This report contains information about suicide that may be distressing.

If you or someone you know is struggling with thoughts of suicide, please reach out for help.

In an emergency contact 111.
Go to your nearest hospital emergency department
or phone your local Mental Health Crisis Team
(see https://info.health.nz/mental-health/mental-health-services/crisis-assessment-teams)

In a non-emergency, contact the
MATES NZ Supportline at 0800 111 315
for confidential, free support and assistance.

Or call one of the following free, confidential services available 24/7:

Lifeline Aotearoa 0800 543 354 or text 4357

Suicide Crisis Helpline – Tautoko 0508 828 865

1737 Need to Talk? (Text or call) – 1737

INTRODUCTION

The construction sector is a cornerstone of Aotearoa/New Zealand's (NZ) economy, contributing NZ$17.6 billion and employing 10.7% of the national workforce as of mid-June 2023 (MBIE, 2024). Despite its economic significance and vibrant nature, the industry can present significant challenges to its workforce, negatively affecting their mental health, well-being, and ill-being* (Morrison, Tu, & Jenkin, 2022). The sector is also navigating multiple complexities which compound these challenges. These complexities include the aftermath of COVID-19 restrictions slowing construction activity and causing material shortages, economic uncertainty exacerbated by inflation and high interest rates, and recovery efforts following extreme weather events such as Cyclone Gabrielle (BDO NZ, 2024).

Amidst these stressors, one of the most pressing issues facing the industry is its disproportionately high rate of suicide. **Studies have revealed that construction workers experience some of the highest suicide rates across occupations in NZ, with an average of 1 worker lost to suicide every 5 days in 2023** (Jenkin & Atkinson, 2021; Ministry of Justice, 2024). Certain demographic groups within the construction workforce are particularly vulnerable to psychological distress and mental health challenges. These groups include rangatahi (youth) aged 20 to 24, males, and Māori workers (Jenkin & Atkinson, 2021).

In response to the unacceptably high rate of suicide among construction workers, MATES in Construction NZ (MATES) was established by the industry in 2019. MATES operates nationally across all district health board regions, aiming to ignite hope, promote well-being, and reduce ill-being among construction workers through suicide prevention initiatives spanning the full Suicide Prevention Continuum (see Ministry of Health, 2019). The MATES programme covers promotion and prevention via suicide awareness and suicide first-aid training, crisis intervention via a 24/7 support line, and postvention support for workers and their families following a suspected suicide or other critical incident.

Well-being means feeling happy and content, while ill-being means feeling stressed and worried. These feelings can happen at the same time, and understanding both gives us a clearer insight into a person's mental health (Morrison, Liu, & Zeng, 2023; Nunes, Proença, & Carozzo-Todaro, 2024).

Central to MATES' mission is its commitment to research, which not only validates the effectiveness of its programmes but also informs ongoing improvements and industry-wide initiatives. The 2023 MATES Construction Industry Well-being Survey supported by ASB captures the experiences and challenges faced by over 2,100 diverse industry workers. The survey was offered in multiple languages including Tongan, Samoan, te reo Māori, Tagalog, Chinese, and English. **This report presents the results of the 2023 Well-being Survey, provides critical insights into workers' mental health and well-being, identifies key psychosocial stressors* that impact worker ill-being (between August and November 2023), and makes recommendations for change.** While these findings are specific to the construction sector, similar patterns are likely observed in other male-dominated sectors across NZ.

The report highlights several key opportunities for change based on the findings. These include:
1) enhancing the MATES programme to better meet the construction community's needs
2) influencing health and safety priorities for PCBU**
3) informing governmental policies and regulations such as the 2024 Work Health and Safety Regulatory System reform (MBIE, 2024a), and
4) supporting ministerial agendas aimed at improving mental health outcomes across NZ, including the Hon Matt Doocey's mental health and addiction targets (NZ Government, 2024).

* Psychosocial factors shape mental and social well-being. Positive factors, like clear communication, boost well-being, while negative factors, like poor communication, harm mental health, and are known as psychosocial stressors.
**Person Conducting a Business or Undertaking: An individual or organisation responsible for the health and safety of workers in the workplace.

MATES would like to thank ASB for their generous support of the research, without which this work would not have been possible.

MATES acknowledges the invaluable contributions of industry workers and partner companies, whose generosity, collaboration, and support are essential to advancing mental health and well-being in the construction sector.

MATES would also like to extend their gratitude to their staff who contributed to data collection and report editing, as well as the National MATES Research Reference Group for their valuable counsel, advice, and review support.

"Ehara taku toa i te toa takitahi engari i te toa takitini."

Whakataukī meaning 'Working together, we are stronger'.

CONTENTS

ABOUT THE REPORT

Improving worker well-being can be challenging and knowing where to start or how to continue in the face of continual change isn't always easy.

This report provides valuable insights into worker well-being, highlights key stressors that impact well-being, and offers recommendations to help PCBUs, organisations, and leadership make positive changes to improve their workers' well-being.

The report aims to spark change in the NZ construction industry and ignite hope for a brighter future for our workers.

The report is divided into **four main sections**.

Section 1: includes an introduction, executive summary, infographic summaries, and key recommendations.

Section 2: covers the methods for data collection and analysis, research strengths and limitations, and participant demographics.

Section 3: focuses on survey results across four areas:
   (1) disability, illness, and impairment
   (2) worker well-being
   (3) psychological distress and suicide: protective and risk factors, and
   (4) psychosocial factors.

Section 4: is a discussion of survey results, connecting them to previous research and broader industry and mental health issues.

EXECUTIVE SUMMARY

The 2023 MATES x ASB Well-being Survey gives a snapshot of the mental health and well-being of over 2,100 workers in NZ's construction industry.

Disability, illness, and impairment
The survey showed 17% of workers reported having a disability, illness (including mental illness), **or physical impairment**, with higher rates among workers who identify as **non-binary, Māori** workers, **apprentices**, and **younger workers** aged 15 to 24. Of those with a disability, illness (including mental illness), or impairment, **14% attributed these conditions to construction-related work. Three in ten** of these workers reported that they had found the **past 12 months among the most difficult** of their life and **one in ten** that they **lack reliable support**.

Mental illness
One in twenty workers reported having a mental illness, with **women** being four times more likely to report having a mental illness compared to men. **Younger workers** aged 15 to 24 years were the most likely age group to report having a mental illness, followed by workers **aged 25 to 44** years. **Two in five** workers with a mental illness reported that the **past 12 months had been among the most difficult**, and **one in five** reported that they **felt dissatisfied with their work life**, and that they **struggled to manage stress** effectively.

EXECUTIVE SUMMARY (cont.)

Worker well-being
85% of workers rated their mental health today (on the day of the survey) **as 'good' to 'excellent'**, showing an improvement from previous years. The **majority reported they could manage stress** most of the time, but **over a quarter said the last 12 months had been among the most difficult** times of their lives.

Despite an overall improvement in well-being today compared to previous years, there were some groups of workers reporting **higher stress** and **lower general mental health**. These included: those with a **mental illness**, workers with a **disability, illness, or impairment**, workers identifying as **non-binary, younger** workers (aged 15 to 24), those **not in a relationship**, and **sub-contractors** and **labour hire** workers.

Psychological distress
Lower psychological distress was reported by **older workers** aged 65+, **labour hire** employees, **Asian** and **Pasifika** workers, as well as those who **had high levels of support** (e.g. from family/whānau and colleagues).

Higher psychological distress was reported by workers with a **mental illness**, those with a **disability, illness, or impairment**, **younger workers** aged 15 to 24, **female** workers, those with **low support**, **unpartnered** workers and those **living alone**, workers in the **Te Manawa Taki*** region, and **European** workers.

* Te Manawa Taki region (Waikato, Bay of Plenty, Gisborne, Taranaki).

EXECUTIVE SUMMARY (cont.)

Suicide ideation, plans, and attempts
In the 4 months prior to the survey, **20.8%** of workers reported having **suicide ideation, 4.6%** reported having **serious thoughts about suicide**, **1.7%** reported **making plans to end their life**, and **0.6%** reported **attempting suicide**.

Higher suicide risk was identified among workers identifying as **non-binary**, those with **mental illness, younger** workers (15-24 years), workers **lacking social support**, those **not in a relationship**, **Pasifika** workers*, **blue-collar** workers, those in the Te Manawa Taki region, and workers who had been in the industry **less than 5 years**.

Older age was found to be a **protective factor**, along with **being in the construction industry longer**, feeling **comfortable talking about mental health at work**, and **having support** from coworkers.

* Pasifika workers reported lower levels of psychological distress but were at higher risk for suicidal thoughts, plans, and attempts. This illustrates how well-being, such as feeling happy and content, can coexist with ill-being, like stress and anxiety. It shows that someone can feel satisfied in one area of life while still struggling in another (Nunes, Proença, & Carozzo-Todaro, 2024).

EXECUTIVE SUMMARY (cont.)

Psychosocial factors

Three-quarters of workers were concerned about workplace stressors, with 42% identifying **high or low job demands** as their biggest issue. **High workloads**, **poor support**, **strained workplace relationships**, and **poor environmental conditions** were common, with some workers, including workers with a **mental illness**, **Māori** workers, and **apprentices**, experiencing **violence or aggression** at work.

Additionally, 71% of workers reported at least one home life concern, with **lack of sleep**, **physical health concerns**, **little of time for self-care**, and **relationship** and **mental health challenges** being the most common stressors.

Workers with **mental health issues** reported **high percentages of many work-related stressors**, including poor support and lack of recognition.

Although 71% of workers reported being satisfied with their work life, 29% reported that they were not, and one in five reported difficulty discussing mental health at work.

Overall

These findings make it clear that targeted and tailored support is crucial for vulnerable workers. This report recommends expanding the MATES programme, strengthening support networks, reducing workplace stressors, and focusing on prevention and ongoing research, **to ensure every worksite is a safe place where all workers can thrive.**

RECOMMENDATIONS

1 **Enhance the reach and effectiveness of MATES**

Expand the delivery of the MATES programme by increasing onsite presence throughout NZ and tailoring support services to meet the diverse and specific needs of different demographic groups.

2 **Strengthen workplace support networks**

Promote and facilitate the development of strong support networks within the workplace, encouraging open and ongoing discussions about mental health and well-being.

Provide additional training and resources to help workers identify and support colleagues who may be struggling.

3 **Target interventions for higher-risk groups**

Implement targeted mental health initiatives for workers with mental illness, those with a disability, illness, or impairment, younger workers aged 15-24 years, non-binary workers, those not in a relationship, individuals living alone, workers in the Te Manawa Taki region (Waikato, Bay of Plenty, Gisborne, Taranaki), and those in labour hire or blue-collar occupations.

Increase awareness and support for workers with mental illness, ensuring they have access to tailored mental health resources.

4 **Focus on preventative measures**

Introduce initiatives to improve sleep, physical health, stress and distress management, and work-life balance, aiming to reduce overall psychological distress.

Encourage a culture of self-care and regular mental health check-ins to prevent the escalation of mental health concerns.

5 **Conduct ongoing monitoring and research**

Continue to monitor the mental health and well-being of construction workers through regular surveys, complemented by qualitative research, to gain deeper insights into their experiences and challenges.

Expand future research to include a larger sample size, investigate differences between various worker groups, and assess the acceptability and effectiveness of interventions.

6 **Inform government agenda**

Leverage the findings to shape and enhance governmental policies and regulations, such as the 2024 Work Health and Safety Regulatory System reform (MBIE, 2024a), ensuring they align with the latest insights on worker well-being.

Support ministerial agendas focused on improving mental health outcomes across NZ, particularly the Hon Matt Doocey's mental health and addiction targets (NZ Government, 2024), and the Suicide Prevention Action Plan for 2025-2030 (Ministry of Health, 2019).

ABBREVIATIONS AND DEFINITIONS

Term	Definition
Aotearoa Research Ethics Committee (AREC)	An independent, not-for-profit NZ ethics advisory committee that reviews community research to protect the rights and well-being of participants and researchers.
Blue-collar workers	Individuals who perform manual labour or skilled trades, often in industries such as manufacturing, construction, and maintenance.
Brief contact interventions	Short, structured interactions aimed at providing immediate support to individuals in crisis, particularly those at risk of suicide. These interventions typically involve checking in with the person, offering resources, and encouraging them to seek further help, all in a quick, focused manner. They are designed to reduce distress and promote safety in a short amount of time.
Confounding factors	An outside factor that can influence both what is being studied and the results, making the true relationship between them difficult to understand. This can create confusion in the findings, so accounting for confounding factors is important to achieve accurate results.
Diversity, Equity, and Inclusion (DEI)	Refers to efforts that promote the representation, fair treatment, and full participation of different groups, ensuring everyone feels welcomed, respected, and able to contribute (Diversity Works & Construction Sector Accord, 2021).
Disability, illness, and impairment	Includes disability, mental illness, medical illness, and functional impairment (limitations from an illness that prevent some daily activities) (Oxfam, 2023).
Diversity	The unique qualities, backgrounds, and perspectives that people bring (Diversity Works & Construction Sector Accord, 2022).
Functional impairment	Refers to limitations caused by an illness (mental and physical) that prevent people from performing certain activities in their daily lives.
Home life stressors	Challenges or pressures from a person's home environment, like family issues, financial problems, or household responsibilities, that can cause stress.

ABBREVIATIONS AND DEFINITIONS (cont.)

Term	Definition
Ill-being vs. well-being	Well-being is the state of feeling happy and fulfilled, while ill-being involves experiencing stress and anxiety. These two states can exist together, meaning someone can feel content in one area of life while still facing challenges in another (Nunes, Proença, & Carozzo-Todaro, 2024).
Inclusion	The continuous effort to value diverse groups by fostering safe, welcoming, and collaborative environments where everyone can fully participate and thrive (Diversity Works & Construction Sector Accord, 2022).
LGBTQIA+	An acronym that represents a broad spectrum of sexual orientations and gender identities. LGBTQIA+ stands for lesbian, gay, bisexual, transgender, queer, intersex, asexual (Oxfam, 2023).
MATES	MATES in Construction NZ (MATES) charity is an evidence-based workplace suicide prevention model, developed to reduce high suicide rates in the construction industry.
MATES training	MATES engage with workers through on-site training and provides those identified as at risk with case management support that connects them to suitable professional help. Trainings include General Awareness Training (GAT), Connector Training (CONN), and Applied Suicide Intervention Skills Training (ASIST).
Mental health first aid	Training that teaches people how to identify mental health issues and give support until professional help is available.
Non-binary	An umbrella term for people who do not exclusively identify as either a woman or a man, existing outside the traditional gender binary (Oxfam, 2023).
PCBU	A PCBU, or Person Conducting a Business or Undertaking, is an individual or organisation responsible for the health and safety of workers in the workplace.
PHQ-9	Patient Health Questionnaire (PHQ-9) is a non-diagnostic tool used to screen for and assess the severity of depression (Healthify, 2024; Kroenke, Spitzer, & Williams, 2001) (Appendix C).

ABBREVIATIONS AND DEFINITIONS (cont.)

Term	Definition
Protective factors	Factors that help prevent negative outcomes and support well-being. At work, this could be good support from others, clear communication, access to mental health help, and a positive work environment.
Psychosocial factors/ stressors	Psychosocial factors shape mental and social well-being. Positive factors, like clear communication, boost well-being, while negative factors, like poor communication, harm mental health.
Risk factors	Factors that make negative outcomes, like mental health problems or stress, more likely. At work, this could be high pressure, poor communication, little support, or unsafe conditions.
Serious suicide thoughts	Intense and often persistent thoughts about suicide.
Suicide ideation	A broad term that includes any thoughts about suicide, from general considerations to more intense, persistent thoughts.
Toolbox Talk	A short, informal meeting on a job site to discuss specific safety issues and reinforce safety practices.
Whānau	Extended family or family group, the primary unit of traditional Māori society. In modern usage, it can include close friends without kinship ties (Te Aka Māori Dictionary, 2024).
Workplace safety	The measures and conditions that protect employees from harm, both physically and mentally. Physical safety involves preventing injuries through proper equipment, training, and safe work environments. Mental safety focuses on reducing stress, bullying, burnout, and ensuring support for mental health and well-being at work.

METHODS

ABOUT THE SURVEY

The MATES x ASB Construction Industry Well-being Survey (launched in 2021) explores the mental health and well-being of construction workers and identifies key psychosocial stressors that compromise their well-being. The findings will help enhance MATES' training and support programmes, influence industry practices, and guide government policy decisions.

Initially co-created with Allen + Clarke, the survey evolves yearly to assess the impact of current industry challenges on workers. The 2023 Well-being Survey included 28 questions across 5 sections. In section 1, demographic data was collected to compare different worker groups. Sections 2, 3, and 4 asked questions about psychological distress and suicide, including 9 questions on distress (with ratings) and 3 yes/no questions on suicide. Participants also reported their mental illness status and recent mental health concerns. Section 5 asked questions about worker interactions with MATES, to be detailed in a separate report.

To increase accessibility and relevance in 2023, the survey was translated into te reo Māori and 4 other languages widely spoken in NZ's construction industry (Chinese, Tagalog, Tongan, and Samoan). Additionally, hard-copy forms, scannable QR codes, and online access were provided. This approach made it easier for stakeholders using assistive technologies, such as text-to-speech on their smart phones. Questions were updated to address the experiences of workers with disabilities or illnesses, recognising their unique stressors in the workplace.

See Appendix A for Survey details.

DATA COLLECTION

The research used convenience sampling, inviting anyone in the NZ construction industry to participate. Participants were selected based on availability until enough responses were collected to represent those working in the sector. Surveys were distributed via hard copies at construction sites, QR codes linking to survey forms shared on social media and displayed on posters at trade desks and on sites, and survey links emailed to MATES contacts and partners, who shared them with their networks. To encourage participation and provide recognition for people giving their time and sharing their view, a prize draw was held in November 2023, offering two $200 supermarket vouchers and four $50 gift cards. Winners were contacted by early December 2023.

SURVEY RESPONSES

The survey received 2,143 valid responses, with several partial responses excluded. A mix of hard-copy and online forms were used, including translated versions. Due to the sampling method, a response rate couldn't be determined. Three-quarters of respondents were male, and half were aged 25 to 44. Over half identified as European (including NZ European and Other European), 21% as Asian, 12% as Māori,12% as Pasifika, and 6% as MELAA (Middle Eastern, Latin American, or African). Just over half were from the Northern region (Northland, Auckland), with the rest split between the South Island and other North Island regions. Half were employees, 19% were main contractors, and 16% were subcontractors. The sample was evenly divided between onsite and offsite/office workers. Three-quarters were in a relationship, and 17% reported at least one disability or illness. See 'Participant Demographic' pages for more details.

