applicability in the sector.

It is also recommended that MHFAs report, where possible, to a company or consultant mental health manager, whose training extends beyond a MHFA, and has a direct line to company decision-makers. This would enable positive action to be taken in response to a mental health issue. It is envisioned that mental health managers will act at both the company-level and site-level. It should be recognised, however, that MHFAs cannot be available 24/7. Because of this, a further recommendation is to engage with EAP providers to support the entire supply chain on all projects. It is not recommended that it is standard practice to rely on charitable support.

For mental health to be supported effectively, middle and senior managers should be trained in identifying and addressing mental health managers. However, it would be a mistake to assume this group of individuals won't also need mental health care. As a result, the presence of mental health managers and first aiders should not replace the need for EAP support. Both senior managers and EAP representatives must be confident and competent to deliver toolbox talks, such as the HSE talking tool kit on preventing work-related stress in construction.

## Charities

Just like the industry supply chain, leadership, and representative bodies, the charitable support network in construction suffers from fragmentation. An alternative to charitable

support is to use an EAP. However, this is frequently not considered as an option, as senior managers and stakeholders find it easier to work with charities as a free alternative. Offering charity-only support increases the stigmatisation of mental health, as it may cause mental health to be perceived not as a health issue, but as a problem that requires charitable support, only suffered by people that cannot afford talking cures therapy. This perception can stop people seeking out the help they need.

There are many charities operating in the construction sector. Higher profile organisations include Mindflow, Band of Builders, Get Construction Talking, Construction Sport, and The Build Network UK. Get Construction Talking is funded by B1M and is designed to encourage openness and talking, while raising money for construction mental health support charities. The two leading organisations in construction are Mates in Mind and Lighthouse Construction Charity.

The existence of multiple charities can introduce inefficiencies and competition, **Box 3**. To optimise the impact and outreach of charitable services, it is recommended that construction mental health charities consolidate. Combining Mates in Mind (2023 income £751,477)<sup>29</sup> and Lighthouse Construction Charity (2024 income £4,498,967, which enables 5,761 counselling sessions)<sup>30</sup> would result in a greater outreach than can be achieved by operating as two smaller organisations. Examples from other sectors show that consolidation is an effective approach<sup>31</sup>. For instance, in 2002, The Cancer Campaign and Imperial Cancer Research Fund merged to form Cancer Research UK<sup>32</sup>. Because of the merger, the two charities were



### Box 3 | Inefficiencies and issues arising from multiple charities

- **Fragmented approach:** A lack of coordination can result in overlapping efforts in some areas and significant gaps in service provision in other areas. This prevents cohesive and comprehensive solutions to complex social issues.
- **Donor confusion and competition:** Many similar charities makes it difficult for potential donors to discern which organizations are most effective or efficient. This confusion can lead to unhealthy competition for funds, potentially discouraging donors and reducing overall funding for the cause.
- **Reduced overall impact:** Dividing donations among several charities, rather than concentrating them on the most effective ones, can result in a lower overall impact because some charities may be vastly more efficient than others at achieving their mission.
- **Disadvantage to smaller charities:** Smaller charities can find it difficult to compete with larger, well-known organizations for funds and attention, potentially leading to the loss of valuable, niche work.

able to pool resources, become the largest cancer charity in the world, and fund scientific research. The current outreach of Lighthouse Construction Charity counselling sessions represents just 1% of the total population of construction workers likely to have mental health challenges<sup>§</sup>. When joining forces, charities should refocus their outreach to SMEs, where most people work, but are least likely to afford private alternatives.

Beyond charitable support, treatment options in the UK include the NHS, where waiting lists for access to talking therapies can be between 6 - 18 weeks<sup>33</sup>. Access to private counselling or an EAP arranged counsellor can take 2 - 3

<sup>§</sup> Based on a workforce of 2.1 million people, assuming one in four will face mental health challenges during their career

days. The goal should be to ensure that anyone who needs mental health support has access to an appropriate service. In general, the higher tier contractors do not offer the supply chain access to an EAP service.

### Monitoring mental health

KPIs in mental health can provide benchmarking data to assess operational efficiency, financial performance, and client and staff satisfaction on projects. It has been argued that a lack of data is holding back progress towards developing preventative strategies for improving mental health<sup>34</sup>. In my view, it won't be possible to achieve excellence without the ability to benchmark against KPIs.

Audit processes and tools are required to identify gaps in workplace provisions. As a result, there needs to be a process to quantify stress, absenteeism, and presenteeism. Potential useful and low cost KPIs include:

- Staff turnover by project
- Days lost through absenteeism self-defined as due to mental health
- Stress rating, through a self-perceived stress test or measured cortisol levels; this would be through voluntary disclosure and wouldn't cover all workers
- Accidents and near-misses reported to have a mental health component
- Causes of stress and anxiety recorded through self-perceived reporting

Mental health data could be collected and managed through the site appointed EAP, who may be mandated to provide useful statistics from staff surveys. In conjunction with the



mental health manager, data on the impact of mental health problems, their sources, presenteeism, and productivity can be collected. Staff retention and turnover rates can also be established, along with a record of days lost through reported mental health issues. Other relevant KPIs could include participation in wellbeing activities.

An ongoing record of reported workplace stressors can be measured against Likert scales through survey-based information. Data can be collected at regular intervals, including at significant points in the works programme, when the site progresses through a main build stage – such as substructure, superstructure, or finishes – as these are timepoints when site personnel and conditions are likely to change. Any staff monitoring data would need to be collected with care to prevent stress in some individuals, as monitoring KPIs could act as an anxiety trigger.

Gathering of Likert scale data on reported stress can draw on two established models: the modified version of the Kessler Psychological Distress Scale (K10)<sup>35</sup>; and the World Health Organization-Five Well-Being Index (WHO-5)<sup>36</sup>. These tools provide a balanced and comprehensive understanding of both psychological distress and overall mental health in workplace contexts. Collected data should include details of the self-perceived causes of stress and anxiety. Additional information may focus on how often the individual has felt: upset because of something unexpected; unable to control important things; nervous and stressed; that difficulties are piling up too high; that they are on top of things; and out of control or overwhelmed. Surveys also ask individuals to complete a perceived self-efficacy test before and during a stress or anxiety incident.

Additional information can be used to more accurately assess the causes of a problem. For example, details about age, sex, education level, marital status, employment, and health status could be collected to understand how different factors influence stress levels. Other psychological factors – such as pre-existing information about anxiety, depression, positive and negative affectivity, personality traits, and coping styles – are often gathered to explore the relationship between these variables and perceived stress. Finally, data on specific, objective, and stressful life events, for example a new job or the death of a relative, can be collected to compare perceived stress.

