



THE CENTER FOR CONSTRUCTION
RESEARCH AND TRAINING

New Data on Mental Health among Construction Workers & Other CPWR Resources

SEPTEMBER 13, 2025

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

Panelists:

Amber Trueblood, DrPH, Data Center Director

Derek Dufoe, MS, Research Assistant


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.

Presentation Outline

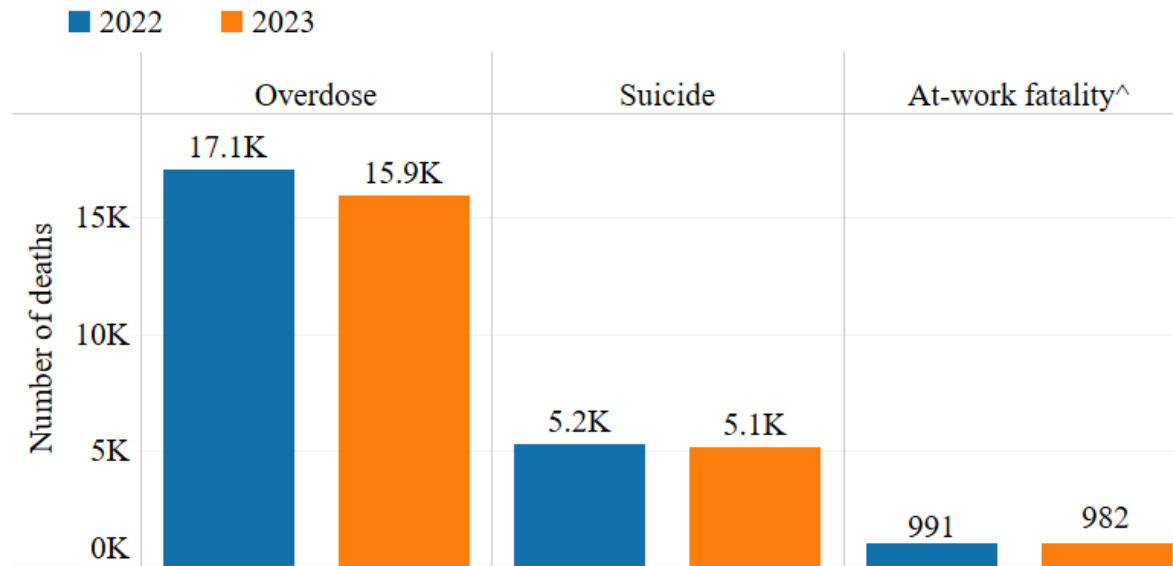
- Introduction
- Findings from new Interactive Construction Chart Book dashboard on [Mental Health](#)
- CPWR Available Resources

Introduction

- Construction had the **second** highest suicide rate among males.
 - Construction
 - Males: **56.0** per 100,000 workers aged 16 to 64 years old
 - Females: **10.4** per 100,000 workers aged 16 to 64 years old
 - All industries
 - Males: **32.0** per 100,000 workers aged 16 to 64 years old
 - Females: **8.0** per 100,000 workers aged 16 to 64 years old

Source: Sussell, A. (2023). Suicide rates by industry and occupation—national vital statistics system, United States, 2021. *MMWR. Morbidity and Mortality Weekly Report*, 72.

Fatalities by cause among construction workers aged 16 to 64 years old aged 16 to 64 years old (2022-2023)*



Source: National Center for Health Statistics, 2022-2023 Mortality Multiple Cause File and U.S. Bureau of Labor Statistics, 2011-2023 Census of Fatal Occupational Injuries. Calculations by CPWR's Data Center.

*See injury type definitions as ICD-10 codes overlap for commonly used definitions. For example, suicides resulting from an overdose are included in both categories.

^ At-work fatalities reduced to 16 to 64 years old to match mortality data.

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>.

Mental Health Data Dashboard



Mental Health among Construction Workers

2018-2024* 2010-2017

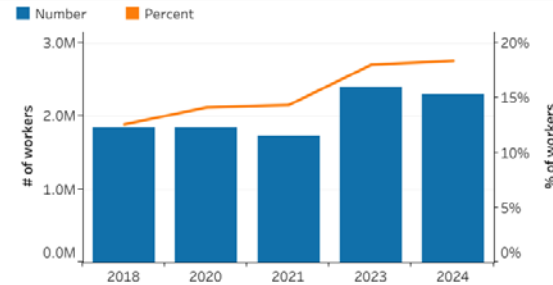
Year
All

Construction workers with anxiety, by year

Measure
Anxiety

On average annually for the available years from 2018 to 2024*,

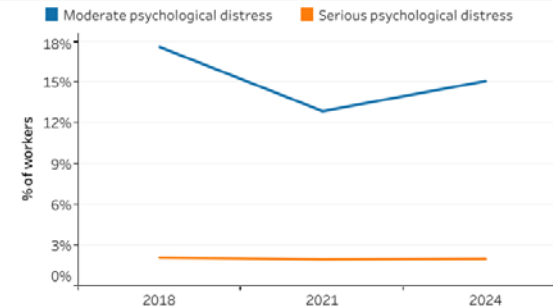
- **15.5%** (n=2.0M) of construction workers reported having anxiety.