DATA ANALYSIS

The researchers analysed the survey data to understand participants' backgrounds (including age, gender, ethnicity, job type, and relationship status) as well as where they work and their connection with MATES. They looked at current results and compared these with trends over the past 3 years (2021/22/23), exploring patterns like distress levels and differences based on gender, age, and ethnicity. Key factors affecting well-being were identified, and further analysis was done to see how these factors, like relationship status and communication at work, influenced well-being.

Survey data on psychological distress and suicide

The MATES 2023 Well-being Survey included 12 questions about psychological distress and suicide. There were 3 yes/no questions about suicide, and 9 questions from the Patient Health Questionnaire (PHQ-9), a non-diagnostic tool used to screen for and assess the severity of depression (Healthify, 2024; Kroenke et al., 2001) (see Appendix C).

The PHQ-9 gives a total Psychological Distress Score, normally ranging from 0 to 27, indicating levels of distress from *'none'* to *'severe'*. The Well-being Survey differed from the PHQ-9 by asking about experiences over the last 4 months instead of the last 2 weeks. It also used different response options, like *'nearly every day'* and *'weekly',* so the standard PHQ-9 categories for distress levels weren't used. Psychological Distress Scores for the Well-being Survey were instead calculated by giving each PHQ-9 response a value from 1 *('not at all')* to 6 *('nearly every day')*. The total score was calculated by adding up the 9 responses, with scores ranging from 9 to 54. A lower score means less psychological distress.

Participants were also asked if they had a mental illness, how they rated their overall mental health that day, and whether mental health had been a concern for them in the past 4 months. These questions were asked in order to gather additional data on psychological distress and suicide, with results showing associations rather than causes.

ETHICAL APPROVAL

The Aotearoa Research Ethics Committee (AREC) provided an independent ethical review of the research to safeguard the rights and well-being of research participants and researchers.

On 2 October 2023, AREC granted full ethical approval for 5 years (Study AREC23_52), confirming that the project meets NZ's ethical standards for social research.

See Appendix B for further details.

STRENGTHS

- *Large sample size:* 2,143 participants.
- *Representative sample:* the sample is diverse in gender, ethnicity, age, location, disability, occupation, etc.
- *Reliable and valid measures and scales:* we used validated tools like the PHQ-9 Scale and standardised Psychosocial Hazard categories.
- *Sub-group analysis:* the sample helps identify how different demographic groups are affected in various ways.

LIMITATIONS

- *Correlation only:* the study shows links between variables, not cause and effect (i.e. though two things may occur or increase at the same time, this does not mean one causes the other).
- *Cultural bias:* we were unable to control for varying cultural interpretations of questions.
- *Missing factors:* we were unable to account for other factors that might affect mental health or suicidal behaviour.
- *No comparison group:* this study does not compare the NZ construction industry with any other group.

FUTURE RESEARCH

- *Refine survey:* collaborate with construction industry workers and company management to refine the survey and ensure the findings are practical and actionable.
- *Research with a larger sample size:* expand the sample to more reflectively analyse suicidal thoughts and behaviours and improve insights into psychological distress and suicide ideation.
- *More research exploring differences between groups of workers:* further research should explore how risk and protective factors differ by age, gender, culture, and job characteristics, and investigate factors that contribute to thriving at work.
- *More research focusing on higher-risk groups:* compare results for those with mental illness or high distress to see if findings differ from those without.
- *Further research on protective factors:* investigate whether personal and workplace issues are significant predictors of distress and suicide ideation when considering other factors.

PARTICIPANT DEMOGRAPHICS

Green represents an increase from 2022. Red represents a decrease.

RESPONDENTS. 2023 saw the greatest number of responses, over double the 2021 survey and triple the 2022 survey.

	2021	2022	**2023**
Number of respondents	1038	696	**2,143**

GENDER. The 2023 survey has fewer females, likely due to more tradespeople (a male-dominated profession) participating this year.

	2021	2022	**2023**
Male	-	71%	**74%**
Female	-	28%	**25%**
Non-binary*	-	1%	**1%**

AGE. The 2023 survey includes a higher proportion of young to middle-aged respondents aged 15-44 years.

	2021	2022	**2023**
15-24 years	6%	8%	**10%**
25-44 years	49%	50%	**51%**
45-64 years	42%	38%	**37%**
65+	3%	4%	**2%**

ETHNICITY. The 2023 survey has fewer European participants compared to 2022, where respondents were limited to choosing only one ethnicity from a narrower set of options.

	2021	2022	**2023**
Asian	12%	-	**21%**
European (including NZ European and Other European)	67%	74%	**57%**
Māori	15%	8%	**12%**
MELAA (Middle Eastern, Latin American, African)	4%	-	**6%**
Pasifika	12%	3%	**12%**

Note: Macro-level categories were used based on MBIE 2022 and Statistics NZ 2023 definitions to allow for higher-level analysis and comparison across datasets.

RELATIONSHIP STATUS. There is a slightly lower proportion of partnered people in 2023.

	2021	2022	**2023**
Not in a relationship or living with partner	20%	21%	**25%**
In a relationship or living with partner	80%	79%	**75%**

The language in this report follows Oxfam's (2023) Inclusive Language Guide.

PARTICIPANT WORK-RELATED DEMOGRAPHICS

Green represents an increase from 2022. Red represents a decrease.

WORK REGIONS.

	2023
Northern region (Northland, Auckland)	56%
Te Manawa Taki region (Waikato, Bay of Plenty, Gisborne, Taranaki)	13%
Central region (Hawkes Bay, Manawatū-Whanganui, Wellington)	10%
South Island	24%
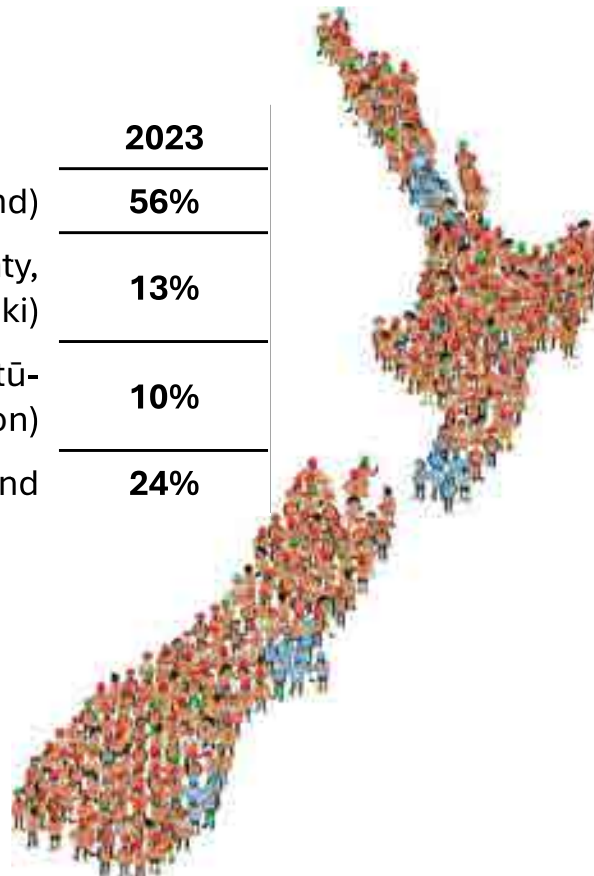
PLACE OF WORK.

	2021	2022	2023
Work offsite or onsite in office	44%	52%	51%
Work onsite (not offsite or onsite in office)	56%	48%	49%

TIME IN CONSTRUCTION. The 2023 survey saw slightly more respondents who have been in the industry for 0 to 5 years.

	2021	2022	2023
0-5 years in construction	30%	31%	36%
6+ years in construction	70%	69%	64%

HIGHEST LEVEL OF OCCUPATION.

	2021	2022	2023
Blue-collar occupations	43%	24%	36%
Managers and professionals	40%	48%	42%
Other occupations	17%	27%	22%

TYPE OF CONSTRUCTION WORK/EMPLOYMENT.

	2023
Employee	51%
Labour hire	4%
Consultant	5%
Main contractor	19%
Sub-contractor	16%
Apprentice	5%

THE MATES IN CONSTRUCTION WELL-BEING SURVEY: November 2023, supported by ASB
2,143 participants summarised as a construction site village of 100 people

Relationship status of the 100 workers in our site village…

75% in a relationship

25% not in a relationship

Reported cause of disability or illness*

64% Other. (e.g., genetic condition)

16% Non-construction related injury

7% Mental health

14% Injury in construction

Participants could choose more than one option.

12% Disability, long term medical illness, or physical impairment

5% Mental illness

83% No disability or illness

Disability or illness (self reported) of the 100 workers in our site village…

Place of work of the 100 workers in our site village…

52% Work offsite or onsite in office

48% work onsite (not offsite or onsite in office)

Age of the 100 workers in our site village…

2% 65 years plus

37% 45-64 years

51% 25-44 years

10% 15-24 years

16% Sub contractor

4% Labour hire

Gender of the 100 workers in our site village…

74% MALE

25% FEMALE

1% NON-BINARY

Ethnicity* of the 100 workers in our site village…

12% Māori

12% Pasifika

6% Middle Eastern, Latin American, or African (MELAA)

57% European

21% Asian

Participants could choose more than one option.

Types of construction work/employment of the 100 workers in our site village…

19% Main contractor

5% Apprentice

51% Employee

5% Consultant

Highest level of occupation of the 100 workers in our site village…

36% Blue collar occupations

22% Other occupations

42% Managers & professionals

Time in construction of the 100 workers in our site village…

64% 6+ years in construction

36% 0-5 years in construction

13% Te Manawa Taki region (Waikato, Bay of Plenty, Gisborne, Taranaki)

10% Central region (Hawkes Bay, Manawatū-Whanganui, Wellington)

56% Northern region (Northland, Auckland)

Work Regions* of the 100 workers in our site village…

24% South Island

Participants could choose more than one option.

RESULTS

RESULTS ONE: DISABILITY, ILLNESS, AND IMPAIRMENT

EXECUTIVE SUMMARY

DISABILITY, ILLNESS (INCLUDING MENTAL ILLNESS), AND IMPAIRMENT

This summary reports on disability, illness (including mental illness), and impairment, and also highlights the distinct experiences of those with mental illness in this group.

- **Overall, 17% of participants** reported having at least one current **disability, illness** (including mental illness), **or impairment**. **Of these participants, 5%** reported having a **mental illness**.

- A significant proportion of **non-binary** workers (**29%**), **Māori workers** (**24%**), **apprentices** (**23%**), and young workers **aged 15 to 24** (**23%**) reported having a disability, illness, or impairment. Workers **aged 15 to 24** years were more likely to report having a **mental illness** (**9%**) compared with other age groups.

- Of those with a disability, illness, or impairment, **14% attributed it to construction-related work**.

- Workers with a **disability, illness, or impairment** were more likely to find the past 12 months among the most difficult of their lives (**34%**), with this rising to **42%** for those with a **mental illness**. Additionally, **10%** of workers with a **disability, illness, or impairment were less likely to have reliable support** compared to those without such conditions.

- **Workers with a mental illness** were more likely to **struggle with stress management** (**21%**) and were significantly more dissatisfied with their work life (**27%**) compared to those without a mental illness.

DISABILITY, ILLNESS, AND IMPAIRMENT

This data was collected for the first time in 2023.

Do you have a disability or illness?

	2023
At least 1 disability, illness or functional impairment	**17%**

What type of disability or illness do you have?

Long term medical illness or physical impairment	**12%**
Mental illness	**5%**

If you have a disability or illness, what was the cause?

Disease or illness resulting in long-term illness/disability	**29%**
Birth condition	**17%**
Injury outside of work	**16%**
Other/no cause provided	**15%**
Injury in construction work	**14%**
Mental health or substance misuse	**7%**
Event or stressor (other than injury in or out of work)	**3%**

DISABILITY, ILLNESS, AND IMPAIRMENT

Overall, 17% of participants reported having at least one current disability, illness (including mental illness), or impairment.

- A high proportion of workers **aged 65+** (**39%**), **non-binary workers** (**29%**), and **Māori workers** (**24%**) reported having a disability, illness, or impairment.

- Of those with a disability, illness, or impairment, **14% attributed this to construction-related work.**

- Workers with a disability, illness, or impairment were **more likely to report that the last 12 months had been among the most difficult of their lives** (**34%**) compared to workers without a disability, illness, or impairment.

- Workers with a disability, illness, or impairment were **10% less likely to have people they could rely on for support** compared to those without a disability, illness, or impairment.

- People with a disability or physical impairment were **more likely to report having a mental illness** than those without a disability or physical impairment.

Focusing on the well-being of workers with disabilities, health issues, and mental illnesses is about **creating a safer, more inclusive, and more productive industry**.

Disability, illness or impairment includes **disability**, **mental illness**, **medical illness**, and **functional impairment** (limitations from an illness that prevent some daily activities).

Participant groups most likely to report a disability, illness (including mental illness), or impairment

Participant group	% reporting at least 1 disability, illness or impairment
Aged 65+	39%
Non-binary	29%
Māori	24%
Consultant	23%
South Island	23%
Female	23%
Apprentice	23%
Aged 15-24	23%

% reporting at least 1 disability, illness or impairment
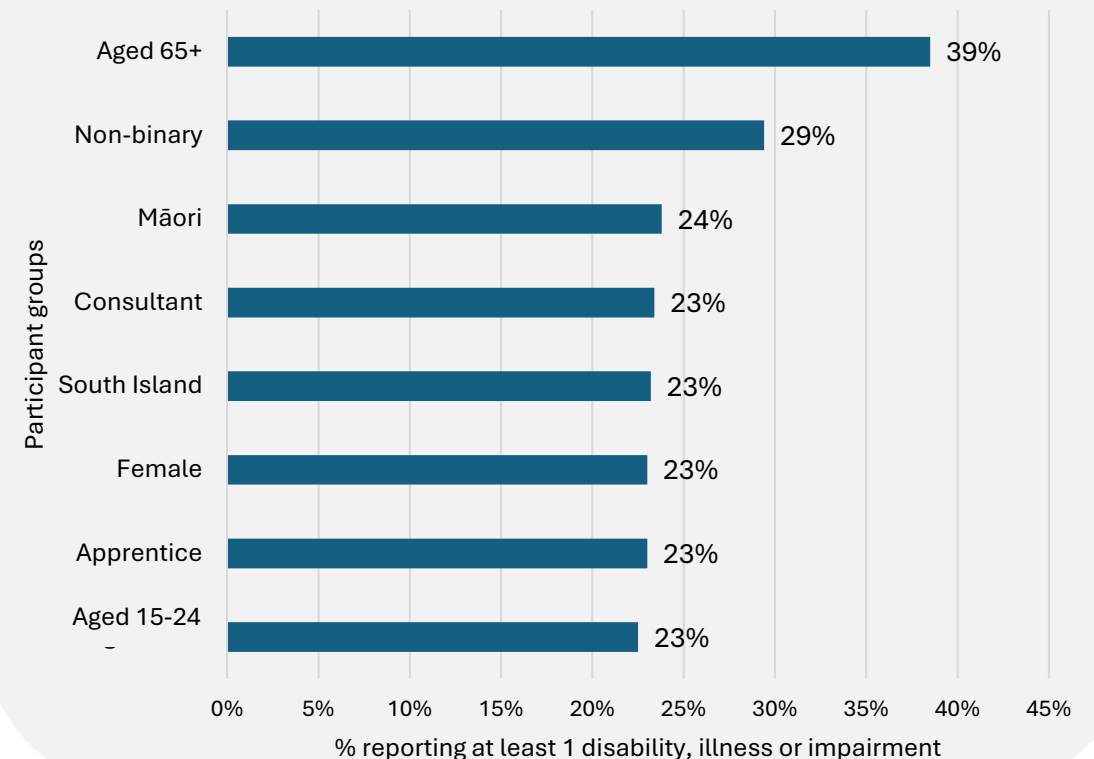
MENTAL ILLNESS

Overall, 5% of participants reported having a mental illness.*

- A high proportion of **non-binary workers** (**24%**) reported having a mental illness.

- **Women** (**12%**) were **four times more likely** report having a mental illness compared with men (3%).

- Workers **aged 15 to 24** years were more likely to report having a mental illness (**9%**) compared with other age groups, followed by workers aged **25 to 44 years (5%).** No one aged 65+ reported having a mental illness.

- Workers with a mental illness were **more likely to report that the last 12 months had been among the most difficult of their lives (42%)** compared to workers without a mental illness.

- **Nearly half** of those with a mental illness had been **working in construction for under 5 years**.

- Workers with a mental illness were **more likely to report not being able to manage stress** effectively (**21%**) compared to those without a mental illness.

- **Over a quarter** (**27%**) of workers with a mental illness **were dissatisfied with their work life** compared with 11% of workers without a mental illness.

Participant groups most likely to report having a mental illness

Participant group	% reporting mental illness
Non-binary	24%
Disability, illness, impairment	13%
Consultant	12%
Female	12%
Aged 15-24	9%
European (NZ and Other European)	8%
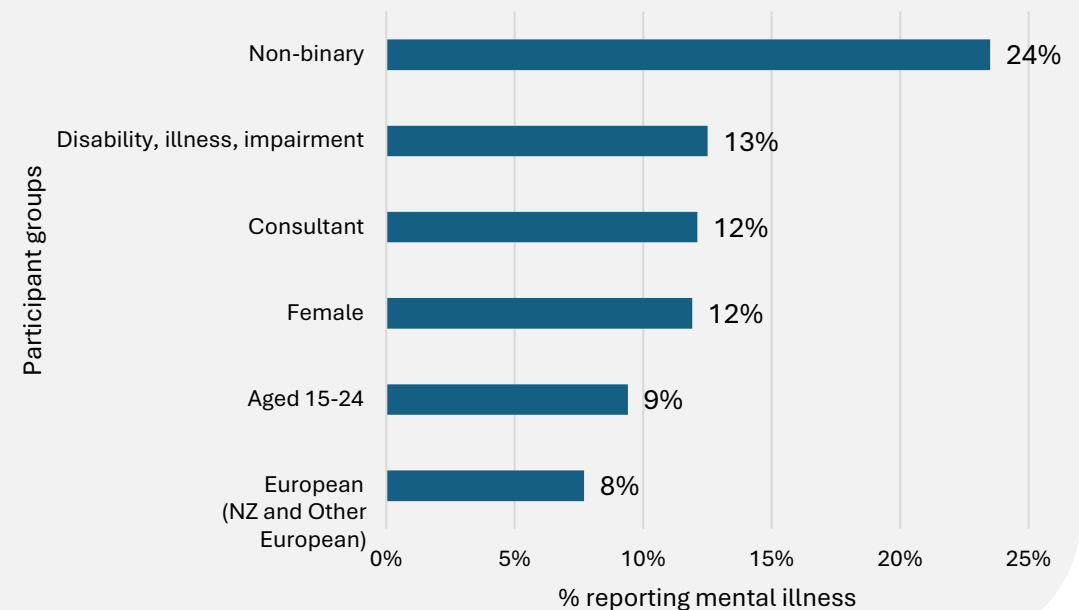
*The survey asked participants if they had a mental illness but did not ask if their mental illness was professionally- or self-diagnosed.

