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Joint Trust Fund



Preventing Suicide in Construction: Actions Anyone Can Take to Help

September 15, 2026

Moderator: Chris Trahan Cain, CIH, Executive Director, CPWR

Panelists:

Keith Vitkovich, Executive Director, Roofers & Waterproofers Research
and Education Joint Trust Fund

Sonya Bohmann, Executive Director, CIASP

Jessica Bunting, MPH, r2p Program Director, CPWR & Vice Chair, CIASP
Board of Trustees

Before we get started...



Need to talk to someone?



988

National Suicide Crisis Hotline



CONSTRUCTION SUICIDE PREVENTION WEEK SM

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**CONSTRUCTION SUICIDE
PREVENTION WEEK**

SAVE THE DATE: SEPT. 14-18, 2026

Housekeeping

- Today's webinar will be recorded and automatically shared via follow-up email.
- The recording and slides will also be posted on cpwr.com/webinars.
- Attendees are automatically muted! Please submit panelist questions via the Q&A box.
- Spanish audio is available via simultaneous interpretation

Simultaneous Interpretation

Interpretación simultánea

WINDOWS - MAC (Navegador web/Browser)

1. En los controles del seminario web, haga clic en **Interpretación** 
2. Haga clic en el idioma que desee escuchar.
3. (Opcional) Para escuchar solo el idioma interpretado, haga clic en **Silenciar audio original**.

Nota: Hay que unirse al audio del seminario web a través de audio o VoIP de la computadora. No podrá escuchar la interpretación de idiomas si utiliza las funciones de audio de teléfono [llamada directa](#) o [recibir llamada](#).

1. In your webinar controls, click **Interpretation** 
2. Click the language that you would like to hear.
3. (Optional) To hear the interpreted language only, click **Mute Original Audio**.

Note: You must join the webinar audio through your computer audio/VoIP. You cannot listen to language interpretation if you use the [dial-in](#) or [call me](#) phone audio features.

ANDROID - iOS (Aplicación móvil/Mobile App)

1. En los controles del seminario web, toque los puntos suspensivos **...**
2. Toque **Interpretación de idiomas**.
3. Toque el idioma que desee escuchar.
4. (Opcional) Toque el botón de alternancia **Silenciar audio original**.
5. Haga clic en **Finalizado**.

Nota: No podrá escuchar la interpretación de idiomas si utiliza las funciones de audio de teléfono [llamada directa](#) o [recibir llamada](#).

1. In your webinar controls, tap the ellipses **...**
2. Tap **Language Interpretation**.
3. Tap the language you want to hear.
4. (Optional) Tap the toggle to **Mute Original Audio**.
5. Click **Done**.

Note: You cannot listen to language interpretation if you use the [dial-in](#) or [call me](#) phone audio features.



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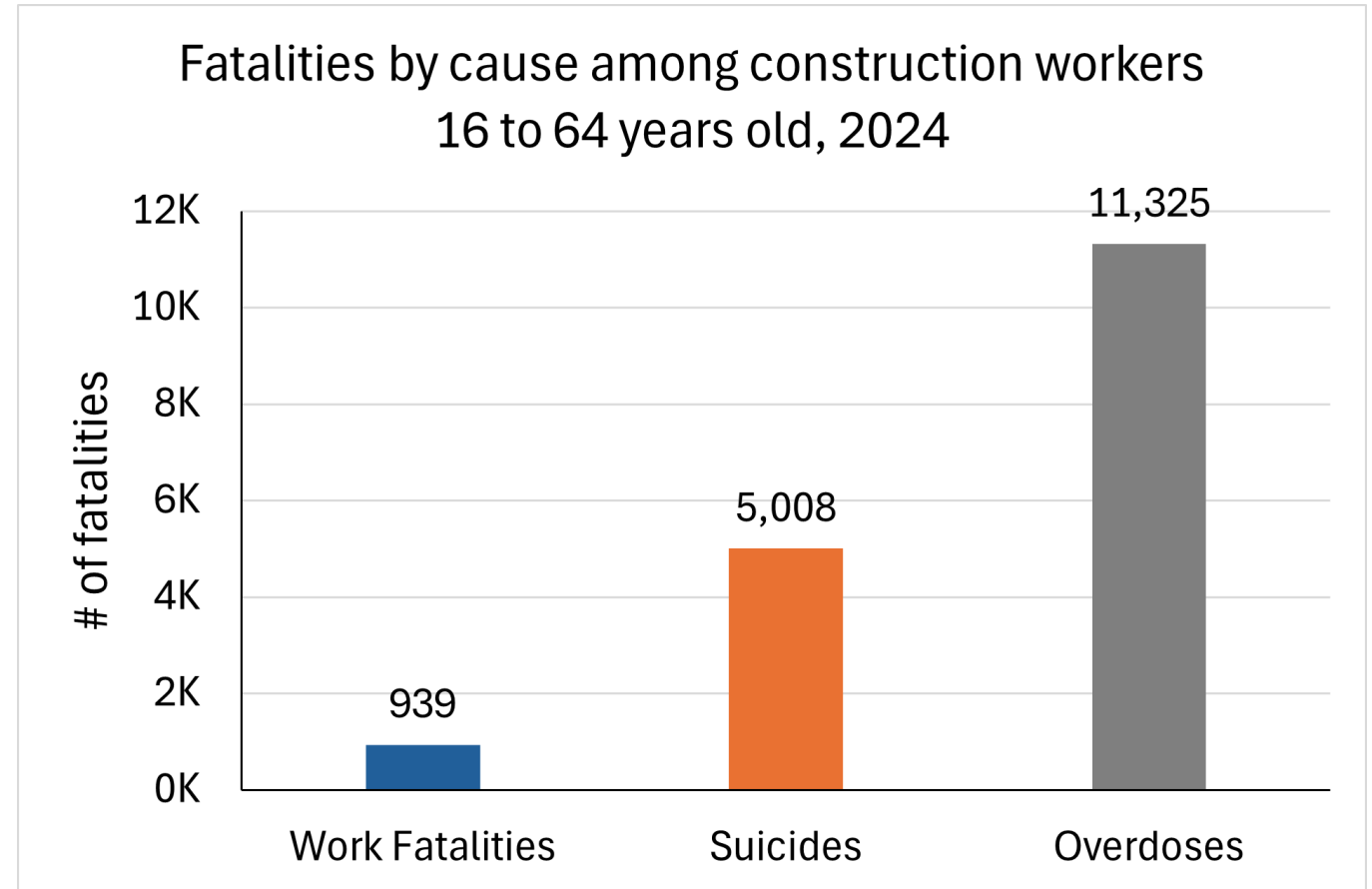
Why are we talking about mental health at work?