“

*An ongoing record of reported workplace stressors can be measured against Likert scales through survey-based information.*

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Where high levels of stress are indicated, or whenever thought necessary, results can be compared, measured, or verified using cortisol levels obtained by testing saliva, blood, or urine. Data can be collected simply using a home testing kit. Normal blood cortisol levels in the UK vary by time of day, but typical morning (9am) levels are between 133-537 nmol/L<sup>37</sup>. As the exact values are influenced by several factors, results require professional interpretation. Samples are already collected for drug and alcohol monitoring, so this would not be any more invasive or costly than existing data collection in the industry.



In its 2020 Roadmap to Recovery<sup>38</sup>, the CLC identified a need to improve and embed higher standards within industry, including occupational and mental health and safety. An industry-wide approach is needed for promoting better mental health in the workforce. In a 2021 report on mental health and construction<sup>39</sup>, the Construction Industry Training Board (CITB) stated that “the level and quality of evidence must improve to enable change”, with a higher-level requirement where “Organisations must take responsibility for supporting supply chains”. Outreach for data collection should include SMEs and those responsible for providing agency labour, with the larger of these companies being mandated to collect their own KPI statistics. Data should be input into an industry

accessible dashboard that provides a standard set of KPIs. This would need to be created and maintained by the CLC or an alternative representative organisation.

The CLC, CIC, and Federation of Master Builders (FMB) could review how they assist firms in evolving from producing their own data to a more joined-up approach across the industry. This would prevent duplicated efforts and conflicting outputs that could confuse results, mask the need for change, and dilute action.

### Action points

To summarise, the recommended training and awareness action points are:

1. Create a central industry repository for relevant commercial reports
2. Adopt and implement site-specific mental health plans
3. Widespread employment of mental health managers
4. Address issues relating to mental health first aiders, including deployment and management
5. Channel efforts of the support charities to SMEs
6. Consolidate charities to pool resources
7. Develop KPIs for target setting and monitoring changes in mental health
8. Test and measure stress at work

### Culture shifts

Although construction has a positive impact on the built environment, as a sector we have developed several negative ways of working, including the expectation of poor working practices and a lack of accountability at all levels<sup>40</sup>. The industry has found itself unable or slow to make changes, despite a clear need to do so. It is essential that we respond to wider changes in society, including attitudes towards

mental health, while considering the specific needs of the construction industry to increase productivity, profitability, quality, environmental sustainability, and safety. A particular challenge in construction is that it is recognised as a male-dominated industry, with a high occurrence of inappropriate behaviours, such as racism, bullying, and sexism<sup>40</sup>. To change the culture, this perception of the industry will need to change. This can be achieved by role models who lead



by example and implement zero tolerance policies with meaningful sanctions and training.

The overall environment can be made more inclusive through team building events. The goal should be to create a no fear, no blame culture. This can be achieved by actively consulting with individuals in the team. Focusing on mental health and wellbeing, backed by improved welfare provision, will also promote a more inclusive environment where everyone feels valued and incentivised to contribute to the team effort.

### Kindness and inclusivity

An important and achievable culture change in the construction workplace is to encourage acts of kindness. Kindness is defined as doing something for yourself and others that is motivated by a genuine desire to make a positive difference. Research shows that kindness is an antidote to isolation and creates a sense of belonging<sup>41</sup>. It helps to reduce stress, bring a fresh perspective, and deepen friendships. Showing kindness to yourself can prevent shame, boost self-esteem, grow optimism, and improve confidence.

Kindness impacts mental health by triggering the release of serotonin, dopamine, and oxytocin that improve mood, lower stress, and cause feelings of pleasure<sup>42</sup>. A 2020 report by the Mental Health Foundation<sup>43</sup> found that 63% of UK adults agree that when others are kind it has a positive impact on their mental health. The same proportion agree that being kind to others has a positive impact on their mental health. There are many ways of showing kindness, for example through small gestures, active listening, positive comments, good manners, and consideration of others. Studies consistently find that kindness in the

workplace has a significant positive impact on employee well-being, job satisfaction, team collaboration, and productivity<sup>44,45</sup>. People who are happy at work may be 12% more productive than those who are unhappy<sup>44</sup>. As a result, creating a general culture of kindness could produce a team that obtains better results and may be better at dealing with setbacks that are common in construction.

Although most people working in construction are, in my experience, kind in nature, it is not a trait commonly associated with the industry. Surveys of construction workers highlight poor management techniques, with over 75% of individuals considering management inadequate, as found by the CIOB<sup>46</sup>. The combination of poor management, overall culture and stressors seems to prevent people showing or experiencing kindness. Good management should lead by example and practice kindness on construction sites to encourage others to act in a positively. This is a cheap and effective way of improving mental health and increasing productivity. It is recommended that kindness awareness and practice form an active part of training. Ensuring that line managers are adequately trained would be the responsibility of the mental health manager, under the direction of senior leadership in companies and organisations.

For workers living away from home, it is recommended that construction companies engage with outreach workers to ensure that individuals are checked up on and included in social activities. As this type of worker is typically supported in finding accommodation and will be introduced to others in a similar situation, friendships may be established. However, a general adjustment that should be mandatory for all workers living away from



home is to offer flexible Monday start times and Friday finish times to allow travel to and from home at the weekend.

Larger firms may occasionally organise social or community-building events for office-based staff. However, on-site workers aren't included in these acts of kindness, and there is no reason for this. Ideally, culture on site should emulate the positive experiences in head office, across the whole supply chain. Supply chain events can be an effective way for specialist contractors to present their expertise and express ideas about site organisation, logistics, sequencing, safety, or other matters to the main contractor, designers and project delivery staff. This is an excellent opportunity for continuing professional development and team building. It is recommended that supply chain and worker consultations and events be introduced both to improve efficiency and alleviate stress. This should be led by industry leaders, such as the CLC, Build UK, BPF, and leadership in each individual company and organisation.

A prominent cause of stress is feeling out of control and lacking accountability over professional skills and expertise. A simple but effective measure to address this is by using suggestion boxes, which enable workers to contribute to site practice. Suggestion boxes can be both physical and digital in nature. They allow innovation, boost employee engagement, improve communication, and encourage ownership by giving every team member a safe space to share ideas for process improvement, problem-solving, and cultural enhancement. Contributions can be provided anonymously if desired. For the employer, suggestion boxes demonstrate a commitment to hearing the employee's voice

and creates an overall culture of inclusiveness, where both blue and white-collar workers feel valued, engaged, and motivated.