DISABILITY, ILLNESS (INCLUDING MENTAL ILLNESS), AND IMPAIRMENT: WELL-BEING

Survey question	Rating	No mental illness	Mental illness	No disability/ illness (incl. mental illness)/ impairment	Disability/ illness (incl. mental illness)/ impairment
I am able to manage things that stress me out most of the time.	*'Strongly agree'* or *'agree'*	79%	**58%**	79%	75%
The last 12 months have been among the most difficult times of my life.	*'Strongly agree'*	28%	**42%**	28%	34%
How would you describe your general mental health today?	*'Good'* to *'excellent'*	87%	**54%**	86%	79%
In the last 4 months, have you seriously thought about ending your own life?	*'Yes'*	20%	**55%**	21%	25%
How difficult or easy would you find it to talk to someone at work about feeling down or being depressed?	*'Easy'* or *'very easy'*	60%	**50%**	60%	58%
I can always rely on one of the following for support if I need it (e.g. friends, family/whānau (extended family), partners, colleagues, and community)	*'Disagree'* or *'strongly disagree'*	50%	58%	49%	59%
How do you feel about your work life over the last 4 months?	*'Dissatisfied'* or *'very dissatisfied'*	11%	**27%**	11%	15%

KEY: Better result. Worse result. **Significant change.**

RESULTS TWO: WORKER WELL-BEING

EXECUTIVE SUMMARY

WORKER WELL-BEING

- In 2023 workers reported **higher positive well-being** compared to 2021 and 2022.

- **85% of workers** rated their **mental health as '*good*' to '*excellent*'** today (on the day of the survey), a 10% increase from 2022.

- **78%** of workers said they could **manage their stress** most of the time (up 19% from 2022) but workers' confidence in their stress management abilities varied.
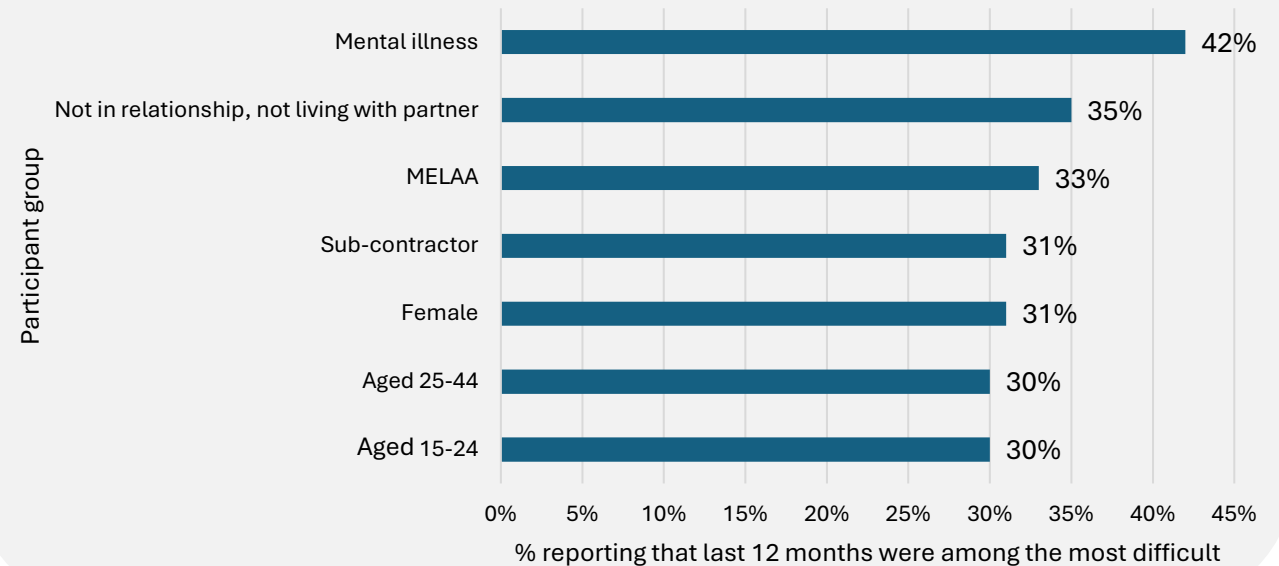
- **29%** of participants reported that **the last 12 months had been among the most difficult times** of their lives, a decrease from 41% in 2022.

- Workers with a **mental illness or disability**, **non-binary workers**, **younger workers** (15 to 24 years), those **not in a relationship,** and **sub-contractors** and **labour hire** workers reported **lower mental health** and **higher stress** levels. These groups are at greater risk and may need additional support.

WHAT IS WORKER WELL-BEING?

Well-being is feeling happy and fulfilled, while **ill-being** is feeling stressed and anxious. **These two states can coexist**, meaning a person can feel content in one area of life while still facing challenges in another.

Understanding worker well-being and ill-being is important because it provides a more complete picture of mental health and helps us to see both the positive factors that help workers and the challenges they encounter (Morrison, Liu, & Zeng, 2023; Nunes, Proença, & Carozzo-Todaro, 2024). This understanding can allow for better support strategies, improved overall job satisfaction, productivity, and reduced risks like burnout or mental health issues.

WHAT ARE RISK AND PROTECTIVE FACTORS?

Risk factors are elements or conditions that increase the likelihood of negative outcomes, such as mental health issues or stress. In the workplace, risk factors might include high job demands, poor communication, lack of support, or unsafe working conditions.

Protective factors, on the other hand, are conditions or behaviours that reduce the likelihood of negative outcomes and promote well-being. In the workplace, protective factors might include strong social support, clear communication, access to mental health resources, and a positive work environment.

Understanding both risk and protective factors is key to helping create strategies to minimise risks and enhance protective elements, leading to better overall well-being for workers (Bennett, 2024).

WORKER WELL-BEING

In 2023 workers reported higher positive well-being compared to 2021 and 2022.

	2021	2022	**2023**
'Good' to *'excellent'*	70%	75%	**85%**
'Okay' to *'poor'*	30%	25%	**15%**

Better result compared to 2022 survey.
Worse result compared to 2022 survey.

- **85% of workers** rated their mental health today (on the day of the survey) as *'good'* to *'excellent'*, a 10% increase from 2022.

- Mental health today generally **improved with age,** with older workers reporting higher levels of mental well-being.

- **78%** of workers indicated they **could manage their stress** most of the time, an increase of 19% from 2022.

- **71%** of participants **disagreed that the last 12 months had been among the most difficult times** of their lives, an increase from 59% in 2022.

Well-being risk factors

- Workers with a **mental illness or disability**, **non-binary workers**, **younger workers** (aged 15 to 24), and those **not in a relationship** reported **lower mental health** and **higher stress** levels. These groups are at greater risk and may need additional support.

- **Sub-contractors** were the occupation group most likely to have gone through the hardest 12 months of their lives, while **labour hire** workers felt the least capable of managing stress.

Well-being protective factors

- **Older workers**, particularly those aged 65+, reported having the best mental health today (on the day of the survey) and stress management capabilities.

- **Asian** and **Pasifika** workers reported having the best mental health today among all ethnic groups, as well as having the strongest support from friends, family/whānau (extended family), partners, colleagues, and community.

GENERAL MENTAL HEALTH TODAY*

*On day of survey

General mental health today: Age

- **92%** of workers **aged 65+** reported '***good'*** **to** '***excellent'*** **mental health**, followed by **88%** of those **aged 45 to 64.**

- **18%** of workers **aged 15 to 24** reported just '***okay'*** **or** '***poor'*** **mental health,** followed by 17% of those aged 24 to 44.

General mental health today: Gender

- **Non-binary workers** reported having **the poorest mental health**, with **29%** reporting just '*okay'* or '*poor'* mental health.

- **Males were most likely to report** '***good'*** **to** '***excellent'*** **mental health**, with **86%** in this category.

Mental health today: **Age**

Age	Okay to Poor	Good to Excellent
65+ years	8%	92%
45-64 years	12%	88%
25-44 years	17%	83%
15-24 years	18%	82%

Legend: Okay to Poor | Good to Excellent | Linear (Good to Excellent)

Mental health today: **Gender**

Gender	Good to Excellent	Okay to Poor
Male	86%	14%
Female	81%	19%
Non-binary	71%	29%

Legend: Good to Excellent | Okay to Poor
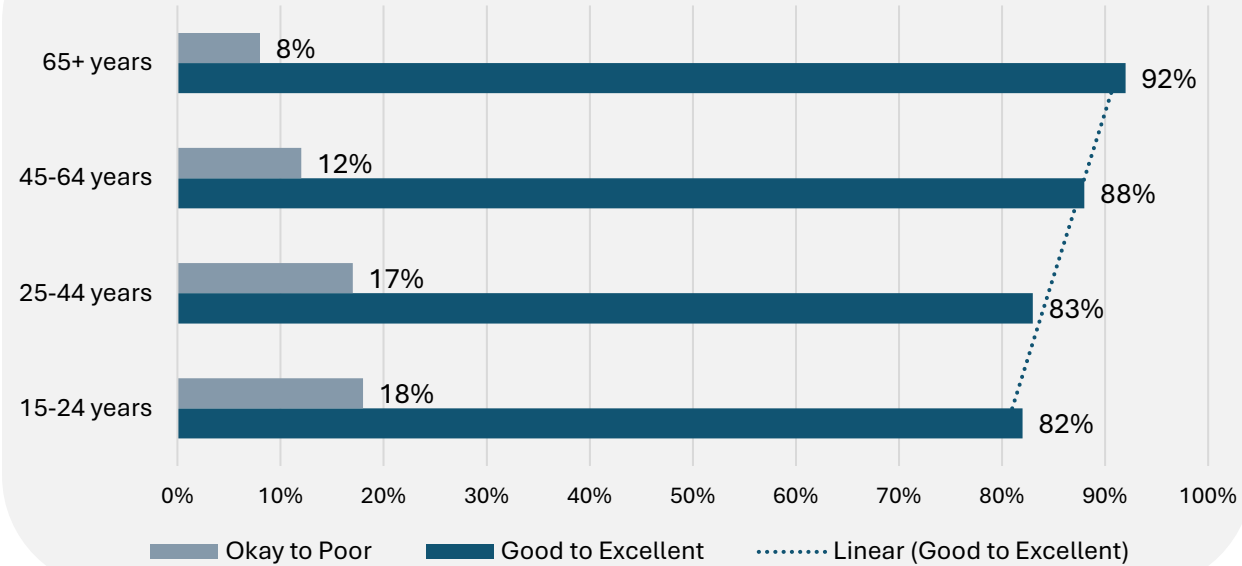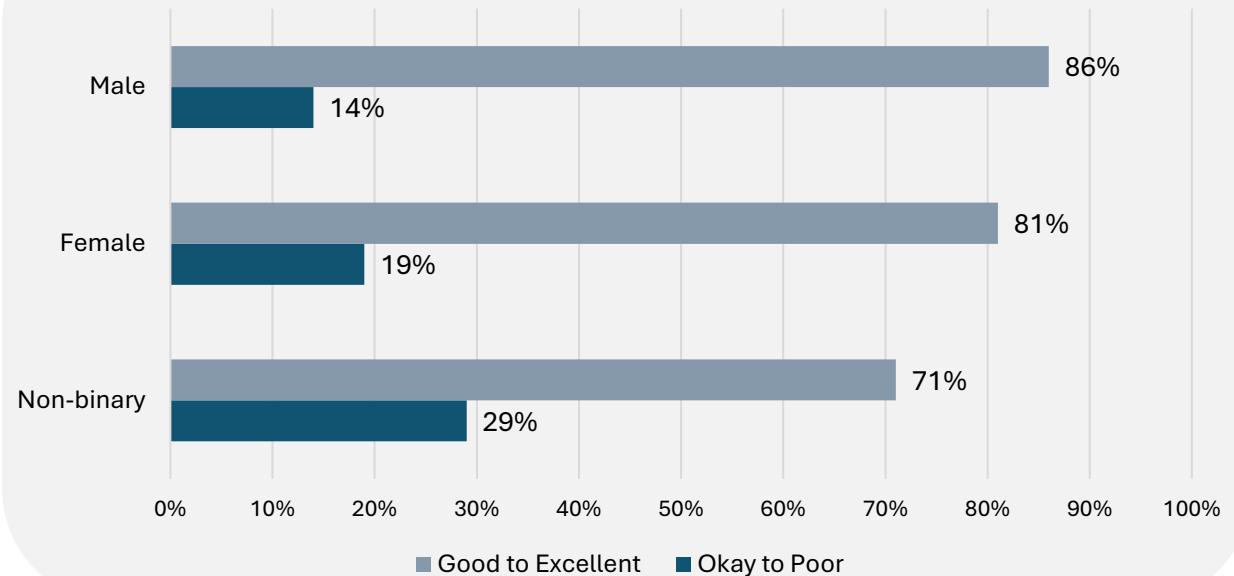
GENERAL MENTAL HEALTH TODAY
(cont.)

General mental health: Ethnicity

- **Asian workers reported having the best mental health**, with **94%** saying their mental health was '*good*' to '*excellent*' on the day of the survey, **followed by Pasifika workers at 88%.**

- **European workers** were **most likely** to report just '*okay*' or '*poor*' mental health, at **19%.**

Mental health today: Ethnicity

Ethnicity	Okay to Poor	Good to Excellent
Asian	6%	94%
Pasifika	12%	88%
Māori	14%	86%
MELAA	15%	85%
European(NZ and Other European)	19%	81%

■ Okay to Poor   ■ Good to Excellent
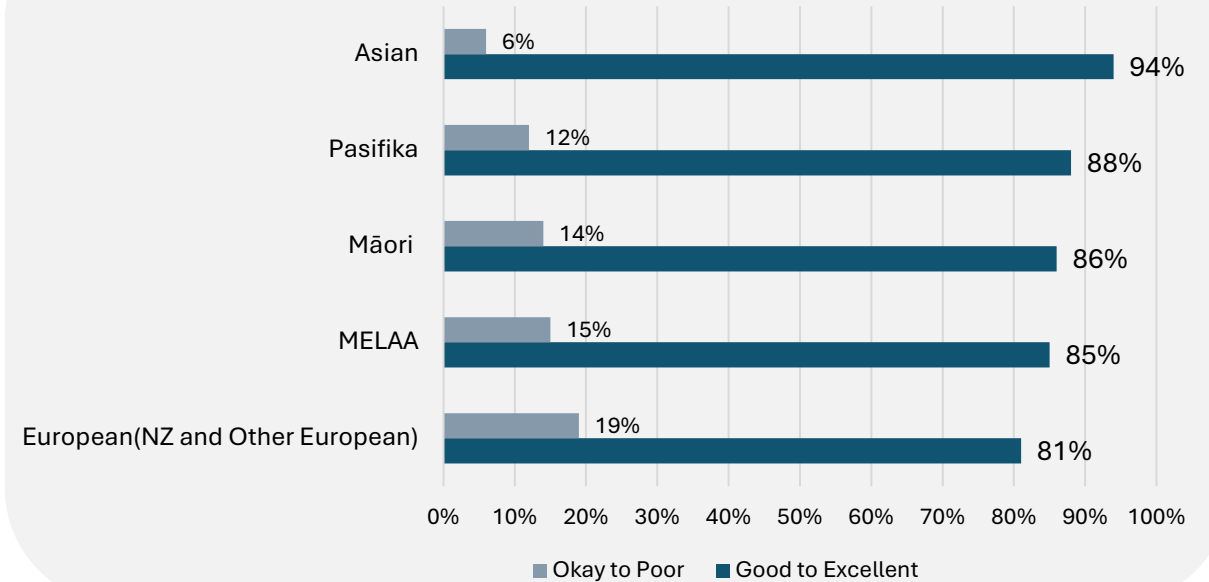
GENERAL MENTAL HEALTH TODAY X PROTECTIVE AND RISK FACTORS

Participant groups most likely to report *'good'* to *'excellent'* mental health today

Participant group	%
Asian	94%
Aged 65+	92%
Blue-collar occupations	88%
Aged 45-64	88%
Pasifika	88%
Labour Hire	88%