Fatalities by cause among construction workers aged 16 to 64 years old aged 16 to 64 years old

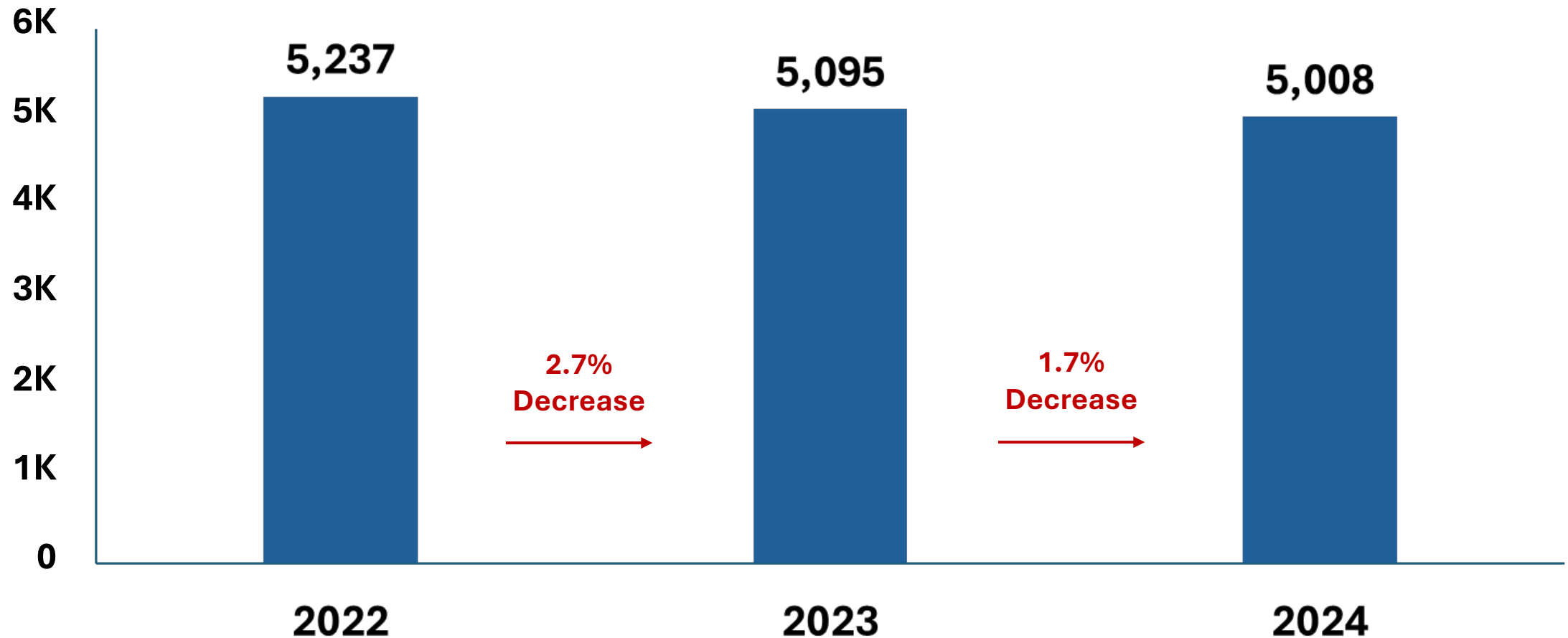
Workers are dying from **suicide** at **5x** the rate of traditional work-related fatalities

And from **overdoses** at **11x** the rate of traditional work-related fatalities