#### Box 4 | Examples of reasonable adjustments

- **Flexible working hours:** Allowing adjustments to start and finish times, or shift patterns, to accommodate appointments or manage energy levels.
- **Breaks:** Providing more frequent, shorter breaks, or allowing longer breaks when needed to manage stress or anxiety.
- **Quiet space:** Providing a designated quiet area for employees to take breaks, manage anxiety, or de-stress.
- **Phased return:** Supporting a gradual return to work after a period of absence due to a mental health condition, with a reduced workload or modified duties.
- **Task reallocation:** Adjusting workloads or reallocating tasks that may be triggering or overly stressful for an employee.
- **Communication:** Modifying communication styles or providing information in different formats to suit individual needs.
- **Training and support:** Providing access to training and support, including mentoring or coaching, to help employees manage their mental health at work
- **Workplace modifications:** Adjusting the physical environment, such as noise levels or workspace arrangements, to reduce triggers.
- **Time off for appointments:** Allowing paid time off for therapy or medical appointments.
- **Review and support:** Regularly reviewing the effectiveness of adjustments and providing ongoing support and resources.

#### Important considerations

- **Individual needs:** Reasonable adjustments are tailored to an individual's specific needs and circumstances.
- **Consultation:** Employers should consult with the employee to understand their needs and preferences.
- **Confidentiality:** Maintain confidentiality regarding the employee's mental health condition and adjustments made.



Any mental health provision should be inclusive of the entire project, providing comprehensive, integrated support for everyone working on site, regardless of their employment status. It is essential that employers understand the needs and expectations of workers and other interested parties, as outlined in ISO 45003<sup>5</sup>. The standard highlights that both needs and expectations can be included in legal agreements. Examples are a need for financial security, social interaction, support, inclusion, recognition, development, growth, equal opportunities, and fair treatment. Employers have a legal duty under the Equality Act (2010) to make reasonable adjustments for disabled employees, including those with mental health conditions. However, it is not always clear what reasonable adjustments refers to in a construction context. Examples of reasonable adjustments are outlined in **Box 4**. By implementing reasonable adjustments, construction companies can create more inclusive and supportive workplaces, promoting better mental health and wellbeing for all employees.

### On-site welfare

Facilities on site are commonly unclean, unsanitary, and in stark contrast to those provided in an office environment. Some of this is due to site constraints and practicalities, however, it transmits a poor message to the entire workforce, in particular for women where insufficient or no separate facilities are provided. It is also very rare that the needs of the disabled are considered.

By law, in accordance with the health and safety at work act (1974), all sites are required to have a minimum number of toilets based on number of workers and gender mix, as set out by the HSE<sup>47</sup>. The construction industry private

sector playbook<sup>18</sup> states that the legally binding welfare standard should be considered a baseline and best practice is to provide a working environment that goes beyond the minimum. Exceeding the legal requirements can attract and retain a high-quality workforce, while also improving site culture and performance.

There is no legal requirement to provide recreational or breakout spaces, however, all sites must legally provide an eating space, as outlined in the health and safety at work act (1974). These spaces are often unclean, cold in the winter, too hot in summer and generally not fit for purpose. My suggestion is to ensure hygienic eating spaces and provide separate breakout rooms. Given that all workers are entitled to a break, there should be adequate space for them to take this break. In most cases, the entry door to eating spaces or welfare units opens directly to the open air. This causes building temperature control to be compromised. As a solution, it is recommended that an internal or external porch be incorporated onto all welfare units, with doors at 90° to each other. A better alternative would be to incorporate a heating and cooling curtain above the door, similar to those used in supermarkets.

Site welfare could be improved by focusing on basic amenities like clean, accessible toilets and washbasins; having a constant supply of drinking water; provisions for hot water; and proper rest and eating areas, with heating, air conditioning, ventilation, and food preparation facilities. To improve hygiene, checks on the availability of hot water and cleaning of communal areas, including toilets, should be carried out and supervisor-verified at least three times per day. Failure to do so should be a RIDDOR reportable incident.



Toileting facilities are frequently inadequate. The same temperature control problem exists as for welfare units, with doors opening to the outside. Toilets should also have a porch fitted with doors at 90° to each other. For the toilets themselves, they should be comfortable to sit on, in accordance with BS 1254:1981<sup>48</sup>. Where toilets cannot be connected directly to the foul drain, alternative flushing systems should be used, such as macerator or vacuum flushing. Under no circumstances should a toilet be provided for workers where the excrement of previous users is on display. All female toilets must come with a hygiene bin. Sanitary bins should also be provided for men to accommodate, where required, disposal of incontinence pads, stoma products and hygiene waste. The goal of these recommendations is to ensure dignity, preserve hygiene, and reduce stigma.

Additionally, providing secure changing areas and lockers, adequate lighting, showers for dirty jobs, boot racks, and clean off facilities are important for improving general experiences on site. Consideration should also be given to break-out and recreation spaces. These provisions should be considered as standard facilities, however, providing additional resources – such as heated boot dryers and glove warmers – would have a large impact on creating a positive working environment. Thoughtful design of leisure spaces to incorporate activity areas for board games, puzzles, a TV, and phone charging points would promote greater social interaction across the supply chain. Wellness and nature can be included by having a stretching area or using aromatherapy. Personal touches could be added through a photo or awards board to promote a sense of community and make workers feel valued as

individuals. By thoughtfully designing the welfare unit to include these elements, employers can significantly enhance worker wellbeing, which translates to increased productivity and higher morale on site.

It would be easy to reject these ideas because of cost or logistics. This would be short-sighted, as in the wider context of a project budget, this represents a small investment for reusable facilities. Evidence<sup>3,18</sup> shows that making this investment in welfare brings both short-term and long-term financial and reputational gains. A British standard already exists for PPE (BS 30417)<sup>49</sup> and enforcement of this should be mandated through the contracting terms. It is recommended that a further British standard be developed by the British Standards Institution (BSI) to encompass the welfare and hygiene recommendations of this Action Plan.

### **Inclusivity for women by Faye Allen**

Construction, in its current format, does not support inclusivity for women<sup>50</sup>. The United Nations state that “Women and girls represent half of the world’s population and, therefore, also half of its potential.” Gender equality, besides being a fundamental human right, is essential to achieve peaceful societies, with full human potential and sustainable development. Moreover, it has been shown that empowering women spurs productivity and economic growth. The gender imbalance in construction is not conducive to an environment that is likely to achieve the balance required to achieve optimum achievement in every aspect of the construction process and provides too much space to allow counterproductive misogynistic prejudice.



Evidence shows there are various issues in construction, with skills shortages and an aging workforce, and this is a gap that needs to be filled and indeed could be by women. However, women still make up only 15.7%<sup>51</sup> of the workforce, with only 2% working onsite according to the CIOB and over the past 25 years women have never averaged above 13%.