% reporting *'good'* to *'excellent'* mental health today
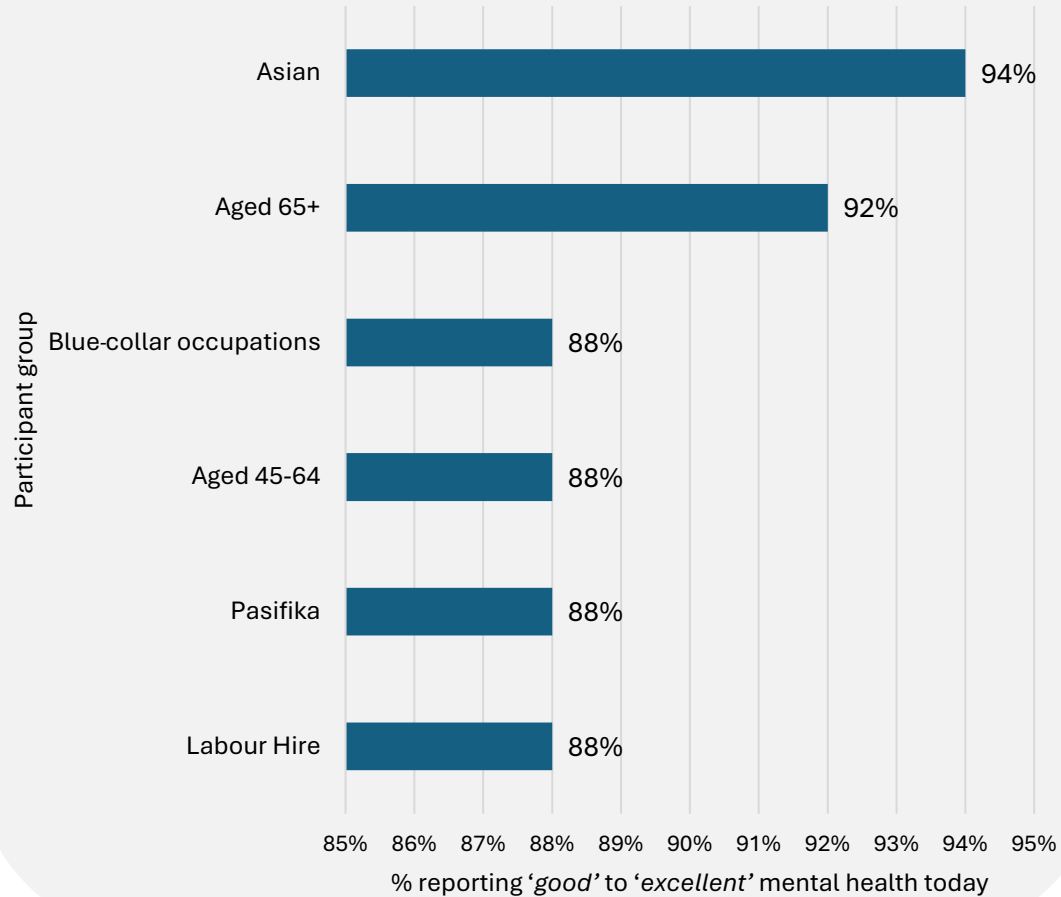
Participant groups most likely to report *'okay'* to *'poor'* mental health today
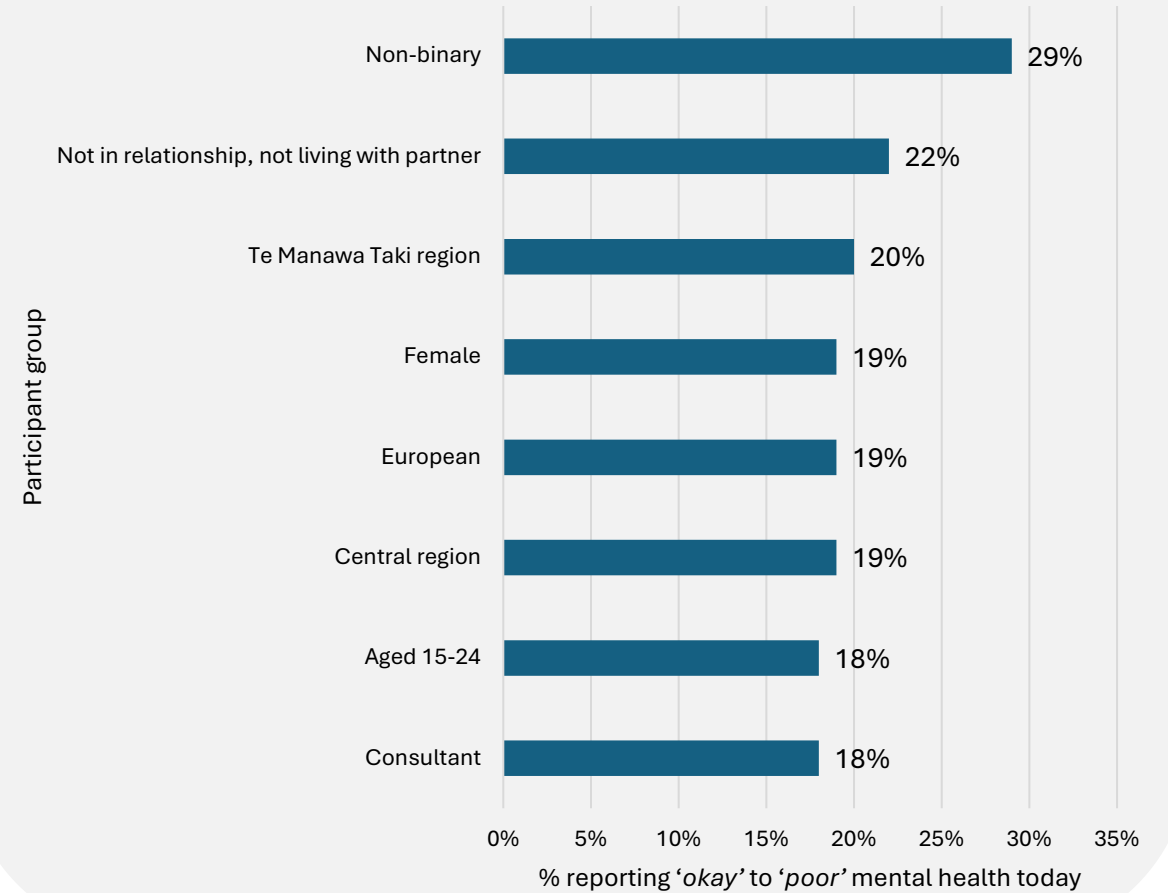
Participant group	%
Non-binary	29%
Not in relationship, not living with partner	22%
Te Manawa Taki region	20%
Female	19%
European	19%
Central region	19%
Aged 15-24	18%
Consultant	18%

% reporting *'okay'* to *'poor'* mental health today

THE LAST 12 MONTHS HAVE BEEN AMONG THE MOST DIFFICULT TIMES OF MY LIFE

- **71%** of participants **disagreed that the last 12 months had been among the most difficult times** of their lives, an increase from 59% in 2022.

- **29%** of participants **reported that the last 12 months had been among the most difficult times** of their lives, including **42% of workers with a mental illness.**

"The last 12 months have been among the most difficult times of my life"

	2021	2022	**2023**
'Strongly agree' or *'agree'*	38%	41%	**29%**
'Strongly disagree', *'disagree'*, or *'neither agree nor disagree'*	62%	59%	**71%**

Participant groups least likely to report that the last 12 months have been among the most difficult times of their lives

Participant group:
- Non-binary: 88%
- Aged 65+: 85%
- Consultant: 64%

% reporting that last 12 months were not among the most difficult

Participant groups most likely to report that the last 12 months have been among the most difficult times of their lives

Participant group:
- Mental illness: 42%
- Not in relationship, not living with partner: 35%
- MELAA: 33%
- Sub-contractor: 31%
- Female: 31%
- Aged 25-44: 30%
- Aged 15-24: 30%

% reporting that last 12 months were among the most difficult
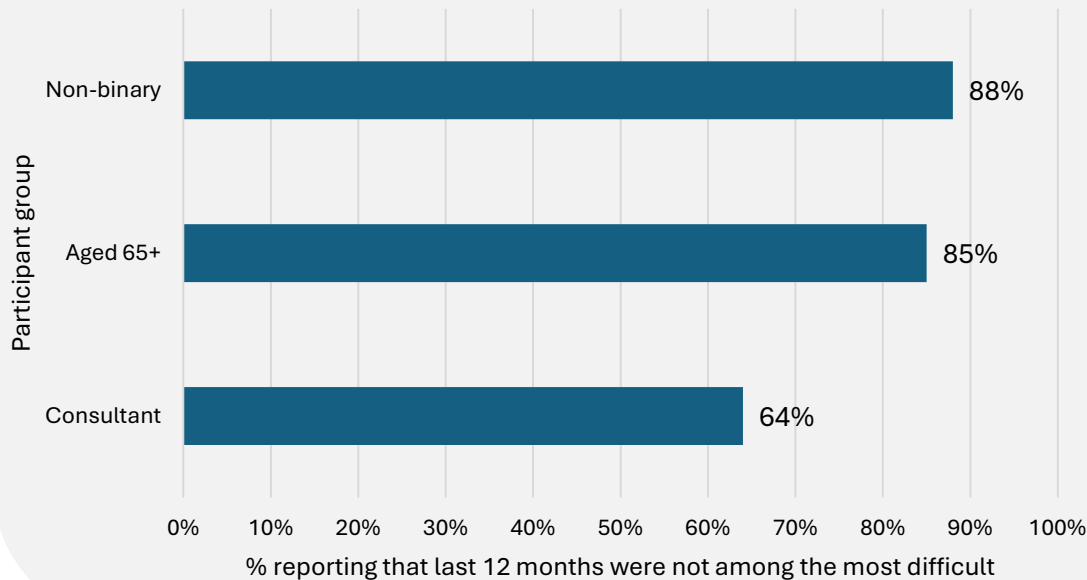
I AM ABLE TO MANAGE THINGS THAT STRESS ME OUT MOST OF THE TIME

- **78% of participants felt able to manage their stress most of the time,** up 19% from 2022.
- **Non-binary** workers had **the most difficulty managing stress** (**41%** not able to manage stress).
- **Stress management improved with age**, with workers **aged 65+** reporting the **least difficulty** managing stress, and workers **aged 15 to 24** reporting the **most difficulty** managing stress.
- **84% of consultants** reported being **able to manage stress**, followed by 80% of employees, and 77% of suppliers and apprentices. **Labour hire** workers reported being **least able to manage stress** among occupation groups (28% felt unable to manage stress).

Positive change

"I am able to manage things that stress me out most of the time"	2021	2022	**2023**
'Strongly agree' or *'agree'*	78%	59%	**78%**
'Strongly disagree', *'disagree,* or *'neither agree nor disagree'*	22%	27%	**22%**

"I am able to manage things that stress me out most of the time"

"I am not able to manage things that stress me out most of the time"

41
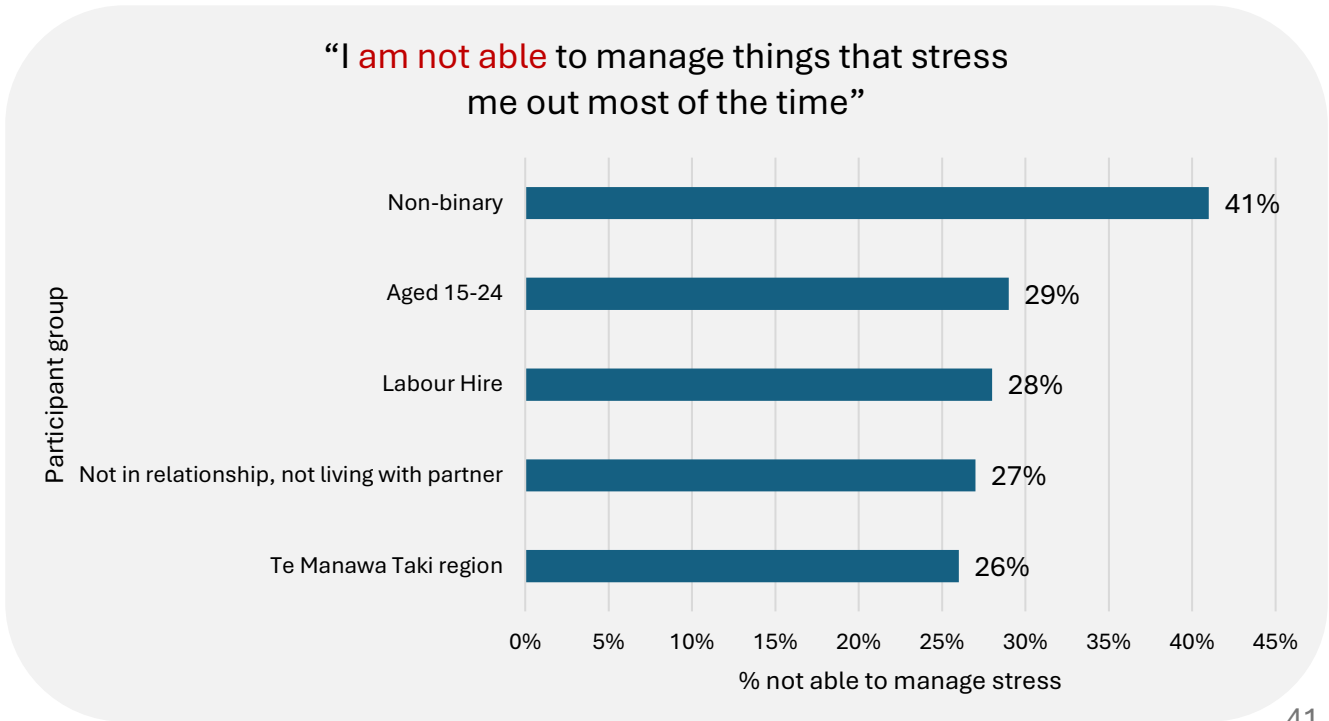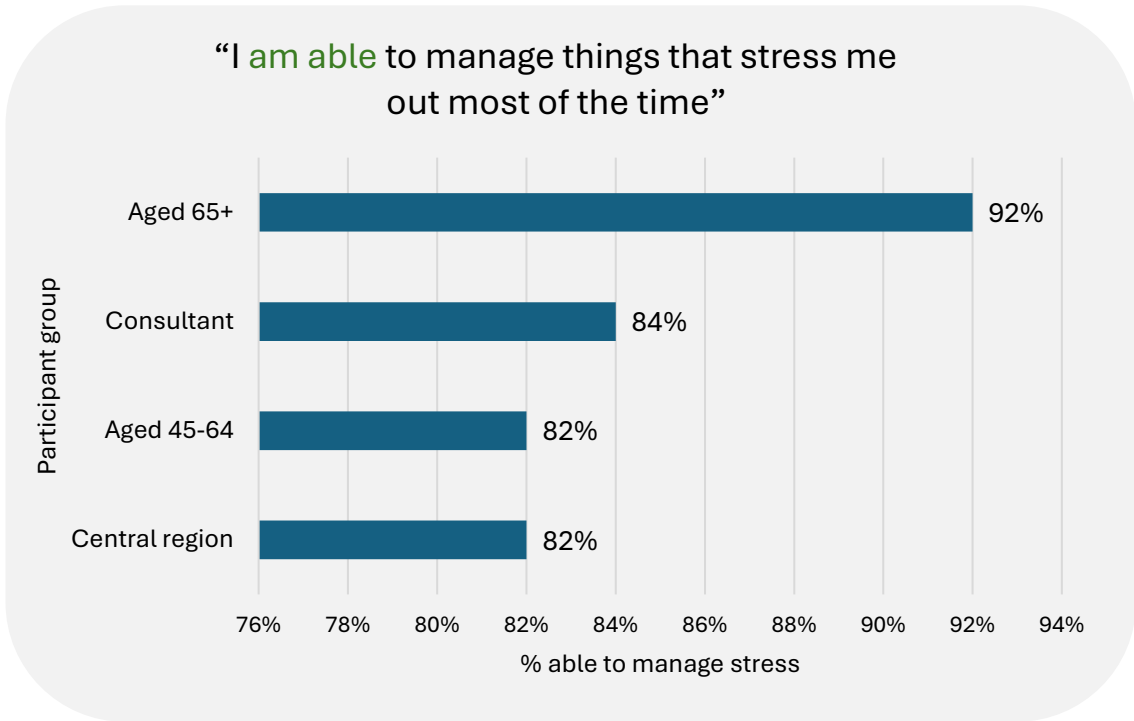
WELL-BEING PROTECTIVE FACTORS

- **Workers aged 65+** reported having the **best mental health today** (on day of survey), with only 8% rating their mental health as '*okay*' or '*poor*'. They also had the strongest ability to manage stress, with 92% feeling capable to do so.

- **Asian (94%) and Pasifika (88%)** workers were most likely to report **'*good*' to '*excellent*' mental health**, and **80%** of **Asian** and **MELAA** workers felt able to **manage stress**.

- **Consultants** also showed positive outcomes, with **84%** feeling **able to manage stress** and being the least likely occupation group to report that the last 12 months as among the most difficult of their lives (24%).

Factors with minimal impact:

- Overall, regional differences in worker well-being were minimal, with only slight variations in stress management across regions.
- Time in construction and place of work also showed minimal impact on well-being, with only small differences in stress management and job satisfaction.
- Similarly, occupation had little effect, with the only difference of note being that managers and professionals were twice as likely to report feeling dissatisfied with their work (14%) compared to blue-collar workers (7%).

WELL-BEING RISK FACTORS

- Workers with **mental illnesses** reported facing significant challenges. They were 21% less likely to say they could manage stress, and only 54% rated their mental health today (day of survey) as '*good*' to '*excellent*' (compared to 87% without a mental illness). 27% were dissatisfied with their work life, and those with a mental illness were more likely to find the last 12 months among the most difficult and had less reliable support.
- **Non-binary** workers also reported facing significant challenges, with 30% reporting '*okay*' or '*poor*' mental health, and 41% feeling unable to manage stress.
- 21% of workers with a **disability, illness, or impairment** reported similarly poor mental health. This group were also more likely to find the last 12 months among the most difficult of their lives and were 10% less likely to have reliable support than those without such conditions.
- 22% of workers **not in a relationship or living with a partner** reported '*okay*' or '*poor*' mental health.
- **Sub-contractors** were more likely to report that the last 12 months were among the most difficult of their lives (31%), and **labour hire** workers felt the least able to manage stress, with 28% feeling unable to manage stress.

> Workers with a mental illness or disability/illness/impairment, non-binary workers, workers who are single or living alone, and sub-contractors and labour hire workers **need focused support.**

RESULTS THREE: PSYCHOLOGICAL DISTRESS AND SUICIDE: PROTECTIVE AND RISK FACTORS

EXECUTIVE SUMMARY

PSYCHOLOGICAL DISTRESS AND SUICIDE: PROTECTIVE AND RISK FACTORS

Psychological Distress:

- **Lower psychological distress** was reported by **older workers**, **labour hire** employees, **sub-contractors**, and **Asian** and **Pasifika** workers, as well as those who **had high levels of support** (e.g. from family/whānau and colleagues).

- **Higher psychological distress** was reported by workers with a **mental illness**, those with **disabilities**, **younger workers**, **female** and **non-binary** workers, those with **low support**, **unpartnered** workers, and those living in the **Te Manawa Taki*** region. **European** workers also showed higher distress scores.

Suicide Risk:

- In the 4 months prior to the survey, **20.8%** of workers reported having **suicide ideation, 4.6%** reported having **serious thoughts about suicide**, **1.7%** reported **making plans to end their life**, and **0.6%** reported **attempting suicide**.

- Groups at higher suicide risk included workers with a **mental illness** or **disability**, **younger workers**, **Pasifika** workers, those identifying as **non-binary**, workers **not in a relationship** or with **low levels of support**, **blue-collar** and **labour hire** workers, those in the industry **less than 5 years** and those **working onsite**.