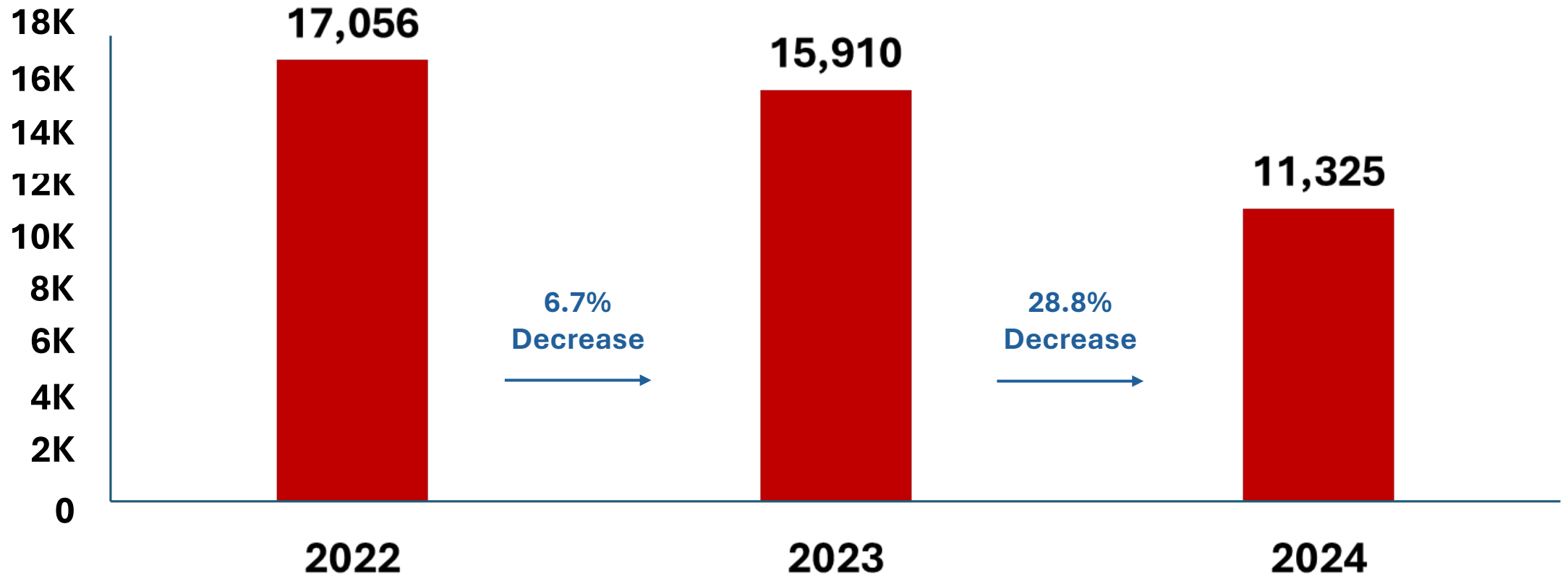
Source: Dufoe, D., Trueblood, A., Brooks, R.D., & Harris, W. (2025, April). Construction Worker Injuries, Overdoses, and Suicides. <https://www.cpwr.com/wp-content/uploads/DataBulletin-April2025.pdf>.

Number of Suicide Deaths in Construction



Includes workers aged 16 to 64. Calculations by CPWR's Data Center using the National Center for Health Statistics 2022-2024 Mortality Cause File.

Number of Opioid Overdoses in Construction



Includes workers aged 16 to 64. Calculations by CPWR's Data Center using the National Center for Health Statistics 2022-2024 Mortality Cause File.



But why is this happening?