Bringing women into the industry is not the only issue, however, we have a leaky pipeline when it comes to retention of women. Research by RICS identified the leaky pipeline in female membership as being around the age of 47<sup>52</sup>, so not when people may assume, for example, when women first start a family. Engineering UK 2024 research revealed that a decline in women working in engineering and technology roles concentrated among women aged between 35 and 44<sup>53</sup>, again evidencing that retention is a serious issue in construction, engineering and technology sectors.

In my research, having spoken to over 1,000 women and undertaken a detailed survey, it is evident there are a number of issues reported by women that lead to a lack of inclusivity for them in the industry. These issues loosely fall into the following categories:

1. Lack of facilities, both welfare and PPE, leading to feelings of exclusion
2. Discrimination, sexism, and bullying
3. Unconscious bias, performance bias, and gender pay gap affecting promotion and salary
4. Lack of flexibility for childcare or other caring arrangements

This is also supported by RICS latest research which found the top three areas requiring development for women remain around

flexibility, career progression and opportunity<sup>52</sup>.

All research supports the need for wholesale cultural change in the industry in order for it to be inclusive for women and other diverse groups. Taking the five main points above, there are tangible things we as an industry can and must do to ensure it is inclusive for women so that we can not only bring women into the industry but more importantly retain them once they are here.

### **Lack of facilities both welfare and PPE leading to feelings of exclusion**

The lack of accessible welfare facilities for women in the industry is something that has been a problem for over 30 years. I wrote about these issues in my book as still today toilets are often used as storage or remain locked meaning women have to request access or on smaller projects say they have no toilet provision at all. Everyone needs access to toilets however women also need toilets with additional facilities such as a clean space with facilities for sanitary disposal.

Not having immediate access when needed leads not only to a feeling of exclusion but can also lead to serious health issues from urinary tract infections and bladder damage to risks of toxic shock syndrome and dehydration where women may refrain from drinking enough to avoid the need to locate and use a toilet.

The HSE make clear that toilets and washing facilities are required for construction workers<sup>54</sup> and the CDM regulations (2015) state that toilets should be readily accessible therefore the solutions to ensure inclusivity for women are simple:

- Provide welfare that is readily accessible and not locked



- Provide welfare units that are regularly cleaned and contain the necessary cleaning products, such as soap and toilet paper
- Ensure welfare units provide sanitary bins to enable clean, safe, and most importantly legal and hygienic disposal
- Ensure welfare is not used to store things like mops, brooms, and additional toilet paper, as the toilet is not a storage facility
- Provide welfare, even on small sites there should be a facility for women to access. They are a legal requirement, and the size of a project should not determine whether there are available facilities for women.

### **Discrimination, sexism, and bullying**

Women in construction and the built environment are frequently discriminated against with issues around pay rises, promotion, and a gender pay gap<sup>55</sup> that is still prevalent<sup>56</sup> and very few women at the top. They also report issues around bullying and sexism with over 60%<sup>50</sup> saying they have been bullied and of those who reported bullying 40%<sup>50</sup> said it was not taken seriously. We also have a situation where over 30%<sup>50</sup> of women have been sexually assaulted at work<sup>57</sup>. To address these issues and ensure the industry is inclusive for women companies need to tackle culture and behaviour as a priority.

The industry needs to introduce robust reporting mechanisms within companies and on construction sites, where many incidents of bullying and harassment take place. In a fragmented industry, where projects can have 20+ different companies and suppliers working on jobs, all with different cultures and procedures – many with no procedures – it is imperative there is a reporting system in place that workers from any company can use that will be taken seriously.

This is something the Considerate Constructors Scheme (CCS) could help with on larger projects, but we also need an industry wide reporting system for people on smaller projects that are not part of the CCS scheme. Further to this, the reporting is only one element. There needs to be accountability by way of formal investigations and subsequent disciplinary procedures enabling persons to be removed from site, for example.

Culturally and perhaps more importantly, companies need to ensure that reports are taken seriously by all concerned. Site inductions should include sections not just about physical safety but about mental health and psychological safety and make clear what behaviour will not be tolerated.

### **Unconscious bias, performance bias, and gender pay gap**

Biases in society mean women are judged and underestimated, constantly making it harder for them to advance their careers than men. Murray Edwards College's yearlong research in 2018 found 75% of female employees said workplace culture made it more challenging for women to advance their careers than men. Women are also judged more negatively<sup>58</sup> than men and we still have a gender pay gap that needs resolution. All these things lead to feelings of exclusion.

If we are to solve the issues, companies need to introduce unconscious bias training for all staff. This training first brings an awareness to participants with practical real-life scenarios, ensuring people recognise bias in action and are able to understand its negative effects on not only decision making but also in general daily interactions with others. This training needs to include techniques people can use



and not be a one-off training. Continuous learning is required, and this needs to include everyone from construction leaders to apprentices to enable a more inclusive environment to be built. We also need this training to be rolled out to the supply chain as the industries fragmented nature means many in the industry do not have access to such training and without ensuring all parts of the industry are included nothing will change.

We need companies to properly address the gender pay gap, providing equitable career opportunities and ensuring transparency in career advancement. This needs to also include audits to ensure gaps are properly identified and closed, not just reported, with targets for all managers to ensure inclusivity is standard and bias does not enter into pay and package discussions.

#### **Lack of flexibility for childcare or other caring arrangements**

With one in five<sup>59</sup> mothers saying they have experienced harassment or negative comments in respect of pregnancy or flexible working, and many being forced out of work due to difficulties balancing work and childcare, it is clear hybrid and flexible working options and proper systems are required to ensure women, particularly those who become mothers, have the necessary support and flexible options to enable them to continue working.

Ensuring women and men have access to equalised family policies is something companies can do to immediately improve inclusivity for women. Offering shared parental leave, adoption and surrogacy policies from day one of employment as well as enhancing carers leave policies all assist when people become parents or carers and,

as this still predominantly falls on women, it is imperative if we are to ensure women are retained in the industry.

More importantly, return-to-work flexible working policies need to be introduced and encouraged across all roles in a business. Companies need to utilise core hours (between 10-2) for meetings and allow those with caring responsibilities to flex their day to complete work at different times, for example by allowing people to work outside the traditional 9-5. Offering hybrid working solutions even on site will also ensure more women are retained in the industry. While trades can be more difficult, having split shifts or productivity targets, not forcing people to be on site between 7.30-6pm can make a huge impact, not only to everyone's mental health, but also to attract and retain women in skilled trades roles. Embracing more off-site manufacture also enables flexible working to be introduced more easily and there are many options to do this for various types of construction in the sector.