- **Labour hire** workers illustrate how **ill-being and well-being can coexist**: they are at **higher risk of suicide** compared to most other occupation groups, yet they also experience **lower psychological distress**.

*Waikato, Bay of Plenty, Gisborne, Taranaki.   45

PSYCHOLOGICAL DISTRESS

A total Psychological Distress Score (PDS) was calculated based on the 9 Patient Health Questionnaire (PHQ-9) items (Kroenke et al., 2001).

Psychological Distress Scores for the 2,143 participants ranged from 9 (low distress) to 54 (high distress), with a mean (mathematical average) of 22.3 (SD*, 10.5). The median** score was 20.

- Lower Psychological Distress Scores signify better well-being and reduced vulnerability to psychological distress.

- Higher Psychological Distress Scores indicate lower well-being and greater vulnerability to psychological distress.

*SD: Standard Deviation, showing how much the numbers in a group are different from the average.
**The median is the middle number in a list of numbers when they are arranged in order.

PSYCHOLOGICAL DISTRESS: OVERALL PROTECTIVE FACTORS

Lower Psychological Distress Scores (PDS) were associated with:

- **Being older:** workers **aged 65+** had the lowest score (mean PDS **16.5**), followed by workers aged 45 to 64 (mean PDS 20.8).

- Being employed by a **labour hire** company (mean PDS **17.9***), followed by **sub-contractors** (mean PDS 20.4) then blue-collar occupations (mean PDS 20.7).

- **Labour hire** workers are an example of **ill-being and well-being coexisting**: they have **lower mental health, higher stress** levels**, and higher suicide risk** than most other occupation groups, yet they also have **lower psychological distress**.

- **Asian** workers (mean PDS **18.4**), followed by **Pasifika** workers (mean PDS 21).

- Having **high levels of support** such as family/whānau or work colleagues (mean PDS **19.5**).

*MATES on site means a MATES staff member is present on a construction site, actively engaging with workers.

These worker groups had better mental well-being than other groups.

Worker groups with the lowest mean psychological distress score

Participant group	Mean Psychological Distress Score (PDS)
Pasifika	21
MATES on site*	20.9
Aged 45-64	20.8
Blue-collar occupations	20.7
Sub-contractor	20.4
High level of support	19.5
Asian	18.4
Labour Hire	17.9
Aged 65+	16.5

47
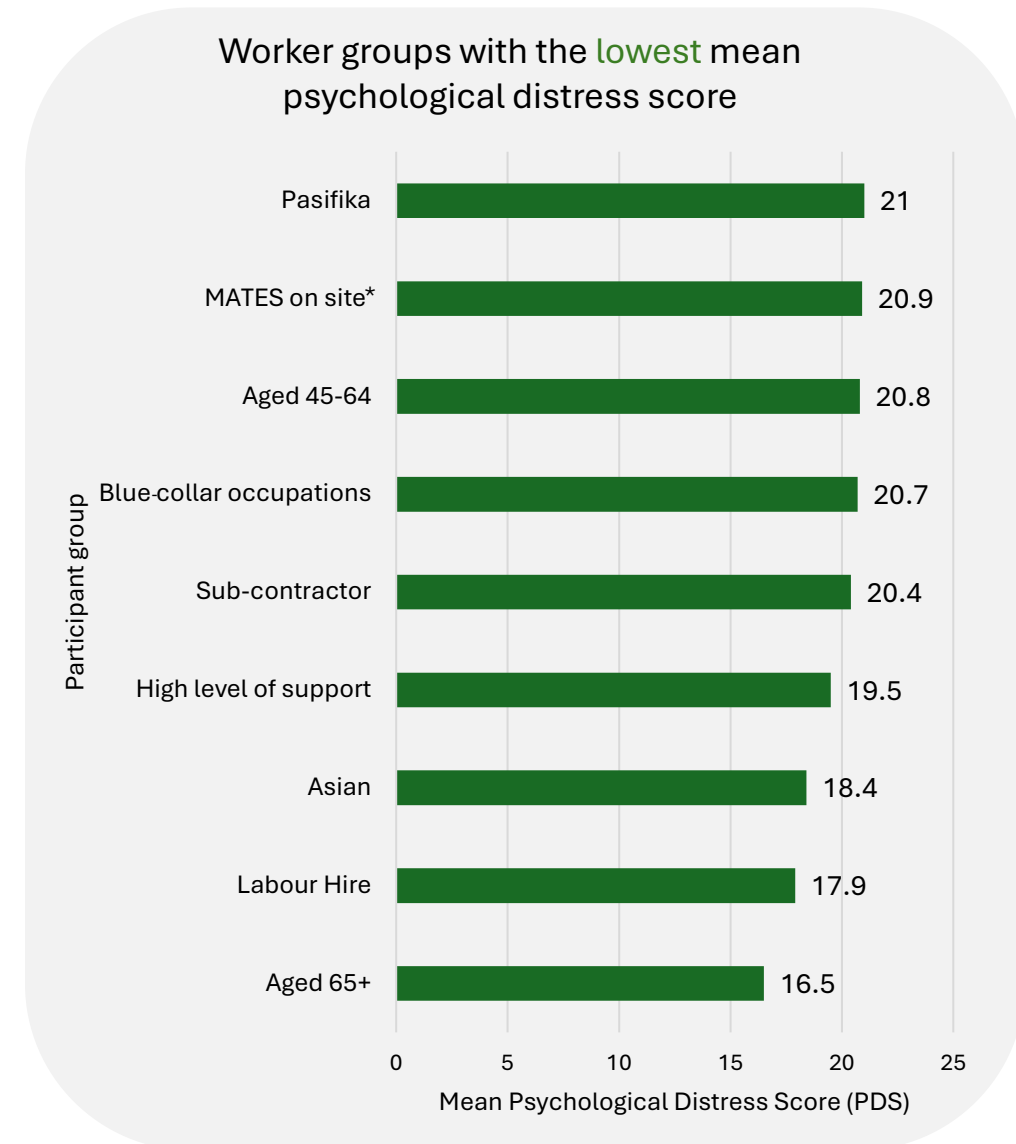
PSYCHOLOGICAL DISTRESS: OVERALL RISK FACTORS

Higher Psychological Distress Scores (PDS) were found for:

- Workers with a **mental illness** (mean PDS 34.9).
- Workers with a **disability, illness, or impairment** (mean PDS 25.8).
- Workers **aged 15 to 24** (mean PDS 25.3).
- **Female** workers (mean PDS 25).
- Workers with **low levels of support,** such as little support from family/whānau or work colleagues (mean PDS 25).
- **Unpartnered** workers and those **living alone** (mean PDS 24.7).
- Workers in the **Te Manawa Taki** region (Waikato, Bay of Plenty, Gisborne, Taranaki) (mean PDS 24.4).
- **European** workers (mean PDS 24.2).

These groups were likely experiencing more significant mental health challenges compared to other groups.

Worker groups with the highest mean psychological distress score

Participant group	Mean Psychological Distress Score (PDS)
European	24.2
Te Manawa Taki region	24.4
Not in relationship/ living with partner	24.7
Low level of support	25
Female	25
Aged 15-24	25.3
Disability/ illness/ impairment	25.8
Mental illness	34.9
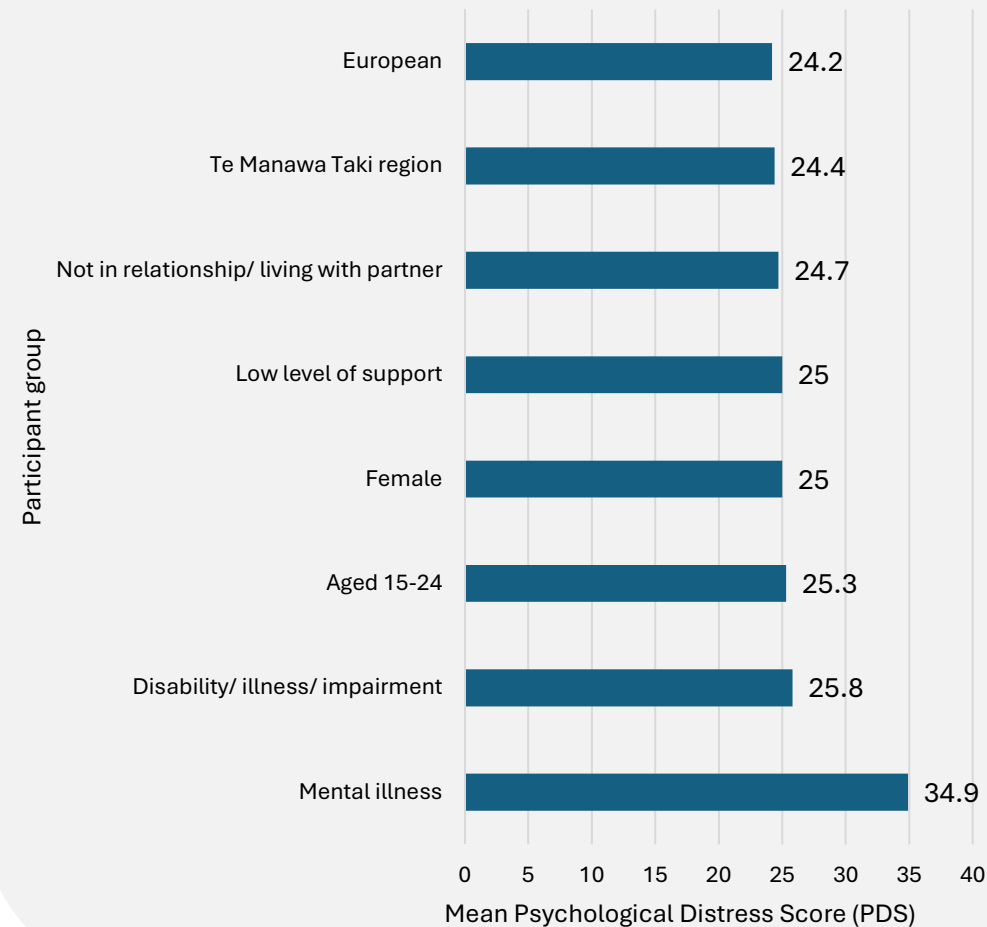
SUICIDE

This report section contains information about suicide that may be distressing.

If you or someone you know is struggling with thoughts of suicide, please reach out for help.

In an emergency contact 111.
Go to your nearest hospital emergency department or phone your local Mental Health Crisis Team
(see https://info.health.nz/mental-health/mental-health-services/crisis-assessment-teams)

In a non-emergency, contact
MATES NZ Supportline at 0800 111 315
for free, confidential support and assistance.

Or call one of the following free, confidential services available 24/7:

Lifeline Aotearoa 0800 543 354

Suicide Crisis Helpline – Tautoko 0508 828 865

1737 Need to Talk? (Text or call) – **1737**
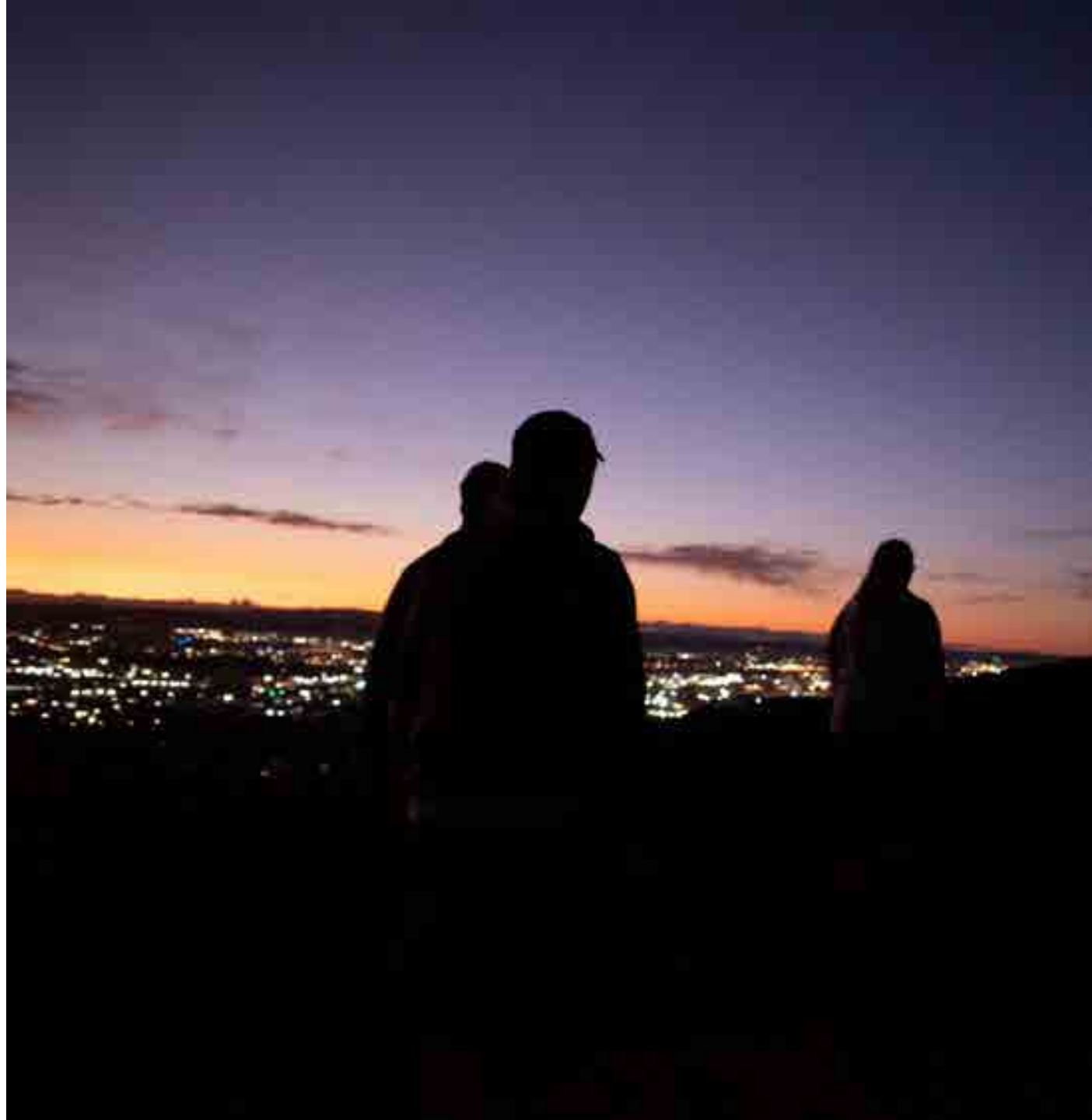
SUICIDE THOUGHTS, PLANS, AND ATTEMPTS

In the 4 months prior to the survey (August to November 2023):

- **20.8%** of workers reported having **suicide ideation*** (442 of 2,126**).

- **4.6%** reported having **serious suicide thoughts***** about ending their own life (98 of 2,126 workers).

- **1.7%** reported **making plans to end their own life** (36 of 2,126 workers).

- **0.6%** reported having **attempted suicide** (13 of 2,126 workers).

* Suicide ideation is a broad term that includes any thoughts about suicide, from general considerations to more intense, persistent thoughts.
**Data for these questions was available for 2,126 workers.
***Serious suicide thoughts refer to intense and often persistent thoughts about suicide.

Suicide ideation, thoughts, plans, and attempts in the **4 months** prior to the survey
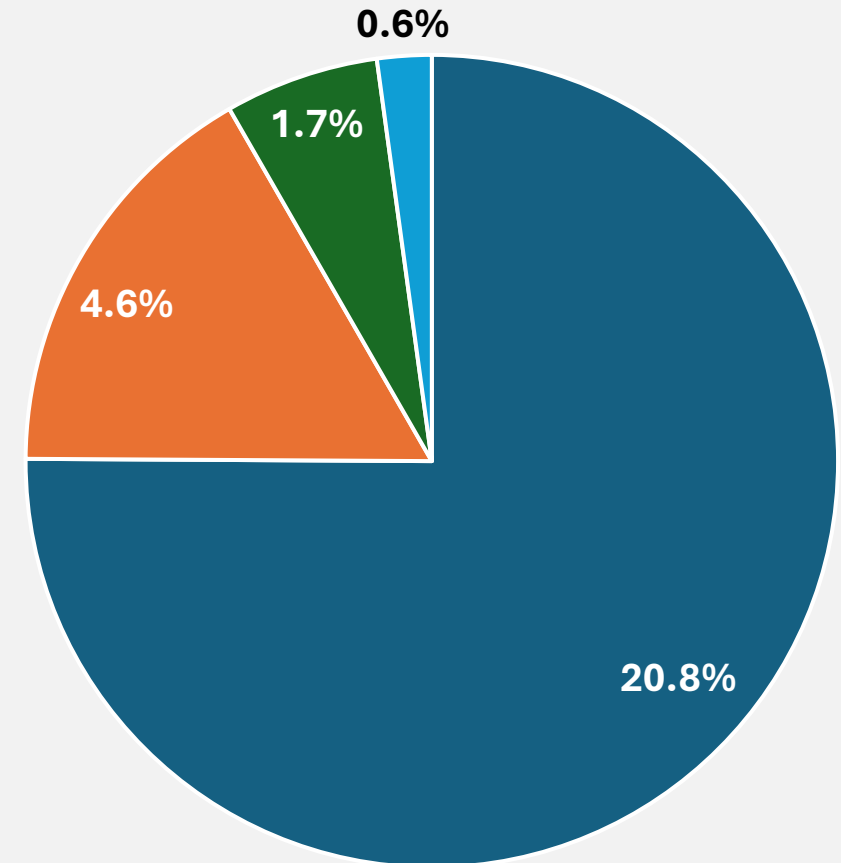
- Suicide ideation
- Serious suicide thoughts
- Suicide plans
- Attempted suicide

SUICIDE PROTECTIVE FACTORS

Groups at lower risk by demographic factors

- **Being older** was a significant protective factor. No workers **aged 65+** reported having suicide thoughts or making suicide attempts. Workers **aged 45 to 64** also had low risks, with 0.1% reporting having suicide thoughts or making attempts, and 0.6% making suicide plans.

- **MELAA** workers had no reported suicide attempts, and low likelihood of having suicide plans (0.8%) and thoughts (3.3%) compared with other groups (indicating strong protective factors within this group).