Personal + Environmental Risk Factors

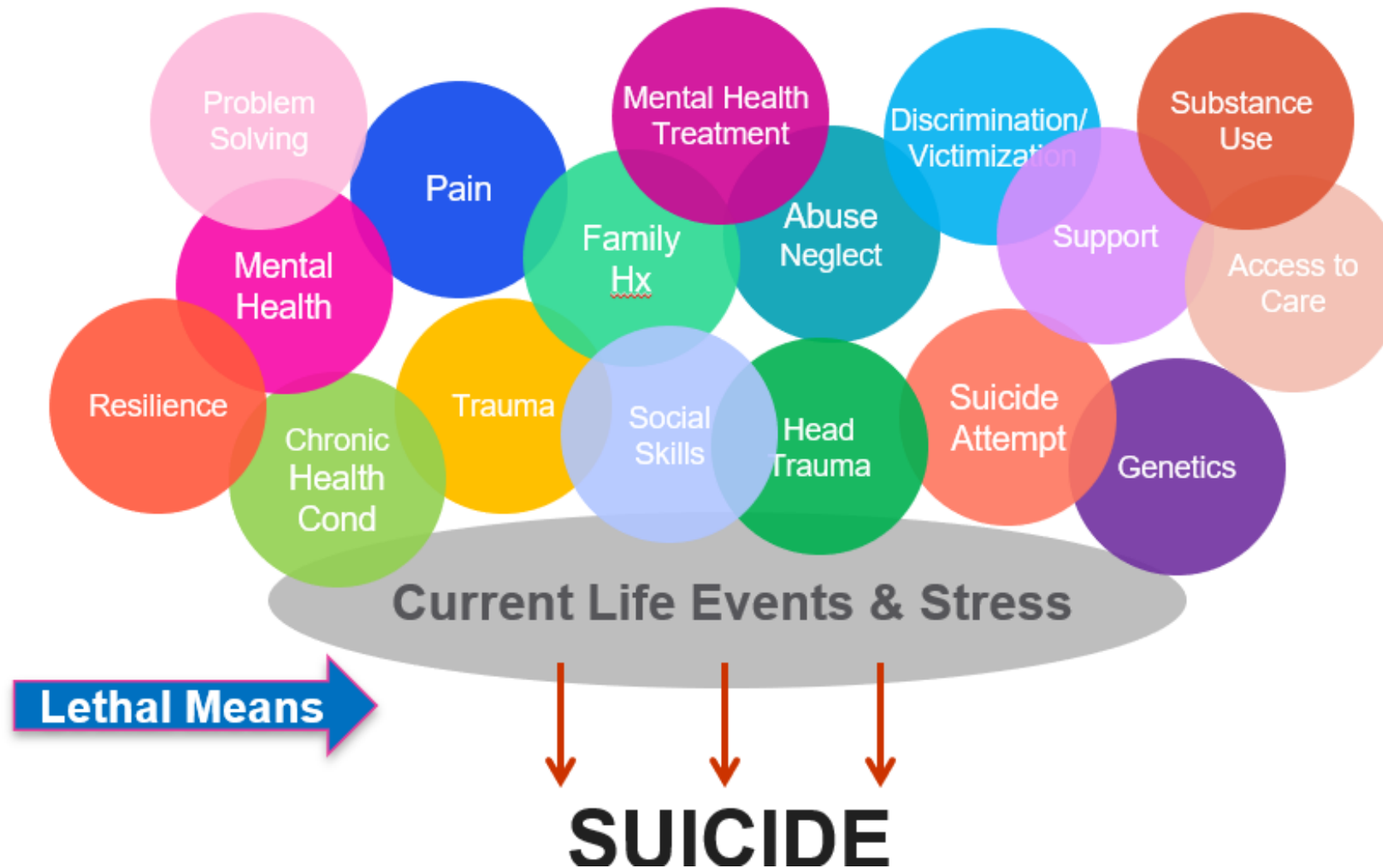


Image Credit: AFSP presentation

Moutier, CY, Harkavy-Friedman, JM (2018) presented at National Academy Sciences, Washington, DC. Owens D, et al. *Br J Psychiatry*. 2002. Bostwick JM, et al. *Am J Psychiatry*. 2016. Bertolote JM, et al. *World Psychiatry*. 2002. van Heeringen K, et al. *Lancet Psychiatry*. 2014. Turecki G, et al. *Lancet*. 2016. Batty GD, et al. *Transl Psychiatry*. 2018. National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS, September 2012.

Industry-Related Risk Factors for Suicide



Extreme pressure to work quickly and effectively



Regular exposure to noise, heat, etc.



Job instability or uncertainty



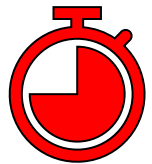
Low margin for error



Poor access to / use of health care



Isolation / separation from family & friends



Long hours, regular overtime



Witnessing jobsite incidents & fatalities



Demographics (male dominated, veterans)



Lack of paid leave



Normalization of alcohol & drug use



Skill gaps



High injury rates & chronic pain

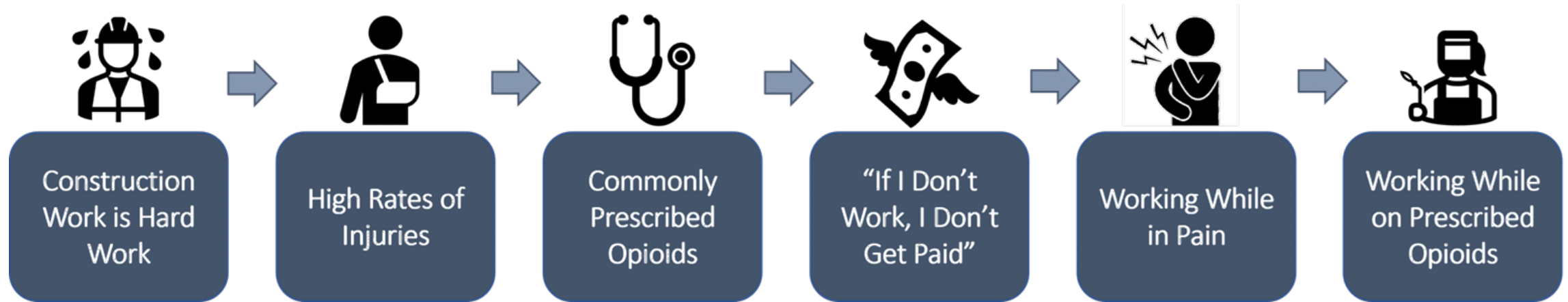


Sleep deprivation



Lack of leadership training

Industry-Related Risk Factors for Opioid Use



ACUTE USE LEADS TO LONG-TERM USE!!

1 Day = 6% chance of still using the drug a year later

7 Days = 13.5% chance

31 Days = 29.9% chance

STRONGER THAN SILENCE

The Road to Recovery Begins with a Voice

REAL STORIES OF ADDICTION, STRUGGLE & RECOVERY FROM TRADE PROS.