These changes will ensure the industry does not lose out on skilled staff and is able to retain women and evidence shows that companies who have instigated these types of policies see an increase in applications as well as retention. Overall, none of the steps suggested are difficult, although they do require time, persistence and some also require money to implement. If the industry is to solve the skills crisis and not only attract but more importantly retain more women ensuring they feel welcome and included in the industry, we need to ensure these steps become standard and not are not just seen in small pockets of the industry.

It is a recommendation of this Action Plan that industry sets targets for achieving



improvements in gender balance, not just in the provision of professional and support services, but also in the blue-collar workforce. The purpose is to promote a less skewed mental health environment. We recommend the construction industry adopts the principles of the upcoming changes announced in the 2024 Kings Speech, heralding changes to the employment rights bill, relating to improvement in gender pay gap reporting, default flexible working, parental leave from day one, stronger maternity discrimination protections, and mandates for large businesses to have a menopause action plan. In addition, we recommend that larger firms provide positive support for employees experiencing fertility challenges in the workplace.

## Artificial intelligence

In a recent lecture, Mark Farmer<sup>60</sup> urged construction leaders to face the potential impact of artificial intelligence (AI) on white-collar workers employed in the construction industry. This is another reminder that mental health issues are not only the domain of blue-collar workers. Both categories of personnel can be profoundly impacted by exponentially fast-paced changes as technology advances. Concerns about the eventual inability of individuals to make decisions without input or

guidance from AI could exacerbate a feeling of lack of control over working patterns or practices, a well-known cause of stress. There is a risk that potential negative impacts from AI are being overlooked as predicted improvements in working speed and overall productivity overshadow the personal, human cost.

Research looking into AI in construction<sup>61</sup> shows that it is transforming the work of skilled labour, improving safety by monitoring sites to spot hazards before accidents occur, and integrating robotics into the build process. A common theme is an acknowledgment that we are at the start of a revolutionary process. At the time of writing, there is no definitive review about the impact and extent to which AI will change working practices. There is, however, no doubt that the pace of change and development will not slow. This Action Plan recommends that a cross industry working party be established by the CLC to research and monitor the impact of AI on the construction workforce to ensure that any required future actions can be implemented at the earliest possible point.

## Action points

To summarise, the recommended culture shifts action points are:

1. Train for and encourage a culture of Kindness
2. Properly implement collaboration and inclusivity
3. Understand and provide reasonable adjustments in response to mental health issues
4. Provide better and more effective on-site welfare, for example, temperature-controlled breakout spaces and hygienic, flushable toileting facilities with hygiene bins for both women and men
5. Improve inclusivity for women
6. Monitor and understand the impact of AI on mental health and preparedness for action



## Action plan communication

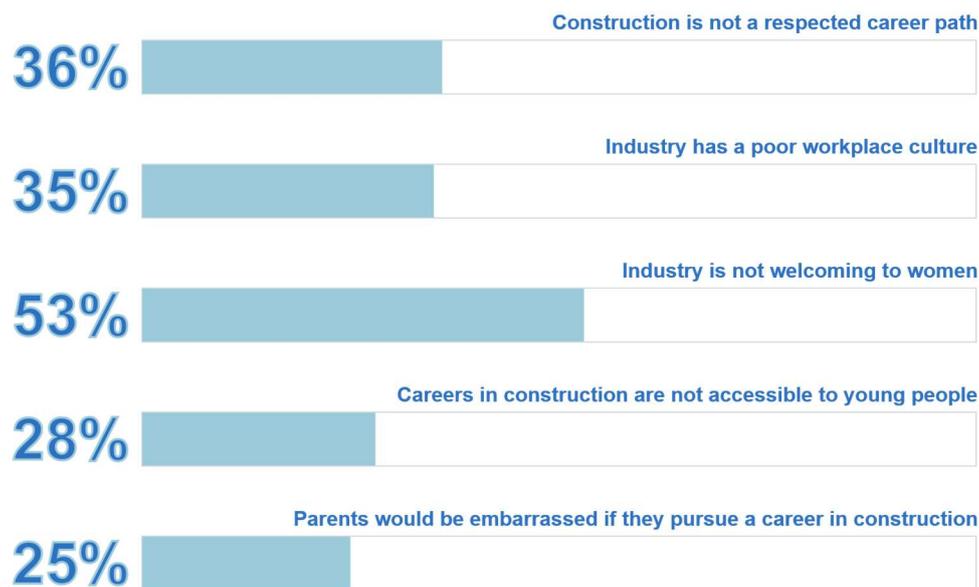
Communication has changed drastically over the last 30 years. To impress the nature and speed of change since the Latham report<sup>14</sup> was published in 1994, impactful events include the founding of Netflix (1997); the year 2k bug crisis (2000); the 9/11 attacks (2001); the Iraq (2003-11) and Afghanistan (2001-21) wars; the creation of the euro (2002); the origins of Siri (2003); the founding of Facebook (2004); the first YouTube video (2005); the invention of the iPhone (2007); and the COVID-19 pandemic (2020). The social fabric of society has developed in ways that could not be contemplated in 1994. Beyond events, a general perspective change has occurred in relation to climate change; equality, diversity and inclusion; and mental health. Specific to the UK construction industry, we have experienced the CDM;

attempts at Modern Methods of Construction (MMC); Brexit and its impact on labour supply; changes following the Grenfell tower fire; and material supply challenges causing significant price increases relative to inflation. Given the broader changes in society over the past 30 years, why is construction still benchmarking and not achieving the perceived best-working practices of the 1990s?

Ignoring the changes in outlook and how different generations in the workforce experience, react, and learn will prevent an effective communication strategy from being developed. Without strong communication, it will be impossible for the industry to implement the Action Plan and improve mental health in construction. A general summary of the different communication approaches across the generations is presented in **Table 1**<sup>62</sup>.

**Table 1 | Communication styles for different generations currently working in the construction industry**

	Baby boomers	Generation X	Millennials	Generation Z
Birth years	1946-1964	1965-1980	1981-1996	1997-2012
Current age	60-79	45-59	29-44	13-28
Preferred channels	TV, radio, newspapers, email, Facebook	Email, Facebook, YouTube, online news, podcasts	Instagram, YouTube, podcasts, TikTok, online articles, email newsletters	TikTok, Instagram, YouTube, Snapchat, WhatsApp
Tone and style	Clear, informative, trustworthy, value expertise and storytelling	Practical, no-nonsense, solution-focused	Conversational, authentic, visually engaging	Fast, visual, authentic, peer-to-peer
Means of communication	Established media outlets, longer-form content, Facebook groups and online forums	Mix of traditional and digital media. Direct, efficient communication. Use comparisons, facts, and case studies.	Bite-sized content or high-quality long-form. Use stories, humour, and relatable scenarios with transparent messaging.	Short-form video content. Use influencers and micro-creators for trust, add humour, creativity, and interactivity. Diverse, inclusive, may use chat bots



**Figure 2 | Results from CIOB survey on attitudes and perceptions towards construction careers.** Based on a survey of 2001 individuals aged 16 - 24 from across the UK in 2025. Data from ref<sup>63</sup>.