Groups at lower risk by external supports and influences

- Workers who are **in a relationship or living with a partner** had lower rates of reported suicide thoughts (3.4% vs 8.3%), suicide plans (1.4% vs 2.7%), and suicide attempts (0.4% vs 1%) compared to those who were single or not living with a partner.

- Similarly, individuals with a **high level of support** were less likely to report suicide thoughts (3.0% vs 6.2%), suicide plans (1.2% vs 2.2%), and suicide attempts (0.4% vs 0.7%) compared to those with low levels of support.

SUICIDE PROTECTIVE FACTORS

Groups at lower risk by work-related factors

- **Finding it easy to talk about mental health at work** and **being able to rely on sources of support such as colleagues** were important protective factors for psychological distress and suicide.

- **Main contractors** and **managers and professionals** had lower suicide risks, with 0.0% and 0.3% reporting suicide thoughts or attempts, respectively.

- **Offsite workers** and those in **office environments** (on- or offsite) reported a lower risk of making suicide plans (1%).

- The **Central Region** had the lowest risk of any geographic area, reporting the fewest suicide plans (3.2%) and no suicide attempts. The **South Island** also had lower risk, reporting fewer suicide plans (4.1%) and low psychological distress (0.4%).

- Participants who had been working **more than six years in construction** had lower risks, reporting fewer suicide plans (1.3%) and attempts (0.4%).

SUICIDE **RISK** FACTORS

Groups at higher risk by demographic factors

- **Non-binary** workers**:** with 17.6% reporting having suicide thoughts and 5.9% reporting making suicide plans.
- Workers with **mental illness:** with 16.8% reporting having suicide thoughts, 3.5% reporting making suicide plans, and 1.8% reporting attempting suicide.
- Workers **aged 15 to 24:** with 8.1% reporting having suicide thoughts, 3.3% reporting making suicide plans, and 1.4% reporting attempting suicide.
- **Pasifika** workers: with 6.1% reporting having suicide thoughts, 2.5% reporting making suicide plans, and 1.2% reporting attempting suicide. Asian workers were also more likely to report making suicide plans, with a 2.9% rate.
- Workers with a **disability, illness, or impairment:** with a 1.6% likelihood of reporting having attempting suicide.

Groups at higher risk by external supports and influences

- Workers **not in a relationship or living without a partner** had more than double the rate of reported suicide thoughts (8.3% vs 3.4%) and a higher likelihood of reporting making suicide plans (2.7% vs 1.4%) than workers in a relationship or living with their partner.
- Likewise, workers with **low levels of support** were more than twice as likely to report having serious suicide thoughts (6.2% vs 3.0%), and more likely to report making suicide plans (2.2% vs 1.2%) and attempts (0.7% vs 0.4%) than those who have strong support networks.

SUICIDE **RISK** FACTORS

Groups at higher risk by work factors

- **Blue-collar workers** were at high risk, with 6.8% reporting having suicide thoughts and 3.0% reporting making suicide plans.
- Workers in **labour hire**, those with **less than 5 years in construction**, and those **working onsite** also had higher risks, with suicide plan rates ranging from 2.5% to 4.7%.
- **Te Manawa Taki Region** has the highest risk geographically, with the most suicide plans (5.6%) and attempts (2.4%), along with higher psychological distress. The **Northern Region** also shows moderate risk with 4.8% planning suicide and 2.0% attempting suicide.
- Workers with **0 to 5 years in construction** were at higher risk, with more suicide thoughts (6.0%) and plans (2.5%) and a higher psychological distress score (22.9) than those who had been in the industry for a longer period.

These findings show the **differing levels of risk among worker groups, highlighting the importance of tailored support** for workers identifying as **non-binary**, with a **mental illness or disability**, those **not in a relationship** or with **low levels of support, younger** workers, **Pasifika** workers, **blue-collar** and **labour hire** workers, those in the industry **less than 5 years**, and those **working onsite**.

EXECUTIVE SUMMARY

PSYCHOSOCIAL FACTORS

Home life stressors:

- **71%** of workers (1,524) **reported at least one home life issue of concern**, with most reporting more than one concern.

- The most common home life issue (**38%**) was **lack of sleep or exhaustion**, followed by **physical health concerns**, **limited time for self-care**, **relationship problems**, and **mental health issues**.

- **Over half of the workers with a mental illness** reported **mental health concerns, exhaustion**, and **lack of time for self-care**.

- **Female workers** and those with **disabilities** commonly reported facing **exhaustion and difficulties with self-care**. **Consultants** and **non-binary workers** reported **challenges with health and relationships**.

Work-place stressors:

- **74%** of workers reported **at least one work-related issue of concern**, with **most reporting more than one issue of concern.**

- The top concern reported by **42%** of workers was **high or low job demands**. Additionally, high workload, poor support, workplace relations, and poor environmental conditions were common stressors, each reported by over 25% of workers.

- Over half (58%) of workers with a **mental illness** reported **receiving poor support** and **42%** reported **experiencing low reward and recognition**.

- **One in ten** workers with a **mental illness (12%)** experienced **workplace violence**, followed by **8% of Māori workers** and **6% of apprentices** reporting **workplace violence**.

Work life satisfaction and supports:

- While **71%** of workers reported being **satisfied with their work life**, **29%** reported being either '***neutral'* or '*dissatisfied'***, indicating potential challenges to their overall well-being.

- Despite **60%** of workers finding it **easy to discuss feeling down or depressed at work, one in five** still **struggle with opening up** about mental health issues.

WHAT ARE PSYCHOSOCIAL FACTORS AND STRESSORS?

Psychosocial factors are elements in a person's life that influence their mental and social well-being, shaping how they think, feel, and behave, especially in relationships and their environment. **These factors can be positive and promote well-being**. For example, communication is a key psychosocial factor. Positive communication, characterised by clarity, respect, and regularity, contributes to a healthy psychosocial environment and well-being.

When these factors are negative, and lead to stress and harm mental health, they are referred to as **psychosocial stressors**. For example, poor communication, such as aggressive, disrespectful, or infrequent interactions, acts as a psychosocial stressor and contributes to an unhealthy psychosocial environment and ill-being. These stressors can arise from various sources, such as relationships, work, community, or larger societal issues, often involving situations where a person feels their social standing, support from others, or emotional well-being is threatened.

Understanding psychosocial factors at work is important because they can greatly affect workers' health and well-being. Positive factors can help protect and improve well-being, while negative factors can cause problems like stress, burnout, depression, anxiety, and even physical health issues like injuries and heart disease (Niedhammer et al., 2023; WorkSafe, 2024).

Stressors at work and at home are closely connected. Work stressors, such as long hours or high pressure, can spill over into home life, causing strain on relationships and family/whānau responsibilities. Similarly, stressors from home, like family/whānau conflicts or care workload, can make it hard to focus and do well at work. When these stressors mix, it can create work-life balance struggles, making it hard to handle both, which can hurt overall well-being and job performance (Obrenovic et al., 2020).

Understanding psychosocial stressors and their interconnectedness is especially important in high-risk industries like construction, where research increasingly highlights the need for greater attention to psychosocial factors (Derdowski & Mathisen, 2023). WorkSafe (2019) found that work-related harm led to significant health impacts, estimating that thousands of healthy life years were lost due to depression, anxiety, heart disease, and substance misuse.

The good news is that since psychosocial factors can be influenced, preventive measures like providing social support and creating meaningful work can help reduce health risks and enhance overall well-being (Niedhammer et al., 2023; WorkSafe, 2024).

CATEGORISATION OF PSYCHOSOCIAL FACTORS

The New Zealand Psychosocial Survey (NZPS) (see Appendix C) aims to improve understanding of the psychosocial working environment in NZ (WorkSafe, 2001). In the NZPS, psychosocial factors are grouped into specific areas using the Copenhagen Psychosocial Questionnaire (COPSOQ). Each domain focuses on an important part of the work environment and includes psychosocial factors that are evaluated through specific questions. This framework helps to assess the overall work environment in NZ.

The MATES x ASB Wellbeing Survey used the same framework with adjusted questions to fit the NZ construction industry context (see Appendix D).

HOME LIFE PSYCHOSOCIAL STRESSORS REPORTED BY WORKERS

71% of workers (1,524 workers) reported having **at least one home life issue of concern**. Among them, 41% had 1 to 2 issues, 25% had 3 to 5 issues, and 5% had 6 or more home life issues of concern.

For two in five workers (38%), the **top reported home life issue of concern** (psychosocial stressor) was **lack of sleep or feelings of exhaustion**. This was followed **by physical health issues** and **limited time for self-care** (both 27%), **relationship problems** (24%), and **mental health issues** (22%).

In the last **4 months,** have any of the following issues been a concern for you?
(Total number of concerns)

29%

71%

- No issues of concern
- At least 1 issue of concern

In the last 4 months, have any of the following issues been a concern for you?

Home life issues	%
Child custody	3%
Legal problems	3%
Having somewhere to live	5%
Having enough food	5%
Drugs and/or alcohol	7%
Bullying and/or harassment	8%
Social isolation	8%
Job change	11%
Death of a loved one	11%
Mental health issues	22%
Relationship problems (family/whānau/partner/friends)	24%
Limited time for self-care	27%
Physical health issues	27%
Lack of sleep/feelings of exhaustion	38%

% of workers who reported that the issue was a concern to them

TOP HOME LIFE PSYCHOSOCIAL STRESSORS FOR WORKERS BY GROUP

Demographic groups most likely to report experiencing the top five home life issues of concern (psychosocial stressors):

- Workers with a **mental illness** reported home life stressors including mental health concerns (79%), exhaustion (72%), lack of time for self-care (53%), relationship problems (47%), physical health issues (45%), and social isolation (25%).

- **Female workers** and those with **disabilities** also frequently reported these issues, with exhaustion (55% and 50% respectively) and lack of time for self-care (46% and 31% respectively) being common concerns.

- **Non-binary** workers and **consultants** highlighted challenges with relationships (41% and 36% respectively) and physical health (35% and 25% respectively).

TOP HOME LIFE PSYCHOSOCIAL STRESSORS FOR WORKERS

Each table highlights the most common home life concerns reported by different groups during the 4 months leading up to the survey (August to November 2023).

Bold text indicates the top stressor(s) by percentage.

Home life stressors: Gender

Male	Lack of sleep/feelings of exhaustion	**33%**
	Physical health issues	24%
	Relationship problems (family/whānau/partner/friends)	21%
Female	Lack of sleep/feelings of exhaustion	**55%**
	Limited time for self-care	**46%**
	Relationship problems (family/whānau/partner/friends)	**35%**
Non-binary	Relationship problems (family/whānau/partner/friends)	**41%**
	Limited time for self-care	35%
	Physical health issues	35%

Home life stressors: Age

15-24 years	Lack of sleep/feelings of exhaustion	**38%**
	Mental health issues	27%
	Limited time for self-care	26%
25-44 years	Lack of sleep/feelings of exhaustion	**40%**
	Limited time for self-care	32%
	Relationship problems (family/whānau/partner/friends)	27%
45-64 years	Lack of sleep/feelings of exhaustion	**36%**
	Physical health issues	28%
	Relationship problems (family/whānau/partner/friends)	22%

Home life stressors: Relationship status

Not married or living with partner or no answer	Lack of sleep/feelings of exhaustion	**41%**
	Relationship problems (family/whānau/partner/friends)	**35%**
	Mental health issues	**31%**
Married or living with partner	Lack of sleep/feelings of exhaustion	**37%**
	Limited time for self-care	26%
	Physical health	26%

Home life stressors: Disability, illness, and impairment, and mental illness

Disability, illness, impairment	Lack of sleep/feelings of exhaustion	**50%**
	Physical health issues	**44%**
	Limited time for self-care	31%
Mental illness	Mental health concerns	**79%**
	Lack of sleep/feelings of exhaustion	**72%**
	Limited time for self-care	**53%**
	Relationship problems (family/whānau/partner/friends)	**47%**
	Physical health issues	**45%**

TOP HOME LIFE PSYCHOSOCIAL STRESSORS FOR WORKERS

Bold text indicates the top stressor(s) by percentage.

Home life stressors: Ethnicity

European (NZ and Other European)	Lack of sleep/feelings of exhaustion	**45%**
	Physical health issues	**33%**
	Limited time for self-care	**32%**
Māori	Lack of sleep/feelings of exhaustion	**37%**
	Physical health issues	30%
	Limited time for self-care	30%
Pasifika	Lack of sleep/feelings of exhaustion	31%
	Physical health issues	26%
	Limited time for self-care	21%
Asian	Lack of sleep/feelings of exhaustion	22%
	Limited time for self-care	15%
	Relationship problems (family/whānau/partner/friends)	15%
MELAA	Lack of sleep/feelings of exhaustion	**47%**
	Limited time for self-care	**33%**
	Physical health issues	29%

Home life stressors: Time in construction

0 to 5 years in construction	Lack of sleep/feelings of exhaustion	**40%**
	Limited time for self-care	**31%**
	Relationship problems (family/whānau/partner/friends)	27%
6+ years in construction	Lack of sleep/feelings of exhaustion	37%
	Physical health	28%
	Time for self-care	24%

Home life stressors: Location

Northern region	Lack of sleep/feelings of exhaustion	35%
	Limited time for self-care	25%
	Physical health issues	23%
Te Manawa Taki region	Lack of sleep/feelings of exhaustion	**44%**
	Limited time for self-care	32%
	Physical health issues	32%
Central region	Lack of sleep/feelings of exhaustion	**48%**
	Limited time for self-care	32%
	Relationship problems (family/whānau/partner/friends)	30%
South Island	Lack of sleep/feelings of exhaustion	**41%**
	Physical health issues	34%
	Limited time for self-care	26%

Home life stressors: Occupation

Apprentices	Lack of sleep/feelings of exhaustion	**32%**
	Physical health issues	**32%**
	Relationship problems (family/whānau/partner/friends)	25%
Employee	Lack of sleep/feelings of exhaustion	**40%**
	Physical health issues	27%
	Limited time for self-care	26%
Consultant	Limited time for self-care	**44%**
	Lack of sleep/feelings of exhaustion	**43%**
	Relationship problems (family/whānau/partner/friends)	**36%**
	Mental health	**31%**
	Physical health	25%
Main contractor	Lack of sleep/feelings of exhaustion	**42%**
	Physical health issues	**31%**
	Limited time for self-care	30%
Managers & professionals	Lack of sleep/feelings of exhaustion	**44%**
	Limited time for self-care	**32%**
	Physical health issues	29%

WORK-RELATED PSYCHOSOCIAL STRESSORS

74% of workers reported **at least one work-related issue of concern**, with **most reporting 1 to 2 concerns** (36%). 22% of workers reported 3 to 5 concerns, and 16% of workers had 5 or more concerns.

In the last **4 months**, have any of the following issues been a concern for you in the workplace?
(Total number of concerns)

- 10+ work concerns: 6%
- 5 to 9 work concerns: 10%
- No work concerns: 26%
- 3 to 5 work concerns: 22%
- 1 or 2 work concerns: 36%
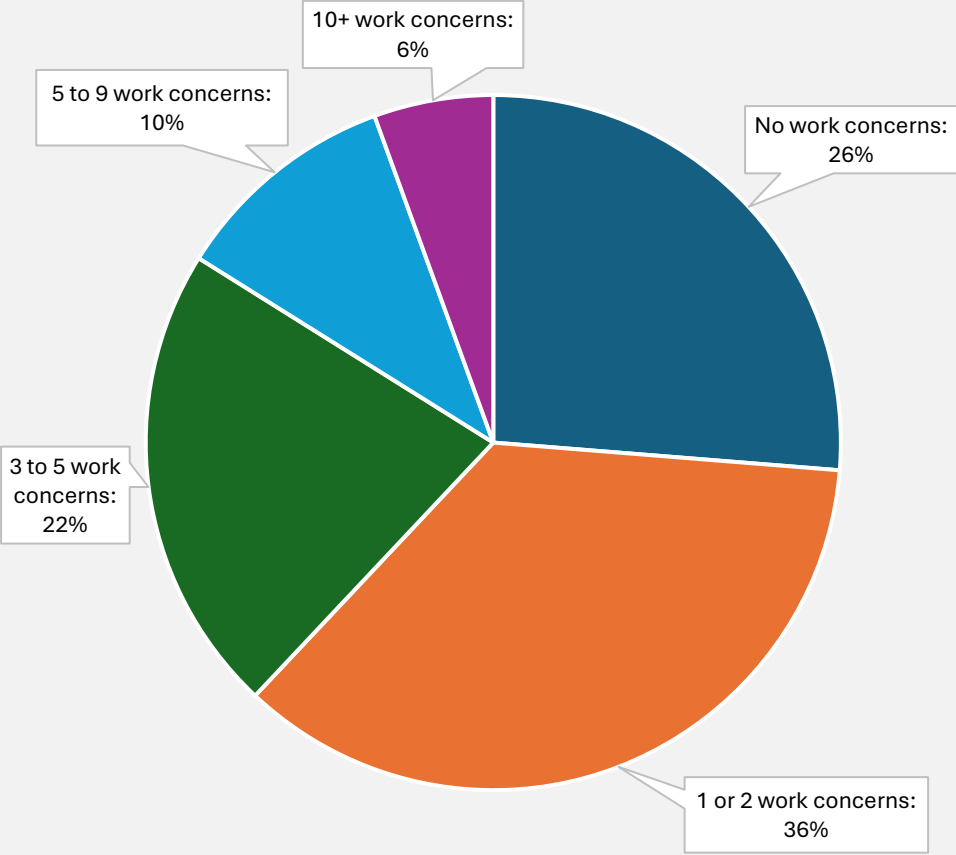
WORK-RELATED PSYCHOSOCIAL STRESSORS

- The top concern, reported by **42%** of workers, was **high or low job demands**.

- **High workload (32%)** and **poor support (29%)** were also commonly reported stressors.

- Other significant issues reported included **poor workplace relations (26%), poor environmental conditions (23%), and low job control (21%).**

- Additionally, **20%** reported that **weather** was an issue of concern, and **19%** noted **ongoing demanding work** and **stress among workmates.**

In the last **4 months**, have any of the following issues been a concern for you in the workplace?