Take the Pledge



www.preventconstructionsuicide.com

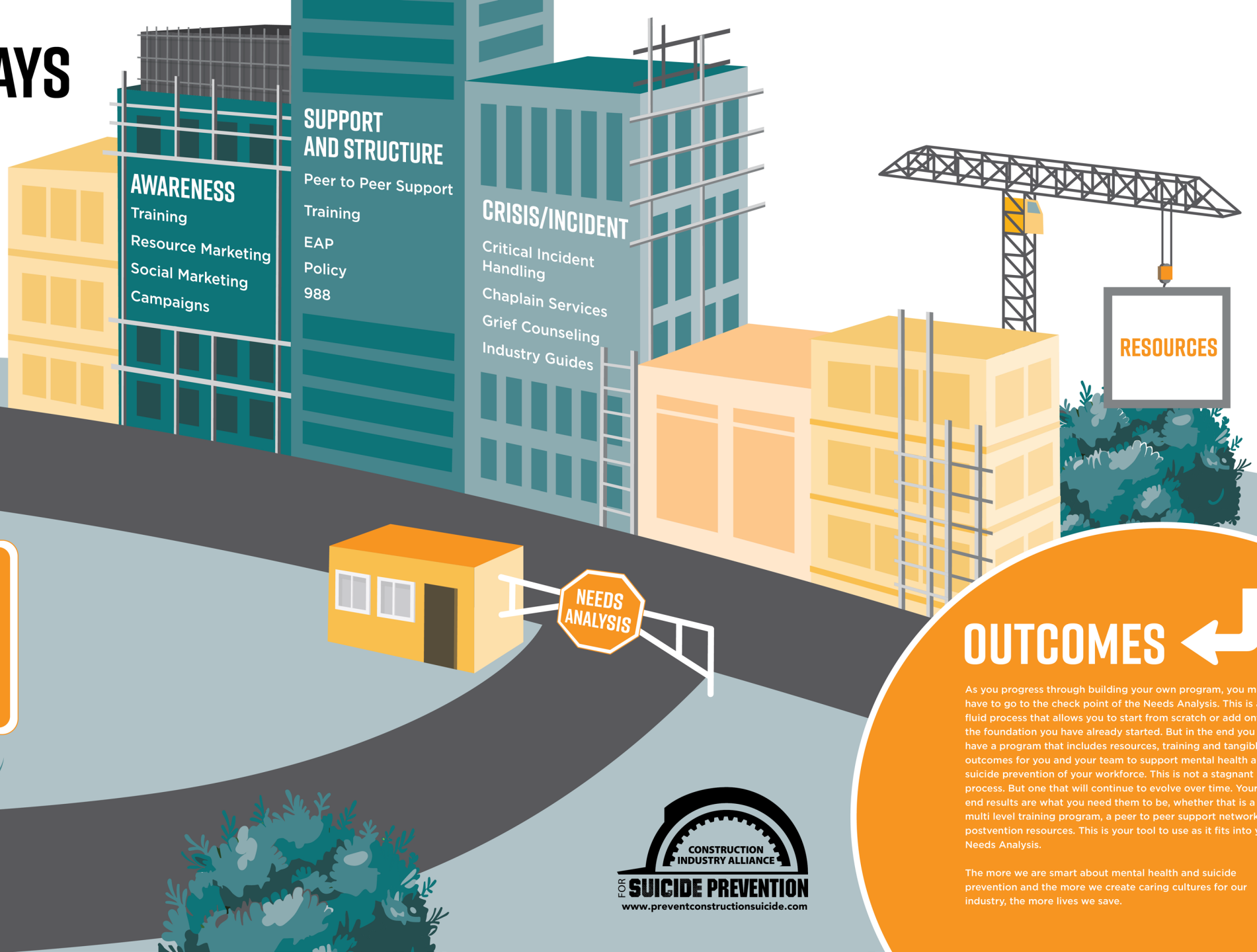
**IGNORING IT IS NOT THE
ANSWER.**

Take the pledge today

CIASP PATHWAYS

The Construction Industry Alliance for Suicide Prevention created a pathway for any company large, medium, or small to access free resources and create your own mental health and suicide prevention program.

The Pathway begins with taking the Standup Pledge to STANDup to Suicide Prevention in Construction. After the pledge move along the path towards the Needs Analysis. Following the STAND methodology determine what resources you have in place and what resources you need for your program. Once complete (this document is used to refer back as you are building your program), enter the Building Site and begin Building your Program. You may come in at Crisis/Incident having just experienced a loss, or Awareness as you start to construct your program. There is not a one size fits all process and allows your company to build what and where is needed.



OUTCOMES

As you progress through building your own program, you may have to go to the check point of the Needs Analysis. This is a fluid process that allows you to start from scratch or add onto the foundation you have already started. But in the end you will have a program that includes resources, training and tangible outcomes for you and your team to support mental health and suicide prevention of your workforce. This is not a stagnant process. But one that will continue to evolve over time. Your end results are what you need them to be, whether that is a multi level training program, a peer to peer support network, or postvention resources. This is your tool to use as it fits into your Needs Analysis.

The more we are smart about mental health and suicide prevention and the more we create caring cultures for our industry, the more lives we save.



Getting Started: Needs Analysis



Needs Analysis & Implementation Tool

This Needs Analysis & Implementation Tool has been developed by the **Construction Industry Alliance for Suicide Prevention** to aid companies in evaluating how they address mental health and suicide prevention in the construction workplace. It will also help determine how prepared they, and their employees, are to handle a mental health or suicide crisis.

This Tool is best utilized as a team with representatives from all facets of the organization. The key items to remember are:

1. **Suicide prevention should not be a separate program**—it is most effective when integrated into multiple existing programs and processes within the organization. Think about it being baked in—not bolted on.
2. Suicide prevention should not be one person's responsibility – leadership should come from multiple sources. This not only ensures broad integration but more complete buy in.
3. Doing something is better than doing nothing. Start with one **action step** and build on that!