It is recommended that the CLC and representative leadership organisations engage with a world class communication agency to design a multi-faceted communication strategy that can provide outreach to all generations working in the construction industry. An example nationwide communication campaign from another sector is supermarket advertising. The cost of these campaigns is not made publicly available, however, marketing is viewed as a crucial investment and not as a cost. It is estimated that £25 million will enable high-production value advertising for TV, digital media and the written press, with recognisable stars, excellent sets, and high-quality music to promote mental health in construction. This size budget would enable nationwide, mass-market penetration that can build brand trust and awareness on a large scale. This budget would also allow for sustained campaigns over

several months, ensuring a high frequency and broad reach to a massive audience.

I recommend that a fund be set up for outreach, with contributions of around £250,000 from the top 100 UK contractors and developers. Local and national government should also contribute to this investment. A secondary purpose of the campaign will be to rebrand the construction industry as an aspirational, modern, and safe career choice for a multitude of people with a variety of skills. Wider communication about improvements to working conditions and support for mental health in the industry will show construction in a more positive light, removing the stereotypical image of a poorly trained white van man approach to construction. A 2025 survey<sup>63</sup> by the Chartered Institute of Building (CIOB) asked 2000 people aged 16 - 24 about their view of the construction industry. The results are shown in **Figure 2**. This White Paper



recommends tackling negative perceptions of construction among young people by improving mental health support in the sector and promoting strong, positive communication about these changes.

Although outreach to all generations will be critical, the rest of this section focuses on how to target the incoming working generation, Gen Z. This focus has been chosen because long-term cultural changes within the sector will require the entry level to learn and contribute to healthy working practices that they can encourage throughout their long careers. As Gen Z will be in the industry for the longest time of all current working ages, outreach with this group is likely to have a larger proportional impact. Additionally, to reach current government house building targets, 50-60,000 new workers will need to be recruited<sup>64</sup>, primarily from younger age groups. Approaches to reach Gen Z could include apprenticeships and bootcamps.

### **Enfranchising Gen Z, contributions from Isobel Evans**

Compared to previous generations, Gen Z generally demonstrates greater awareness of mental health and a stronger willingness to engage in help-seeking behaviours. Yet, within the construction industry, current efforts are not achieving their full potential in reaching this demographic. The issue may lie in the design and delivery of existing initiatives, which demand more planning to create sustainable, long-term, and purpose-built support frameworks. Drawing on evidence-based practices from other industries could enable the construction sector to reimagine its approach to wellbeing, embedding it more consistently across the diverse range of job roles that make up this complex field.

### **Evidence-supported practice**

Applications, such as the globally recognised “Wysa”, provide AI-driven, clinically validated mental health support that can be accessed anytime and anywhere, offering personalisation and fostering trust among today’s tech-savvy workforce. Organisations – including Harvard Medical School, L’Oréal, Bosch, and the NHS – have already adopted these solutions, reporting positive outcomes for employee wellbeing<sup>65</sup>. Broader research further demonstrates that digital mental health interventions are particularly effective for Gen Z in reducing symptoms of anxiety and depression, especially when combined with peer or professional involvement. These interventions are valued for their cost-effectiveness and anonymity, which reduces stigma, builds confidence, and encourages engagement<sup>66</sup>.

Informal resources allow Gen Z to engage safely, at their own pace. For instance, 59% of Gen Z respondents in a 2018 survey identified YouTube as their preferred learning tool<sup>67</sup>. The rise of digitisation has further expanded opportunities for self-directed practice, with media-based platforms and digital tools offering accessible and personalised avenues for mental health support. Gen Z’s familiarity and comfort with these digital resources make them particularly well-suited to advancing modern approaches to mental health care.

Alongside to digital and policy-based support, workplace initiatives should integrate physical health as a well-recognised strategy for improving mental wellbeing<sup>68</sup>. This integrated and accessible approach resonates strongly with younger, health-conscious generations, particularly Gen Z<sup>69</sup>. By fostering social interaction, encouraging regular physical activity, and promoting holistic care,



employers can enhance engagement, trust, and long-term commitment among this emergent workforce.

More broadly, where and how people work is a critical factor shaping both engagement and overall mental wellbeing<sup>70</sup>. Respecting work-life balance is particularly important for Gen Z, who prioritise flexibility alongside meaningful and purposeful workplace experiences<sup>71</sup>. Complementing this, structured mentoring<sup>72</sup> and gradual acclimatisation into work environments can strengthen employee wellbeing. Mentorship provides subtle encouragement and validation, which is particularly valuable for Gen Z, a cohort that often reports lower self-belief and confidence compared to other generations<sup>73</sup>. In high-pressure sectors such as construction, where the environments are fast-paced and the demands are intense, mentoring creates scheduled opportunities for pause, guidance, and direct access to support. Embedding such provisions across both remote and in-person settings ensures equitable access to care and development for all employees.

### **Approach driven strategies and attitudes**

Gen Z values clear and direct communication<sup>74</sup>. Being transparent about the organisational intent behind wellbeing initiatives, even when they are linked to productivity, can foster greater trust than overly polished or excessively positive messaging<sup>75</sup>. In sectors historically characterised by challenging working relationships<sup>14</sup>, an honest and straightforward approach to support and initiatives may significantly improve engagement and reception, particularly among this generation.

Recognising differences in privilege, opportunity, and background enables these

initiatives to align with contemporary societal values and progressive approaches, making them more equitable, impactful, and widely supported, particularly among Gen Z, who are more socially conscious and attuned to issues of inclusion<sup>76</sup>.

Traditional top-down approaches are often received less favourably by Gen Z, who place strong emphasis on authenticity and transparent intentions<sup>71,77</sup>. By contrast, peer-to-peer initiatives and storytelling-led practices tend to resonate more with this generation, as they carry greater credibility, relatability, and trust<sup>78</sup>. Embedding such grassroots strategies within wider organisational frameworks, alongside open and candid communication about corporate motivations, can strengthen reputability and foster more meaningful engagement. This is particularly relevant in high-pressure sectors such as construction, where employee-led initiatives may provide both a sense of ownership and a more authentic connection to wellbeing support.