Work-place issues

Issue	% of workers	Number of workers
Poor communication about priorities, job roles and/or expectations	15%	324
Low role clarity	15%	324
Pressure from tight site/build timeframes	16%	342
Low reward and recognition	17%	361
Stress among workmates	19%	407
Ongoing physically/mentally/emotionally demanding work	19%	414
Weather	20%	437
Low job control	21%	456
Poor environmental conditions	23%	498
Poor workplace relationships including interpersonal conflict	26%	552
Poor support	29%	631
High workload	32%	677
High and/or low job demands	42%	908

% of workers who reported that the issue was a concern to them

TOP WORK-RELATED PSYCHOSOCIAL STRESSORS REPORTED BY GROUP

Each table shows the groups that were most likely to experience these workplace concerns in the 4 months prior to the survey (August to November 2023).

Bold text indicates the top stressor(s) by percentage.

- **Over half** (58%) **of workers with a mental illness** reported receiving poor support, and 41% reported experiencing low reward and recognition.

- Worryingly, 12% of workers with a **mental illness** reported experiencing violence and aggression at work, along with 8% of **Māori** workers and 6% of **apprentices**.

- 42% of **female** workers reported experiencing poor support in the workplace and 39% reported poor workplace relationships including interpersonal conflict. One in five female workers experienced low role clarity (23%) and low reward and recognition (22%).

- 41% of **non-binary workers** reported experiencing poor support and 30% reported having low job control. 24% of non-binary workers reported that organisational change management was a stressor at work.

- 37% of workers with a **disability, illness, or impairment** reported poor support at work, and one in five (20%) reported low reward and recognition at work.

Low reward and recognition

Mental illness	**41%**
Female	22%
MELAA	21%
Māori	20%
Disability, illness, or impairment	20%

Poor support

Mental illness	**58%**
Female	42%
Non-binary	41%
Central region	39%
Disability, illness, or impairment	37%
European	37%
Other occupations	37%
Consultant	36%

Violence and aggression

Mental illness	**12%**
Māori	**8%**
Apprentice	**6%**
Consultant	4%
Central region	4%

SATISTFACTION WITH WORK LIFE

In the 4 months leading up to the survey, **71%** of workers **felt 'satisfied' or 'very satisfied'** with their work life, while 17% were '*neutral*', and 11% felt '*dissatisfied*' or '*very dissatisfied*'.

Pasifika and **Asian** workers (both 95%) felt the **most satisfied** with their work life between August and November 2023, followed by workers in **labour hire** (94%) and **blue-collar** (93%) roles, and workers **aged 65+** (90%).

How do you feel about your work life over the last **4 months**?
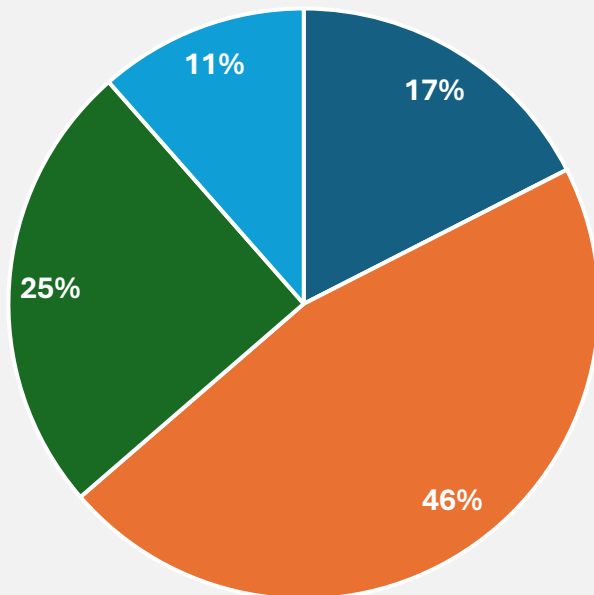
- ■ Very satisfied
- ■ Satisfied
- ■ Neither satisfied or dissatisfied
- ■ Dissatisfied or Very dissatisfied

17%
46%
25%
11%

I feel **very satisfied, satisfied, or neither satisfied or dissatisfied** about my work life over the last 4 months

Pasifika	**95%**
Asian	**95%**
Labour hire	94%
Blue-collar occupations	93%
Aged 65+	90%
Main contractor	86%
European	85%
MELAA	85%
Female	85%
Consultant	83%

SUPPORT AT WORK

61% of workers said they would find it at least '***somewhat easy***' **to talk** to someone at work about feeling down or being depressed. Concerningly, **one in five workers** (21%) would find it '***somewhat difficult***' **or** '***very difficult***' to have that conversation.
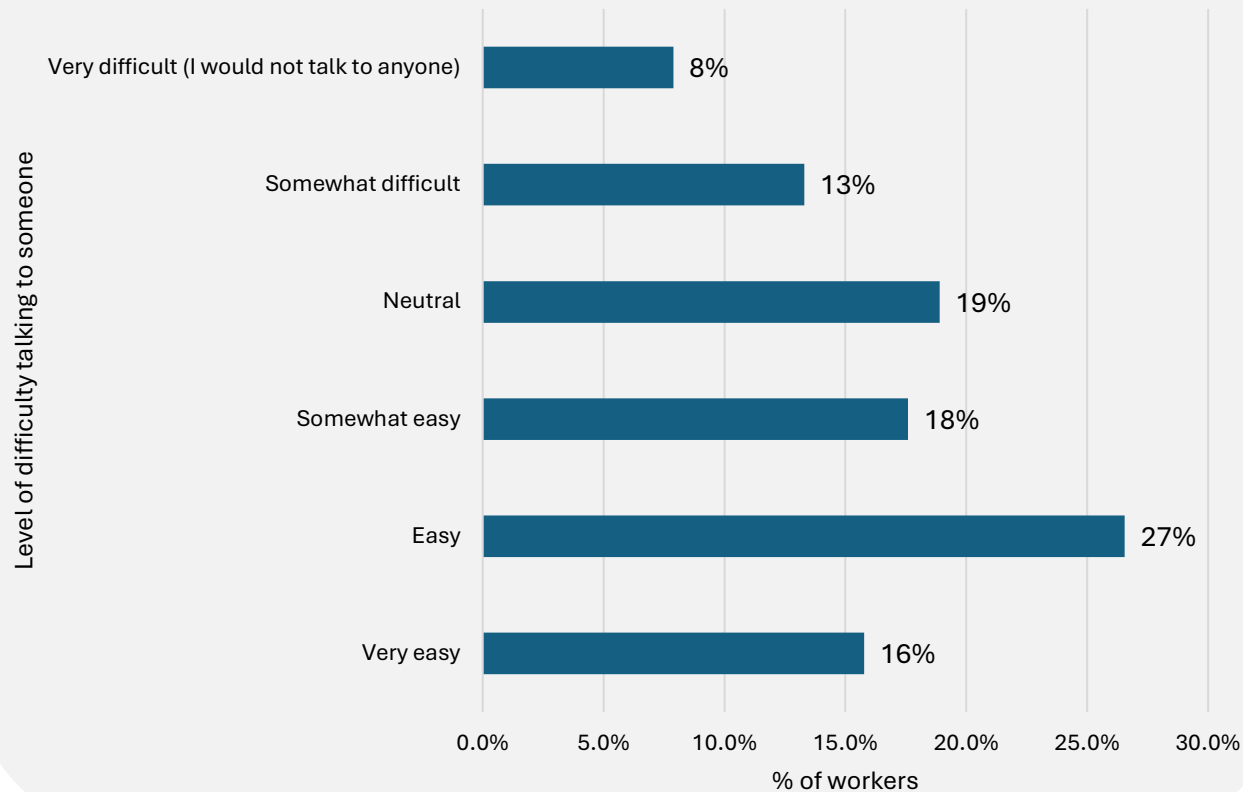
Workers **aged 65+** (72%), **Pasifika** and **Māori** workers, and **sub-contractors** (all 65%) found it **easier to talk** to someone at work about feeling down or being depressed.

In contrast, **European** and **MELAA** workers (both 58%), as well as **consultants** and people who are **single or living alone** (both 56%), were more likely to find it **harder to talk** to someone at work about feeling down or being depressed.

How difficult or easy would you find it to talk to someone at work about feeling down or being depressed?

Level of difficulty talking to someone

Level	% of workers
Very difficult (I would not talk to anyone)	8%
Somewhat difficult	13%
Neutral	19%
Somewhat easy	18%
Easy	27%
Very easy	16%

% of workers

I would find it **at least somewhat easy** to talk to someone at work about feeling down or being depressed

Aged 65+	**72%**
Pasifika	65%
Sub-contractor	65%
Māori	65%
Asian	63%

I would find it **somewhat difficult or very difficult** to talk to someone at work about feeling down or being depressed

European	**58%**
MELAA	**58%**
Consultant	56%
Not in a relationship or living without partner	56%
Aged 15-24	55%

The 2023 MATES x ASB Construction Industry Well-being Survey has provided important insights into the state of mental health and well-being within NZ's construction industry.

Mental health among workers has significantly improved, with 85% now rating their mental health as '*good*' to '*excellent*' – up 10% from 2022 and 15% from 2021. This improvement may reflect the gradual easing of challenges like COVID-19 disruptions, financial pressures from inflation and interest rates, extreme weather events, and the uncertainty surrounding the 2023 election.

Disability, illness (including mental illness), and impairment

Of the 17% of workers who reported having at least one current disability, illness (including mental illness), or impairment, a significant proportion identified as non-binary (29%), Māori (25%), apprentices (23%), and young workers aged 15 to 24 (23%). 14% of those with a disability, illness, or impairment attributed their condition to construction-related work. 34% of these workers reported that they had found the past 12 months among the most difficult of their life and 10% that they lack reliable support.

Previous research has found that disability and mental health issues often hinder employment, leading to pay disparities, biased performance evaluations, job insecurity, and negative treatment, despite having similar qualifications as non-disabled coworkers (Chordiya, 2022; Meades, 2024). The construction industry (although being the largest global employer) has struggled to diversify its workforce, particularly in including people with disabilities (Diversity Works & Construction Sector Accord, 2022). Meade's (2024) literature review exploring employment for people with disabilities highlights significant gaps in understanding barriers for workers with disabilities, such as issues of stigma, inaccessible work environments, and inflexible employment conditions. Attracting diverse talent, including people with disabilities, is essential for a strong, future-ready construction workforce (Diversity Works & Construction Sector Accord, 2022).

Recommendations. With nearly one in five workers reporting a disability, illness, or impairment, more must be done to support their success in the workplace. This includes early intervention, targeted education to shift attitudes, flexible policies, and accessible workplaces (University of Technology Sydney, 2023). Given that 14% of workers with a disability, illness, or impairment attribute their condition to construction-related work, it is crucial to improve both physical and mental workplace safety, prevent injuries, and support affected workers in their recovery and return to work. Mehany et al. (2024) support this recommendation and argue that more needs to be done to reduce disparities for marginalised communities, such as youth, LGBTQ+ individuals, and culturally diverse groups, who often have limited access to healthcare and culturally responsive resources.

Mental illness

One in twenty workers reported having a mental illness (5%), with women (12%) being four times more likely to report having a mental illness compared to men (3%). Younger workers aged 15 to 24 years (9%) were the most likely age group to report having a mental illness, followed by workers aged 25 to 44 years (5%). Two in five (42%) workers with a mental illness reported that the past 12 months had been among the most difficult, while 21% reported that they struggled to manage stress effectively, and 27% reported that they felt dissatisfied with their work life.

Prevalence studies (Oakley-Brown et al., 2006; Schaefer et al., 2017) show that 50-80% of New Zealanders will experience mental distress or addiction challenges in their lifetime, with one in five facing these issues in any given year, a much higher rate than reported in construction. Barriers to reporting and seeking help include stigma, fear of appearing weak, career and confidentiality concerns, inability to take time off, high stress, exhaustion, and low supervisor support (Rikkers & Lawrence, 2022). These fears not only worsen mental health issues but also discourage workers from seeking assistance (Mehany et al., 2024), which may explain why mental health concerns are underreported in construction compared to national studies (Oakley-Brown et al., 2006; Schaefer et al., 2017). The 2021 General Social Survey (StatsNZ, 2022) also found that those with poor mental well-being were more likely to be dissatisfied with life, consistent with MATES Well-being Survey findings.

Recommendations. Efforts should focus on reducing stigma and ensuring workplaces are safe for staff, especially younger workers, to talk about, disclose, and seek help for mental illness. Better training for managers on recognising mental health issues and distress, along with providing clear, confidential pathways to support services, is vital (Watson & Andrews, 2018). Additionally, workplaces should offer more stress management support, self-help resources, and case management to improve worker well-being and job satisfaction.

Worker well-being

Of the workers who responded to the 2023 Well-being Survey, 85% rated their mental health as '*good*' to '*excellent*', a 10% increase from 2021 and a 15% increase from 2022. This aligns with recent surveys of the general NZ population, where 72% reported '*good*' to '*excellent*' mental health while 28% reported poor mental health (StatsNZ, 2022).

The majority of participants in the Well-being Survey reported that they could manage their stress most of the time (78%), demonstrating a 19% increase from 2022. This finding aligns with Te Whatu Ora's 2018/2019 Mental Health and Well-being (MHWB) Survey (Wilson & Nicolson, 2020), where 83% of New Zealanders agreed that they could cope with everyday stresses, with older age groups generally reporting better coping abilities than younger ones, similar to the findings of the MATES Well-being Survey.

More than a quarter of workers in the Well-being Survey reported that the last 12 months had been among the most difficult of their life (29%), while 71% disagreed or strongly disagreed. This finding is consistent with the 2018/2019 MHWB survey, which revealed that three in five New Zealanders (63%) either disagreed or strongly disagreed with the statement, "the last 12 months have been among the most difficult times of my life," during the 2017-18 period (Wilson & Nicolson, 2020). Additionally, older people generally reported less difficulty over the past year, echoing trends seen in their ability to cope with everyday stress in both surveys (Wilson & Nicolson, 2020).

Workers with a mental illness or disability, non-binary workers, younger workers (aged 15 to 24), those not in a relationship, and sub-contractors and labour hire workers reported lower mental health and higher stress levels. This finding aligns with other research, which has also noted that younger individuals (aged 15 to 24 years) and marginalised groups with limited social support are more likely to report higher levels of mental health issues and stress (Wilson & Nicholson, 2020).

Worker well-being: recommendations. The construction sector needs to continue its positive efforts to enhance workers' well-being and their ability to manage stress, such as promoting help-seeking behaviours and healthy coping strategies.

Certain groups, including younger workers, workers with mental illness or disability, and non-binary workers face greater risks of poor mental health and low well-being, and may require additional and more tailored support.

In contrast, older workers and Asian and Pasifika workers were found to be less at risk, reporting better mental health and a stronger ability to cope with stress.

Learning from these groups about their approaches to supporting mental health and well-being could be beneficial. They may also be well-positioned to mentor others, support their peers, and champion well-being initiatives.

Psychological distress

Particular groups were more likely to report higher levels of psychological distress. These groups include workers with a mental illness, a disability, illness, or impairment, those aged 15 to 24, female workers, individuals lacking support, unpartnered workers and those living alone, workers living in the Te Manawa Taki region*, and European workers. In contrast, lower levels of psychological distress were reported among older workers aged 65+, labour hire employees, Asian and Pasifika workers, and those with higher levels of social support.

Psychological distress seems to be higher among construction workers compared to the general adult population. While research on distress levels in NZ has varied, the 2018/2019 NZ Health Survey found that most adults (79%) had none or low distress, 13% had medium levels, and 9% had high or very high distress (Wilson & Nicolson, 2020). Similarly, the 2022/2023 NZ Health Survey (Ministry of Health, 2023) found that most adults reported no/low (69%) levels of psychological distress, 19% had moderate, and 12% had high or very high distress, with women (13%) experiencing it slightly more than men (10%). In comparison, construction workers report nearly double these distress levels, highlighting a more significant concern in the industry.

Like the findings of our survey, the 2022/2023 NZ Health Survey found that psychological distress was highest among young people aged 15 to 24, with one in five (21%) experiencing high or very high levels of distress (Ministry of Health, 2023). The 2022/2023 NZ Health Survey also revealed that high or very high levels of psychological distress were more common among adults with a disability compared to adults without a disability (36% and 10%, respectively) (Ministry of Health, 2023). Additionally, the 2022/2023 NZ Health Survey indicated that those aged 15 to 24 have shown a greater increase in mental distress over time compared to all adults (Ministry of Health, 2023). Other groups that are reported to experience higher rates of mental distress include LGBTQIA+ communities, Māori, and young adults aged 18 to 24 (Flett et al., 2020).

* Te Manawa Taki region (Waikato, Bay of Plenty, Gisborne, Taranaki).

Psychological distress: recommendations. Mehany et al. (2024) recommend strategies to improve mental health and reduce distress in the construction industry, including leadership training to foster a supportive workplace culture and prioritising workers' well-being as a core business value. This can be achieved by communicating the importance of mental health, providing paid time for care, and encouraging positive behaviours. Similarly, the World Health Organisation (WHO) (2022) suggests enforcing health and safety policies, promoting mental health resources, involving employees in decision-making, offering career development, and recognising employee contributions.

The U.S. National Alliance on Mental Illness (NAMI) (2021) recommends breaking the stigma around mental illness, reducing workplace stress, supporting families, addressing social isolation, and fostering inclusivity. Others suggest funding mental health interventions like psychotherapy, vocational rehabilitation*, increased access to resources including Employee Assistance Programmes (EAP), peer support, and encouraging employers to address employees' mental health needs (England, 2015; Rawe, 2022).

*Vocational rehab helps people with health issues or disabilities get back to work or learn new skills to find a job. It includes things like job training, career advice, and support.

Suicidal ideation, plans, and attempts

Of the workers who responded to the Well-being Survey, 20.8% reported experiencing suicidal ideation, 4.6% had serious thoughts of suicide, 1.7% had made plans to end their life, and 0.6% had attempted suicide. Older age was found to be a protective factor, along with being in the construction industry longer, feeling comfortable talking about mental health at work, and having support from coworkers. Workers at greater risk of suicidal ideation, plans, and attempts included workers who identify as non-binary, those with mental illness, younger workers (aged 15 to 24), those lacking social supports, workers not in relationships, Pasifika workers*, blue-collar workers, those in the Te Manawa Taki Region, and workers who had been in construction for 6 years or less.

These findings are somewhat different from earlier studies on suicide risk in the general population. The NZ Mental Health Survey (NZMHS) (2018/2019) reported that 15.7% of people had suicidal ideation at some point in their lifetime, 5.5% suicide plans, and 4.5% suicide attempts (Beautrais et al., 2006). In the 12 moths prior to the survey, 3.2% of participants reported having suicidal ideation, 1.0% plans, and 0.4% attempts (Beautrais et al., 2006). This suggests that construction workers might be more likely to think about suicide but less likely to make suicide plans or attempts. It is important to note that barriers such as stigma might prevent construction workers from reporting suicide plans or attempts (Mehany et al., 2024).