The tool is made up of questions for self-evaluation as a **leadership team** accompanied by some suggestions of action steps you can take to improve your preparedness. Each action item has a place to identify who is responsible—a person or a function within the company, but also who else do they need to get involved for maximum effectiveness. It is organized by the principles of our **STAND pledge** and the activities that help your organization to fully adopt the 5 principles:

SAFE

Creating a culture in which team members feel safe to ask for help if they are having suicidal thoughts or if they are concerned that their fellow workers are at risk of suicide.

The steps to putting this principle into practice center around creating a **caring culture**. Some ideas to consider:

- ◆ Having a leader share a story of lived experience with mental illness or suicide, provide hope and show support goes a long way to building confidence in the team that the workplace is a safe place where they can be understood and helped.

Safe Messaging Guide



TALKING ABOUT SUICIDE IN THE CONSTRUCTION INDUSTRY

SAFE MESSAGING GUIDELINES FOR PRESENTERS,
TRAINERS, MEMBERS OF THE MEDIA & ANYONE
TRYING TO HELP



Recognize the Signs to Speak Up

WHAT ARE THEY SAYING?

- ◆ Talking about feeling trapped
- ◆ Saying they want to die
- ◆ Feeling like they are a burden to others
- ◆ Expressing hopelessness or helplessness
- ◆ Conflict or confrontations with co-workers

WHAT ARE THEY DOING?

- ◆ Increased tardiness or absenteeism
- ◆ Decreased productivity and problem solving
- ◆ Near misses, hits or other safety incidents
- ◆ Misusing drugs or alcohol
- ◆ Acting anxious, agitated or reckless
- ◆ Withdrawing from social groups and interactions
- ◆ Extreme mood swings

WHAT'S HAPPENING IN THEIR LIVES?

- ◆ Relationship issues
- ◆ Major life changes
- ◆ Loss of a loved one
- ◆ Financial difficulties
- ◆ Illness or injury

STANDUP
FOR SUICIDE PREVENTION

RESOURCES

HELP IS WITHIN REACH



INFORMATION & RESOURCES AT
preventconstructionsuicide.com

NATIONAL
**SUICIDE
PREVENTION
LIFELINE**

THE NATIONAL SUICIDE
PREVENTION LIFELINE AT
1.800.273.TALK (8255) or
suicidepreventionlifeline.org



Warm Hand Off

Plan For A Person In Crisis



Crisis Management:

Does your safety Plan
include a mental health
crisis or suicide?



Resources

Advocating for & Contributing to A Culture of Care

According to the Associated General Contractors of America, a **culture of care** refers to a welcoming, safe, inclusive workplace free from harassment where every employee feels valued, respected, and heard.

1. BUILD UP YOUR WORK COMMUNITY
2. TALK ABOUT MENTAL HEALTH
3. RECOGNIZE STRUGGLING
4. TAKE ACTION



Building up your work community

- Treat the jobsite and your crew as a community. Take time to get to know your coworkers.
- Create opportunities to connect with other crew members outside of work.
- Ask your employer to provide training on communication skills, peer support skills, and suicide prevention.
- If you feel comfortable, be vulnerable about your own challenges. When you're willing to open up, it gives others permission to do the same.
- Be someone others can talk to and be ready to connect coworkers with professional support when needed.



Talking about mental health

A culture of care starts with mental health being a normal thing to mention here. That means:

- Mental health gets the same standing as physical health. “I’m struggling” gets the same response as “My back is killing me.”
- No jokes at anyone's expense about therapy, medication, breakdowns, or “going crazy.” Those jokes are the reason people don't speak up.
- What someone tells you isn't gossip. The information goes toward getting help — not to the break trailer.



Recognizing struggling

- You are **not** being asked to diagnose anybody!
- You're only being asked to notice when somebody changes from their normal behavior, attitude, or demeanor.

Is someone pulling away and eating alone, saying things like “*what’s the point?*”, not doing a quality job anymore, drinking more than usual, acting irritable, making more mistakes than usual?

- We need to be able to look and listen out for each other.

Taking action

- **ASK.** Privately and directly. “You haven't seemed like yourself lately. What's going on?” If you're worried it's serious, ask the real question plainly: “Are you thinking about suicide?”
- **LISTEN.** This is the hard part for tradespeople — we fix things. Don't fix this. You probably can't. Don't minimize it by saying things like “others have it worse”, don't rush to advice, don't fill the silence. Just let them talk and take it seriously.
- **CONNECT.** You are not the counselor. Your job is to hand them off to real help — the EAP (if applicable), 988, their doctor, their union. Don't just give a number. Sit with them while they call or walk them to the office.
- **FOLLOW UP.** Wednesday. Next week. Next month. “Just checking on you.” The follow-up is what tells someone they weren't a burden for saying something.