Peer-to-peer engagement and support networks can play a pivotal role in fostering intergenerational support within organisations, enabling employees to better recognise and respond to one another's challenges. Ji and Harold<sup>79</sup> describe this as "bridging" generational differences through open communication, which involves sharing experiences, cross-comparing perspectives, and validating diverse feelings<sup>80</sup>. Such networks have been shown to create safer and more inclusive environments that deliver mutual benefits for both older and younger employees, encouraging shared learning while enhancing mental wellbeing<sup>81,82</sup>. In sectors like construction, where conversations around mental health are historically limited<sup>14</sup>,



intergenerational engagement could provide additional value by reducing stigma, strengthening community resilience, and embedding wellbeing more deeply into workplace culture.

In 2025 Deloitte conducted a global survey of Gen Z and Millennials<sup>83</sup>. Over 23,000 respondents were polled, providing a valuable insight into the views and experience of these generations. Key findings of the survey include:

- Mental health is the second most cited societal concern for Gen Z.
- 40% of Gen Z say they feel stressed or anxious all or most of the time, with one-third stating that their job contributes significantly to their stress.
- The top driver for those who cite their job as contributing to stress and anxiety is long working hours, followed by not being adequately recognised or rewarded.
- Most Gen Zs are comfortable speaking with their direct manager about mental health and believe their manager would know how to support them, however, 26% worry about discrimination when raising mental health concerns at work.
- 74% of Gen Z needed time off from work due to stress, but only 43% took time off.
- Recognition and growth correlate with reported wellbeing, with 61% of Gen Z reporting good mental wellbeing when satisfied with recognition.
- Of the Gen Z respondents who report positive mental wellbeing, 67% believe their job enables them to make a meaningful contribution to society.

To effectively support Gen Z within construction, the sector must move beyond generic wellbeing initiatives and embrace targeted, transparent, and multi-layered frameworks. Combining digital tools, flexible

policies, holistic health benefits, and intergenerational networks will not only destigmatise mental health but also foster a resilient, engaged workforce prepared for the demands of a challenging industry.

## Social media communication by Isobel Evans

For outreach to Gen Z, it is recommended by this Action Plan that the following social media delivery factors and techniques are included in the communications strategy.

Given its broad reach and influence, the promotional power of social media is undeniable across most sectors. Fully harnessing this potential in the construction industry could therefore be considered essential for enhancing pre-existing mental health initiatives and creating meaningful engagement opportunities in today's increasingly digitised workplace landscapes.

As everyday life becomes increasingly intertwined with the benefits and repercussions of social media<sup>84</sup>, particularly on the most widely used platforms<sup>85</sup> – YouTube, TikTok, X, Instagram, Reddit, Facebook, LinkedIn – there is a significant opportunity to leverage these digital channels for positive mental health support and awareness in professional environments. Such approaches are particularly feasible given how people are increasingly seeking and accessing support and information. Growing evidence suggests that emergent generations in particular, are turning to social media as both a source of guidance for their mental health and a platform to connect with others experiencing similar symptoms and challenges<sup>86</sup>. Social media offers valuable access to peer support networks, enabling individuals with complex



and intersecting challenges to feel less isolated through safe, facilitated interactions<sup>84</sup>.

The construction sector could enhance visibility and engagement by sharing resources such as infographics, interactive campaigns, or short educational videos. This might include social media initiatives; integrated company media, such as homepage newsfeeds; and interactive features, like sharing buttons or like options to encourage participation and foster wider engagement. Examples of successful mental health initiatives in other sectors include Design Rush's "Let's End the Stigma", and Maybelline's "Brave Together" campaign. These were both visually appealing and engaging, raising awareness about issues and educating people by feeling authentic and relatable, while still being guided by thought-provoking data<sup>87</sup>. To maximise similar campaigns in the construction sector, clear and direct messages should be included to make them as effective.

Social platforms can create inclusive spaces for connection. Within construction, where employees experience a unique set of industry-specific stressors, cultivating online communities offers a particularly practical and scalable solution<sup>88</sup>. Unlike traditional in-person groups, digital networks demand less time commitment<sup>89</sup>, an important

consideration given already heavy workloads<sup>14</sup>, while still fostering belonging, reducing stigma, and embedding wellbeing more effectively into organisational culture through wide reach and accessibility<sup>89</sup>. Beyond connecting and de-isolating individuals, social media provides flexible support for both remote and on-site workers<sup>90</sup>, strengthening interaction and engagement with relevant care<sup>91</sup>. Evidence also suggests that online interactions may be easier for individuals experiencing mental health challenges, such as impaired social functioning, or anxiety and depression symptoms, making digital platforms a particularly suitable means of reaching those with the greatest need<sup>92</sup>.

However, as these platforms become increasingly relied upon for the delivery of mental health provisions, it is important to strike a balance between maximising their benefits and mitigating the risks associated with social media use. This includes adoption of methods, monitoring for hostile interactions, and promoting education around healthy consumption<sup>93</sup>.

### Action points

Communication of the Action Plan will be essential for meaningful impact in the industry. To achieve this, the following action points are recommended:

1. Communicate the Action Plan effectively throughout the industry
2. Rebrand construction as a modern and safe career of choice
3. Enfranchise Gen Z
4. Improve communications through social media



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## CONCLUSION

This White Paper aims to provide thought provoking but impactful recommendations to improve the mental health landscape in construction. It is recognised that the recommendations contain a mix of short- and medium-term achievable targets. Each individual recommendation can improve the daily experiences of workers in the construction sector. Although there are many structural barriers to change, the leading institutions and organisations in the industry have the means, resources, and incentives to make the necessary improvements.

Throughout the Action Plan, I have highlighted the need for enforcement and obligation to deliver recommendations that contrast with traditional industry working practices. However, if there are pockets of resistance to change, progress will slow, reminding me of the old adage “if you do the same thing in the same way, you will get the same results”. The industry has a duty to its employees and employers to make sensible adjustments that can change mental health in construction.

My blueprint for change is backed by research, industry reports, and recommendations, with some steps representing an extension of existing proposals. What makes this blueprint unique is that it contains specific, achievable, and measurable steps, enabling people in the industry to see and understand the necessary, practical steps and how to measure their efficacy.

As an industry, we need to reduce fragmentation. In the supply chain this can be achieved by creating single-team collaborative processes. Importantly, consolidation must happen in and between

leadership and representative organisations. If this isn't accomplished, it could lead to duplicated and conflicting proposals that waste time and resources. Further, any good practice that is not properly communicated will fail. Change needs to be communicated effectively to every level of the supply change and generation in the workforce.