The Well-being Survey findings indicate that construction workers with mental illness, younger workers and Pasifika workers are at higher risk of reporting suicidal thoughts, plans, and attempts. This aligns with the NZ Mental Health Survey (NZMHS) (2018/2019), which reported that in the general population Māori and Pasifika have an elevated risk of suicide plans and attempts, and individuals with a mental illness are at higher risk of suicidal ideation (11.8%), plans (4.1%), and attempts (1.6%) compared to those without mental health issues (Beautrais et al., 2006). Additionally, research suggests that a predominantly young, male workforce with low educational attainment and job insecurity are known risk factors for mental illness, self-harm, and suicide in the construction industry (Bevan et al., 2022).

* Pasifika workers showed lower levels of psychological distress but were at higher risk for suicidal ideation, plans, and attempts. This is an example of well-being (e.g., feeling happy and content) and ill-being (e.g., feeling stressed and anxious) happening at the same time, so that someone can feel content in one area of life while still facing challenges in another (Nunes, Proença, & Carozzo-Todaro, 2024).
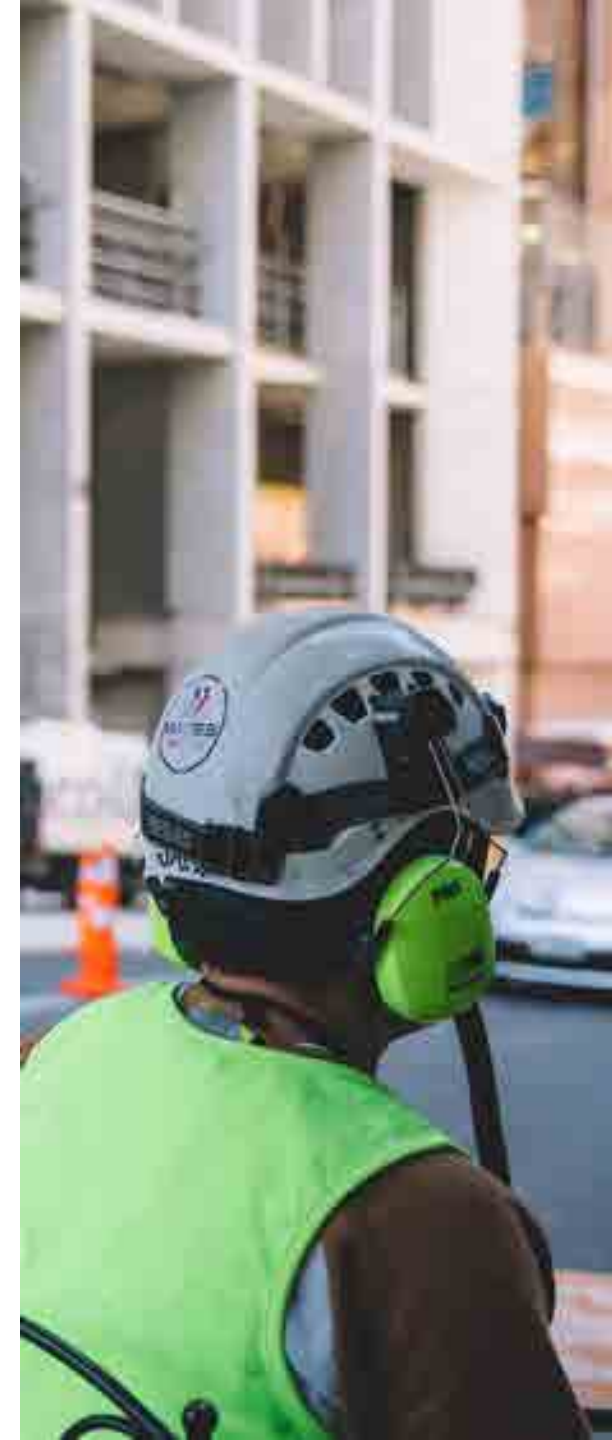
Suicidal ideation, plans, and attempts: recommendations. Tijani et al. (2023) highlight several effective strategies for reducing suicide risk in construction, including suicide education, counselling, critical incident response, financial and substance abuse support, and apprentice programmes. The authors emphasise the value of the MATES in Construction programme, which has improved suicide awareness and help-seeking behaviours among workers. Milner et al. (2015) showed that brief contact interventions* can reduce depression and suicidal thoughts in unemployed construction workers. The MATES program, including its mobile app, has been proven to lower stress and suicidal thoughts, reducing suicide rates in the industry (Gullestrup et al., 2011; Milner et al., 2019).

There is a need for more dedicated and ongoing national funding for suicide research. Future studies should find out if the higher suicide rates in construction happen because there are more men, who are already at higher risk (Jenkin & Atkinson, 2021; Te Whatu Ora & Coroners Court, 2024), or if the unique stresses in the construction industry affect different groups of workers in different ways. Research should also explore whether confounding factors**, such as a masculine culture, make these stressors more prevalent and pervasive in construction compared to other industries. Additionally, research should focus on evaluating the effectiveness of interventions aimed at reducing suicide risk and supporting workers returning after suicide attempts or exposure to suicide.

* Brief contact interventions are short, structured check-ins with people in crisis, offering support and resources to help them feel safer and get further help.

** Confounding factors are external influences that can affect the outcome of a study, making it hard to determine the true relationship between the variables being studied.

Psychosocial Factors

Workers reported various home life psychosocial factors impacting their mental health and well-being, including a lack of sleep, physical health concerns, lack of time for self-care, and relationship and mental health challenges. Groups with high percentages of workers reporting issues were often individuals with mental health conditions, females, non-binary individuals, those with disabilities, and consultants.

Workers also reported work-related psychosocial issues, the most frequently reported being high or low job demands, heavy workloads, poor support, strained workplace relationships, and unfavourable environmental conditions. Workers with mental health issues reported high percentages of many work-related stressors, including poor support and lack of recognition. Alarmingly, one in ten workers with mental health issues reported experiencing workplace violence, along with 8% of Māori workers and 6% of apprentices. Marginalised and minority groups in construction often had higher percentages of workers reporting work-place issues, such as non-binary individuals, females, Māori, and Pasifika workers. Previous studies have also identified these groups of workers as being more vulnerable and more likely to report being exposed to psychosocial stressors in the workplace (Diversity Works, 2022; Mental Health and Wellbeing Commission, 2023).

These findings align with previous studies and reviews that identify similar stressors in construction and other labour-intensive sectors, such as mining, as contributors to suicide risk (Tijani et al., 2023; Workplace Health and Safety Queensland, 2022). If not managed effectively, these stressors can become hazards, leading to stress, exhaustion, and compromised safety, ultimately reducing productivity (Derdowski & Mathisen, 2023). For instance, Mehany et al. (2024) identified the top eight factors affecting mental health in the construction industry, including job demands, job control, work-life imbalance, socioeconomic status, work hazard exposures, coping mechanisms, workplace support, and workplace injustice.

Psychosocial factors: recommendations. In any workplace, there are likely to be factors that protect mental well-being as well as factors that cause harm (Bennett, 2022). Mental harm happens when work-related psychosocial risks cause or worsen emotional, cognitive, or behavioral issues. This harm can come from one-time or repeated exposure and can be immediate or develop over time (Bennett, 2022).

Under the NZ Health and Safety at Work Act 2015 (HSWA), organisations are required to prevent harm to both physical and mental health by removing or reducing risks to health, safety, and well-being as much as possible (Bennett, 2022).

> *Workers and other persons should be given the highest level of protection against harm to their health, safety, and welfare from work risk, by eliminating or minimising these risks, as is reasonably practicable (HSWA, Section 3(2))* (Parliamentary Counsel Office, 2023).

To understand and effectively manage the risk of mental harm, it is essential to regularly identify, assess, and mitigate psychosocial factors using tailored tools like the Psychosocial Risk Management Excellence Framework (PRIMA-EF) (Leka et al., 2008; Mathisen et al., 2017; Workplace Health and Safety Queensland, 2022). Enhancing worker participation in decisions related to staffing, workloads, and job training (alongside ensuring transparency and fairness) is crucial (Forastieri, 2016). Research should focus on understanding the root causes of psychosocial hazards and evaluating interventions like Employee Assistance Programmes (EAP), mental health first aid*, and peer support (Bhandari et al., 2023; Quinlan, 2023).

*Mental health first aid is training that teaches people how to identify mental health issues and give support until professional help is available.

Psychosocial factors: recommendations continued. Creating clear policies to address stress, bullying, and harassment, while also tackling issues like high job demands and job insecurity, is key (Bhandari et al., 2023). Strengthening legislation and enforcement, alongside reforming industrial relations* to give workers more say and job security, will further support this effort (Quinlan, 2023). Creating a psychosocial safety climate where management prioritises psychological health, promotes organisational justice, and supports inclusion is vital (Blackwood et al., 2023; Quinlan, 2023). Tailoring interventions to vulnerable groups, such as young people, and implementing preventative measures to address psychosocial stressors are also important strategies (Lovelock, 2019).

Younger workers, women, Māori, and Pasifika workers are a growing part of the increasingly diverse construction workforce, but they often report facing higher stress and lower support, making them more vulnerable to mental health challenges (Diversity Works, 2022; MBIE, 2024; Mental Health and Wellbeing Commission, 2023). Focusing on these and other groups is essential for building and retaining a strong and resilient workforce.

Programmes like MATES in Construction, which use peer-to-peer support, have been recognised as effective in reducing suicide risks and should be promoted (Quinlan, 2023; World Health Organisation, 2021). Finally, increasing awareness, taking a systematic approach, and ensuring robust evaluation of all interventions are essential for long-term success (Blackwood et al., 2023).

* Industrial relations are the relationships between employers and workers, including how they negotiate pay, working conditions, and solve disputes.
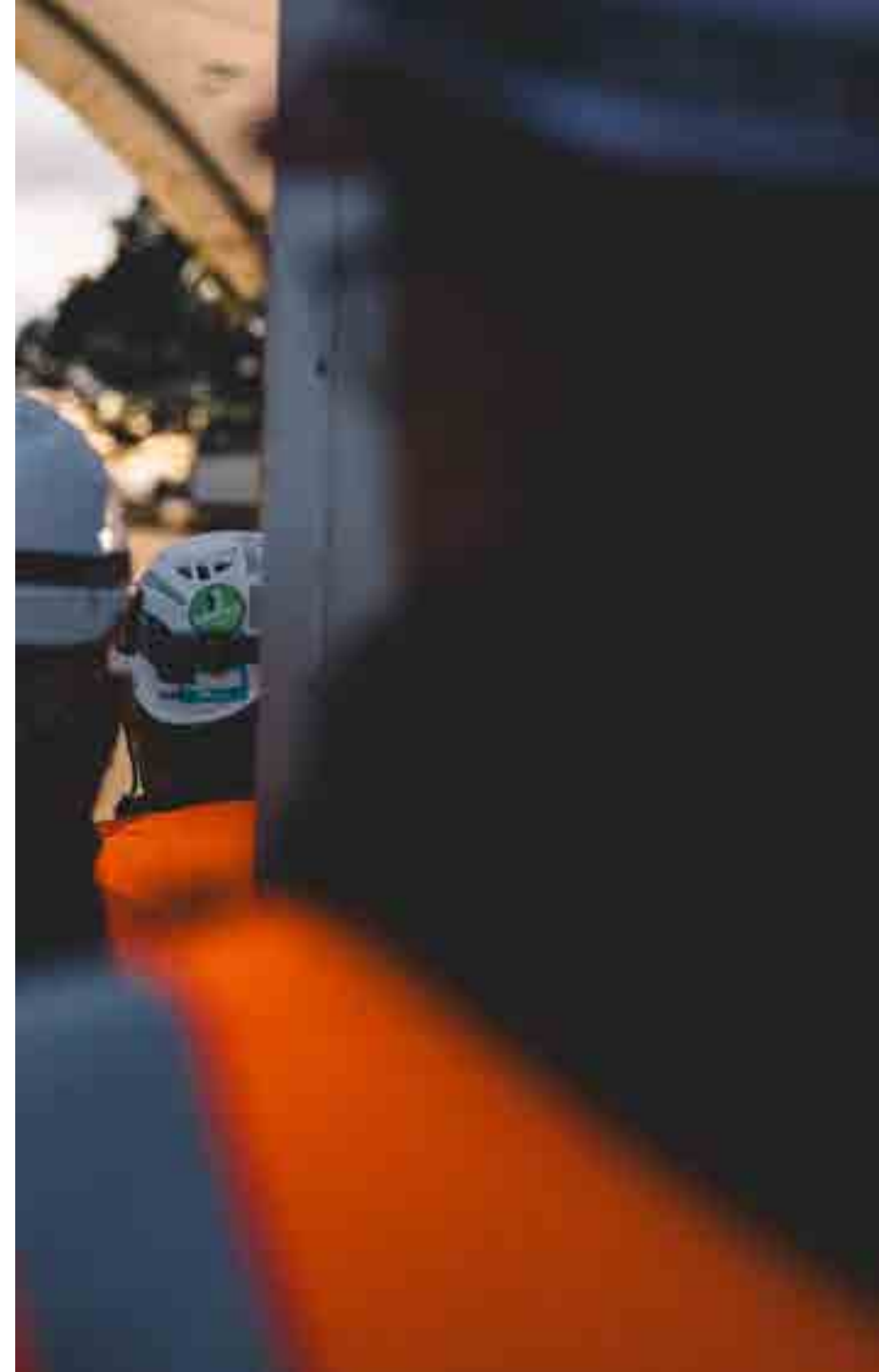
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APPENDIX A – Survey form (English)

Targeted reports were made for these companies

APPENDIX B – Consent form (English)

MATES in Construction NZ Industry Wellbeing Survey
Participant Information Sheet and Consent Form

MATES in Construction NZ Industry Wellbeing Survey

APPENDIX C – Patient Health Questionnaire (PHQ-9)

Patient Health Questionnaire (PHQ-9)

Name: _____ Date: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding: Total Score _____ = _____ + _____ + _____

Total Score _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all   ☐ Somewhat difficult   ☐ Very difficult   ☐ Extremely difficult

How to Score the PHQ-9

Major depressive disorder (MDD) is suggested if:
- Of the 9 items, 5 or more are checked as at least more than half the days
- Either item 1 or 2 is checked as at least more than half the days

Other depressive syndrome is suggested if:
- Of the 9 items, between 2 to 4 are checked as at least more than half the days
- Either item 1 or 2 is checked as at least more than half the days

PHQ-9 scores can be used to plan and monitor treatment. To score the instrument, tally the numbers of all the checked responses under each heading (not at all=0, several days=1, more than half the days=2, and nearly every day=3). Add the numbers together to total the score on the bottom of the questionnaire. Interpret the score by using the guide listed below.

Guide for Interpreting PHQ-9 Scores

Score	Depression Severity	Action
0–4	None-minimal	Patient may not need depression treatment.
5–9	Mild	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.
10–14	Moderate	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.
15–19	Moderately severe	Treat using antidepressants, psychotherapy or a combination of treatment.
20–27	Severe	Treat using antidepressants with or without psychotherapy.

Functional Health Assessment

The instrument also includes a functional health assessment. This asks the patient how emotional difficulties or problems impact work, life at home, or relationships with other people. Patient response of "very difficult" or "extremely difficult" suggest that the patient's functionality is impaired. After treatment begins, functional status and number score can be measured to assess patient improvement.

Note: Depression should not be diagnosed or excluded solely on the basis of a PHQ-9 score. A PHQ-9 score ≥ 10 has a sensitivity of 88% and a specificity of 88% for major depression. Since the questionnaire relies on patient self-report, the practitioner should verify all responses. A definitive diagnosis is made taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Reference: Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a brief depression severity measure. J Gen Intern Med. 2001;16(9):606-613.

APPENDIX D – Categorisation of psychosocial factors

Definition The New Zealand Psychosocial Survey NZPS domains and psychosocial factors used in the MATES Wellbeing Survey (adapted from WorkSafe, 2024, pp. 100-101).

Domain (key areas of the work environment)	Description	Psychosocial factors
Demands at work	This domain covers the workload and pace of work, as well as emotional demands such as dealing with others' feelings.	High workload Ongoing physically, mentally or emotionally demanding work Weather Pressure from tight site/build timeframes Poor environmental conditions at work (e.g. cramped space, lack of light, noise, temperature issues)
Work organisation and job content	This domain looks at the meaning of work, opportunities for personal and professional development, and the level of control workers have over their work schedules and tasks.	Difficulty meeting business costs e.g. payments to suppliers or staff Pressures from delays in supplies Lack of overtime Remote work and time spent travelling to site Poor quality or lack of equipment and tools to do the job
Connectivity (social capital)	This domain measures trust within the organisation, both between management and employees (vertical trust) and among employees themselves (horizontal trust). It also considers organisational justice, or how fairly workers feel they are treated.	Lack of communication and consultation about changes in work or workplace Inconsistent or unfair decisions and applying of rules

Definition of NZPS domains and psychosocial factors used in the MATES Wellbeing Survey (cont.)

Domain (key areas of the work environment)	Description	Psychosocial factors	
Interpersonal relations and leadership	Factors in this domain include role clarity, the quality of leadership, and the level of social support from supervisors and colleagues. It also examines the sense of community at work and the presence of role conflicts.	Lack of supervisor support No one checking in on how I'm doing Social isolation/feeling alone Not feeling heard/understood Not being recognised for extra effort or commitment Few team building/social opportunities Poor communication about priorities, job roles and/or expectations Strained relationships, conflict and disagreements with workers, managers, or others Stress among workmates	
Work—individual interface	This domain addresses work—life conflict and job security. It also includes the quality of work and the security of working conditions.	Challenging work hours or shift work, inflexible or unpredictable hours Lack of work/underemployment Lack of employment security Lack of timeliness with payment of wages	***Note:*** *The Well-being Survey has additional questions regarding home life stressors to acknowledge the link between home and work environments.*
Offensive behaviours	This domain assesses exposure to bullying, cyberbullying, sexual harassment, threats of violence, and physical violence in the workplace.	Witnessing or being exposed to traumatic events (e.g. serious injuries, deaths, threats of violence or assaults at work) Bullying and/or harassment Being abused, threatened/intimidated, or assaulted at work (by workers or clients) Stigma and/or discrimination	

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