Preventing Harassment & Violence in the Workplace

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Identifying Warning Signs in an Individual

Making a Plan to Prevent Workplace Violence

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Reporting and Responding Protocols

Emergency Preparedness & Response Plans

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Getting the Word Out: Outreach and Training

Reinforcing a Culture of Care and Respect

Additional Resources

References

Appendix A: Sample Policy



Preventing Workplace Harassment & Physical Violence in Construction

A Guide for Employers & Workforce Leaders

https://www.cpwr.com/wp-content/uploads/GB-CPWR_Guide_Prevent_Workplace_Harassment_Violence.pdf

Background

- Acts of violence are the **third leading cause of fatal occupational injuries** in the United States (CFOI, 2026).
- Violence causes **one in six** workplace deaths.
- For the purposes of this guide, workplace violence includes any act or threat of physical violence or assault in the workplace (State of California Department of Industrial Relations, 2024).
- The guide also recognizes that physical violence often follows harassment, intimidation, bullying, or other threatening behavior.
- Even if these behaviors don't escalate to physical violence, they can create harm by themselves and need to be addressed and prevented through early intervention.

Effects of Workplace Harassment & Violence

- **Harassment, bullying, and other threatening behavior** can have serious psychological, health, and social or work-related effects on the worker experiencing it. It can also impact those who witness it *even if they are not directly involved*. Workers may experience:
 - a desire to avoid the workplace,
 - poor concentration and decreased productivity,
 - mental health issues,
 - high blood pressure,
 - and other stress-related health issues.

(American Psychiatric Association Foundation, 2026).

Effects of Workplace Harassment & Violence

- **Physical violence** in the workplace can cause all these same issues, while also putting the affected worker at risk for physical injury, including permanent disability or death.
- **In both cases**, these primary impacts can lead to additional challenges for the worker experiencing them, such as:
 - conflict with other crew members,
 - increased risk of work-related injury,
 - job loss or change,
 - financial difficulties,
 - and missed opportunities for new work or promotions

(American Psychiatric Association Foundation, 2026).

Understanding Contributing Factors & Assessing Risks

- Individual risks
Example: previous exposure to violence
- Relationship-based risks
Example: partner-based violence
- Community risks
Example: exposure to the public during rush hour
- Work-related risk
Example: high-pressure environment

Conducting a Workplace Violence Hazard Analysis

1. **Are there stressors related to the work environment that could potentially contribute to agitation and ultimately violence?** For example:
 - Inadequate break spaces or basic facilities
 - Limited space and trade stacking (leading to possible overcrowding and territorial conflict)
 - Limited parking, long commutes
 - Consistent loud noise
2. **Are there stressors related to the work itself that could potentially contribute to agitation and ultimately violence?** For example:
 - Dangers (e.g., work at heights, confined spaces)
 - Low margin for error
 - Schedule pressure without relief valves
 - Long hours and overtime (leading to fatigue)
3. **Are there challenges related to crew dynamics or relationships that could potentially contribute to agitation and ultimately violence?** For example:
 - Challenging power dynamics between crew leaders and other workers
 - Poor communication, especially during scope or sequencing changes
 - Skill gaps
 - Presence of bigotry, prejudice, or discrimination

Conducting a Workplace Violence Hazard Analysis

4. Will there be people other than employees entering the site? For example:

- Non-construction vehicles (e.g., roadwork)
- The public, tenants, travelers, and other types of building or campus users who may pass through or near the jobsite
- Equipment suppliers, vendors, delivery trucks/drivers
- Other subcontractors

5. Is the jobsite secure? Are there any locations, times, or situations that may put workers at risk of violence from coworkers or the public? For example:

- Late night/early morning hours, especially working alone or in small groups
- Poor lighting
- Lack of separation from or increased tension with the public (e.g., road work contributing to delays for drivers, night work taking place near bars or stadiums)
- Placement of facilities (storage, restroom, parking, etc.) in secluded areas
- High crime rates in the area
- Any employees with known external relationships or situations that could lead to violence in the workplace (e.g., stalking, domestic violence, community/group-involved conflict)

Identifying Warning Signs in an Individual

Trying to predict whether an individual may commit workplace violence is extremely difficult, but there are some emotional and behavioral warning signs that *might* indicate a person is becoming increasingly agitated. These include:

- Excessive drinking and/or drug use
- Having drastic changes in their mood, especially displaying a negative mood
- (e.g., irritability, anger, depression)
- Repeatedly breaking company policies and rules
- Increased conflict with coworker(s)
- Showing resistance to changes at work
- Vocally complaining about being treated unfairly at work
- Acting paranoid (e.g., thinks people at work are "out to get" them)
- Social withdrawal (American Psychiatric Association Foundation, 2026)
- Showing disregard or disrespect for the personal boundaries of others

Making a Plan/Written Policy

Plans should cover:

1. Definitions & Identifications of Prohibited Behaviors
2. Exposure Control Planning Guidelines
3. Reporting & Responding Protocols
4. Emergency Preparedness & Response Plans
5. Plans for Engaging Jobsite Partners to Prevent Workplace Harassment & Violence

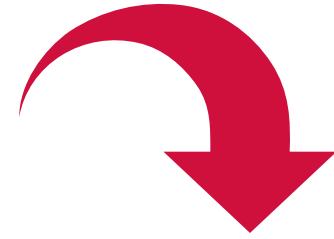
Next Steps

- Getting the word out
- Reinforcing a culture of care and respect
- Additional resources to expand

https://www.cpwr.com/wp-content/uploads/GB-CPWR_Guide_Prevent_Workplace_Harassment_Violence.pdf