Leading providers of welfare facilities need to modernise their products. The HSE should extend RIDDOR reporting to include incidents that have a mental health component and the CDM regulations should be extended to cover actions for mental health. Contract makers must update their contracts to cater for mental health support. Similarly, contractors should create mental health manager posts, and the government needs to update legislation to capture more private sector firms in good payment practices and fair contracting arrangements. Additionally, government must provide for the wellbeing of future workers. Leadership – employers and contractors' representative bodies – must provide funding and resources for a report repository and communications campaign. Contactors must implement practices that welcome woman and create fully inclusive and modern site conditions.

It is timely that the theme of mental health awareness week in 2025 revolved around the power of community. Construction firms and sites are communities where every team member deserves to feel supported. The campaign highlighted the importance of the 5 C's of mental health, a framework emphasising connection, coping, control compassion (through caring or kindness), and community to build confidence and



competence. In construction, community can be built throughout the supply chain by adopting the actions in this White Paper.

In October 2024, I was invited to be a panellist at the Mad World Construction Summit. One speaker described the need to leave egos at the door in relation to change making. The proposals in this White Paper for reorganisation and change may present a challenge to long-standing institutions who may not recognise the need for fundamental change in structure and approach to industry problem solving. It is a clear aim of this White Paper to promote change. The call for action must be led from the top in an effective and

collaborative fashion. Industry fragmentation must not be allowed to get in the way of progress, create a multi-speed approach, or result in mixed messaging. This requires an open-door collaborative approach, unmarred by predisposition.

My hope is that, as a result of the recommendations in this White Paper, there will be outreach from leading organisations and government to implement the communication and obligation changes proposed in the Action Plan.

I commend this White Paper to the industry.



## SCHEDULE OF RECOMMENDATIONS

Section	#	Action point	Relevant group	Timescale
<b>Legislative and contracting changes</b>	1	Change the rules by including mental health in contracting terms	Leadership & Employers	Within 6 - 9 months
	2	Plan for and support the next generation through value added processes, for example by implementing the Well-being of future generation (Wales) Act 2015	Government	By end-2028
	3	Adopt the requirements of ISO 45003: Psychological health and safety at work	Employers & Contractors	Within 6 - 9 months
	4	Adopt the requirements and recommendations of BS 30480: Addressing risk of suicide and its impact in the workplace	Employers & Contractors	Within 6 - 9 months
	5	Make mental health related incidents RIDDOR reportable	Government & HSE	By end-2027
	6	Extend the provisions of CDM regulations to cover risks to mental health	Government & HSE	By end-2027
<b>Collaborative working</b>	7	Introduce whole supply chain support investment from client and contractor through effective collaboration	Employers & Contractors	Within 6 - 9 months
	8	Extend good payment practices and obligations, introducing project bank accounts with documentation to cover subcontractor to sub-subcontractor payments	JCT, BPF, Government, & CLC	By mid-2027
	9	Implement fair risk management processes	Employers & Contractors; Government	Within 6 - 9 months; by end-2027
	10	Remove health and safety and mental health support costs from competitive tenders by making these measures the subject of a Prime Cost Sum	Employers & Contractors	Within 6 - 9 months
<b>Training and awareness</b>	11	Create a central industry repository for relevant commercial reports	BPF, CLC	By end-2027
	12	Adopt and implement site-specific mental health plans	Employers & Contractors	Within 6 - 9 months
	13	Widespread employment of mental health managers	Employers & Contractors	By mid-2027
	14	Address issues relating to mental health first aiders, including deployment and management	Employers & Contractors	By mid-2027
	15	Channel efforts of the support charities to SMEs	Contractors & Charities	By end-2027
	16	Consolidate charities to pool resources	Charities	By end-2027
	17	Develop KPIs for target setting and monitoring changes in mental health	Employers & Contractors	By mid-2027
	18	Test and measure stress at work	Employers & Contractors	By mid-2027
<b>Culture shifts</b>	19	Train for and encourage a culture of Kindness	Employers & Contractors	Within 6 - 9 months
	20	Properly implement collaboration and inclusivity	Employers & Contractors	Within 6 - 9 months
	21	Understand and provide reasonable adjustments in response to mental health issues	Employers & Contractors	By mid-2027



	22	Provide better and more effective on-site welfare, for example, temperature-controlled breakout spaces and hygienic, flushable toileting facilities with hygiene bins for both women and men	Employers & Contractors	By mid-2027
	23	Improve inclusivity for women	Employers & Contractors	Within 6 - 9 months
	24	Monitor and understand the impact of AI on mental health and preparedness for action	Employers & Contractors	1 <sup>st</sup> report by end- 2026
<b>Action plan communication</b>	25	Communicate the Action Plan effectively throughout the industry	CLC & BPF	By mid-2027
	26	Rebrand construction as a modern and safe career of choice	CLC	By mid-2027
	27	Enfranchise Gen Z	Employers & Contractors	By end-2026
	28	Improve communications through social media	CLC & BPF	By mid-2027



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## BIOGRAPHIES

### **Marc Preston BA (Hons) Dip Adj MRICS MCIQB MBACP**

Marc has over 40 years' experience in the construction industry. Marc has worked at senior level within Tier 1 contracting firms, working on significant and complex projects. Marc has also delivered large scale housing projects as a developer. As the current CEO of Vertice Development Management Ltd and in his work with Construction Dispute Experts Ltd, he had gathered an experience and understanding of the challenges faced by SME operations in the construction sector. Marc was appointed to the RICS Consumer Home improvements Adjudication panel. Marc is non-exec director at the Statom Group.

In 2012 Marc qualified as a psychotherapist and registered counsellor and gained extensive practice hours in an alcohol addiction agency. He established New Foundation Counselling, an EAP, to provide focussed psychotherapeutic counselling aimed at all people working in the built environment sector.



#### Key achievements

- Author: Standard Form of Agreement for Counselling and Psychotherapy
- Contributor to the BACP Good Practice in Action guide (GPiA No 55): Making the agreement in the counselling professions.
- Contributor to the Be Collaborative Contract 2003: risk management.
- Active campaigner for mental health support provision to be included in JCT contracts and for changes in the mental health landscape in the construction industry.

### **Isobel (Izzy) Evans MSc, BA(Hons)**

Project Manager, CIOB Tomorrow's Leader, Regeneration Brainery Ambassador, and Hub Committee Member of the CIOB. Izzy is particularly passionate about supporting mental health initiatives and advocating for greater diversity across the sector. Through her work with the CIOB and her role at Gleeds, she aims to inspire younger generations to explore careers in construction and contribute to a more inclusive and forward-thinking industry.

### **Faye Allen**

Faye is a highly experienced Chartered Quantity Surveyor with over three decades of experience in the construction industry. Faye is author of the book "Building Women - How everyone in construction can win", a call for change to tackle systemic issues affecting women and men in construction and the built environment.

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