Highlighted CPWR Resources

- **Main Mental Health Page:** <https://cpwr.com/mentalhealth>
- [Suicide Prevention](#)
- [Mental Health Resilience Training](#): A free discussion-based training with 9 modules that cover topics from general health, opioid awareness, suicide awareness, motivational interviews.
- [Opioids Resources](#)
- **CPWR/NABTU Opioid Awareness Training Program:** Increase awareness of the dangers of opioids and decrease the stigma associated with use and asking for help.
[Presentation](#); [Facilitator Guide](#); [Participant Handout](#)
- [Peer Advocacy for Construction Workers Struggling with Substance Use and Mental Health](#)
- [Webinars on Mental Health](#)



CPWR Newsletter on Suicide & Opioids



REASON
Resources and Effective programs Addressing Suicides and Opioids Now

ISSUE 2 • AUGUST 2024

IN THIS ISSUE:

GOOD NEWS NABTU Supports White House Leadership to Save Lives	FOCUS ON PREVENTION Stop Stigma Together Summit
RESOURCES HIGHLIGHT NEW Free Naloxone Resource	RESEARCH CORNER New Articles in the American Journal of Industrial Medicine

NABTU Supports White House Leadership to Save Lives

On March 13, 2024, the White House announced the "Challenge to Save Lives from Overdose" – an initiative aimed at reducing opioid overdoses through increasing access to naloxone, the overdose reversal medication. The Biden-Harris administration is invested in making these medications more accessible and is encouraging all sectors to participate in the effort by signing on and commit to the challenge. The challenge asks employers to commit to training 100% of their employees in overdose reversal medication administration, ensure the medication is available in every first aid kit on work sites, and to purchase and distribute overdose reversal medication to employees and customers.

NABTU affiliates have been training members and distributing naloxone to apprentices, on jobsites and at union halls. For example, SMOHIT was making strides to meet the goals of the White House initiative even before it was announced. Having received a grant from CPWR to develop a tailored naloxone training for sheet metal workers, they have distributed nearly 2,000 kits at over 20 local unions and district councils so far in 2024 and anticipate providing 2,000 more before the year is out. In Connecticut, IOUE Local 478 and the State Building Trades Council have distributed more than 5,000 doses of naloxone and plan to hand out many more. Via a program of the state's Department of Mental Health and Addiction Services (DMHAS), where DMHAS has taken opioid settlement funds and is purchasing naloxone to distribute to the community, Local 478 is training workers in apprenticeship classes, safety refresher classes at the union hall, and on jobsites. The Mass Building Trades Recovery Council is distributing naloxone via the Community Naloxone Program of the Massachusetts Department of Public Health and has handed out more than 6,500 doses in the last 10 months. IUPAT in Maryland includes naloxone training as part of their peer support training. IBEW Local 26 and IUEC Local 10 are working with a program at the University of Maryland, PROSPER (Partnering to Reduce Opioid Stigma and Promote Employment in Recovery), to expand training and distribution. PROSPER is also in talks with other locals to extend the program's reach within the trades.

Your organization can help meet the White House Challenge by [learning more](#) and [signing up](#).

RESOURCE HIGHLIGHT

New, Free Naloxone Resource

CPWR has created a new naloxone information sheet that summarizes how to administer naloxone, including the signs of an overdose, and the actions to take before and after administering. This resource will help reinforce skills learned in training and can be quickly reviewed or used as a training guide when distributing kits. [The information sheet](#), which is free to download, is posted as part of CPWR's opioid resources. Also, [email CPWR Opioid Project Coordinator Chris Rodman](#) if you are interested in adding your logo to the info sheet for your naloxone distribution projects.

RESEARCH CORNER

Article Examines Construction Workers' Pain Management Practices

As part of special issue of the *American Journal of Industrial Medicine* focusing on the construction sector, Dr. Aurora Le and colleagues have described a unique study of construction workers' pain management practices. While opioid prescribing has declined overall, and somewhat less dramatically for injured workers, there is still widespread prescribing of potentially risky opioid pain medications among construction workers. In Le et al.'s small survey of construction workers reporting pain, 72% reported using pharmacological pain management approaches, including 19% using opioids. In fact, one in three workers who had gone to a doctor for pain management received an opioid prescription. However, 30% reported using nonpharmacological pain management approaches, including cold and heat, stretching, and physical activity. Statistical modeling of the factors associated with opioid use found that familiarity with mindful breathing/meditation and music therapy, employers providing unpaid leave and paid disability leave, and training on risks of opioids were associated with not using pharmacological pain management such as opioids. The authors conclude that providing access to paid leave and non-pharmacological pain management approaches, as well as training on opioid hazards, could result in an estimated 23% reduction in pharmacological pain management approaches. The [abstract of the article](#) is available on the AJIM website.

FOCUS ON PREVENTION

Stop Stigma Together Summit

Stop Stigma Together is a Grand Challenge dedicated to ending the stigma associated with mental health and substance use disorders by uniting institutions, generating resources and promoting awareness. CPWR has been active in the Stop Stigma Together Workplace Taskforce over the past 6 months

REASON (Resources and Effective programs Addressing Suicides and Opioids Now)



COMPASS



THURSDAY, SEPT. 17TH
AT 1:00 PM EASTERN

COMPASS



WEBINAR: New COMPASS Playbook for Preventing Suicides in Construction

Learn more about the CPWR-funded Construction Organizations Mobilizing for Peer Support & Suicide Safety (COMPASS) playbook and how it provides construction contractors with an adaptable, scalable framework for implementing and maintaining an effective suicide prevention program through measures such as training and peer support.

Learn more & register at:
www.cpwr.com/webinars