Psychological distress among construction workers*

On average annually from 2018 to 2024*,

- **15.3%** of construction workers reported having moderate psychological distress.
- **2.0%** of construction workers reported having serious psychological distress.



Needed mental health care but couldn't afford it, by year

On average annually for the available years from 2018 to 2024*,

- **3.6%** (n=472.1K) of construction workers needed mental health care but were unable to afford it.

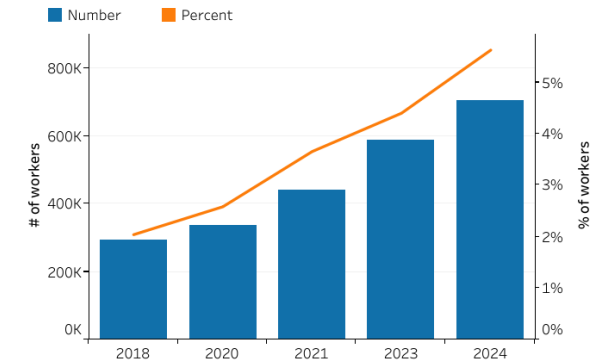


Chart Footnotes

Please see the sections below the dashboard for information on the data, definitions, chart notes, recommended citation, and a downloadable data file. Questions or concerns: datacenter@cpwr.com.

Last Updated: 08/28/2025

About the Data

Definitions and Chart Notes

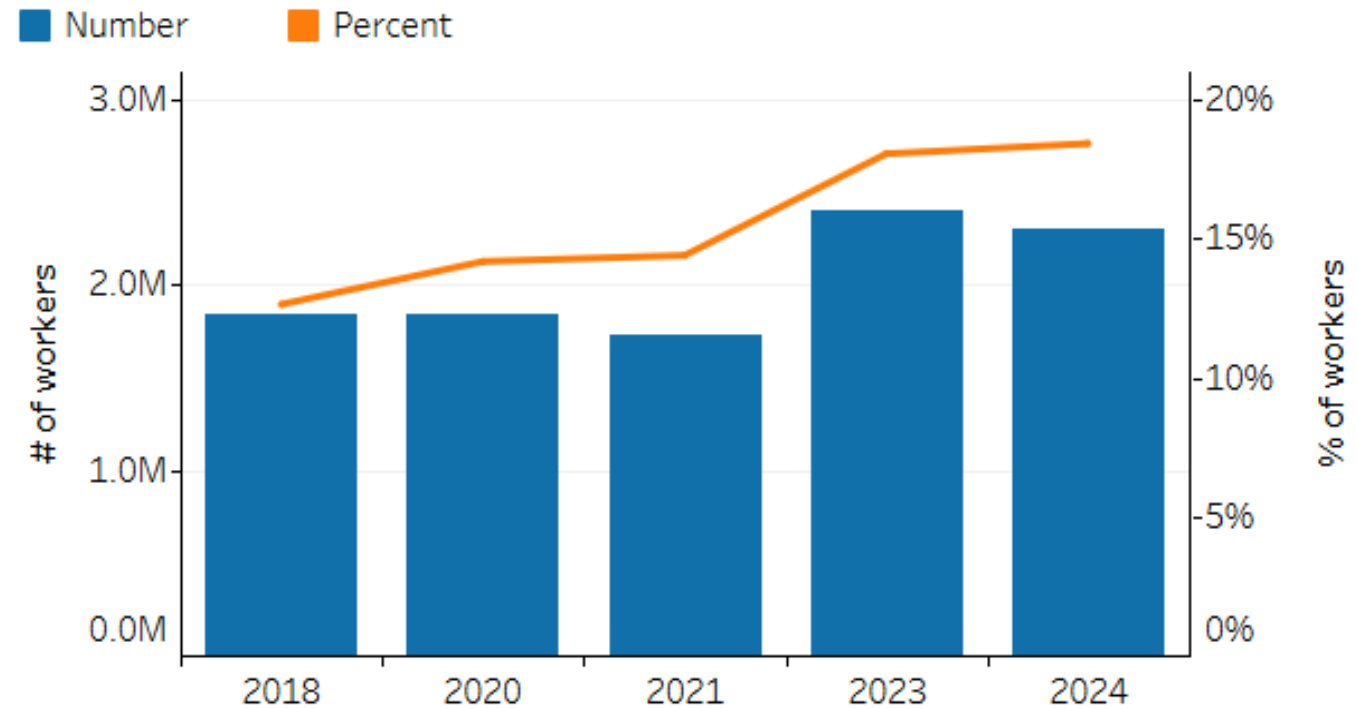
Recommended Citation and Data File

Source: CPWR–The Center for Construction Research and Training. [2025]. Mental Health among Construction Workers [[dashboard](#)].



Prevalence of anxiety among construction workers (2018-2024)

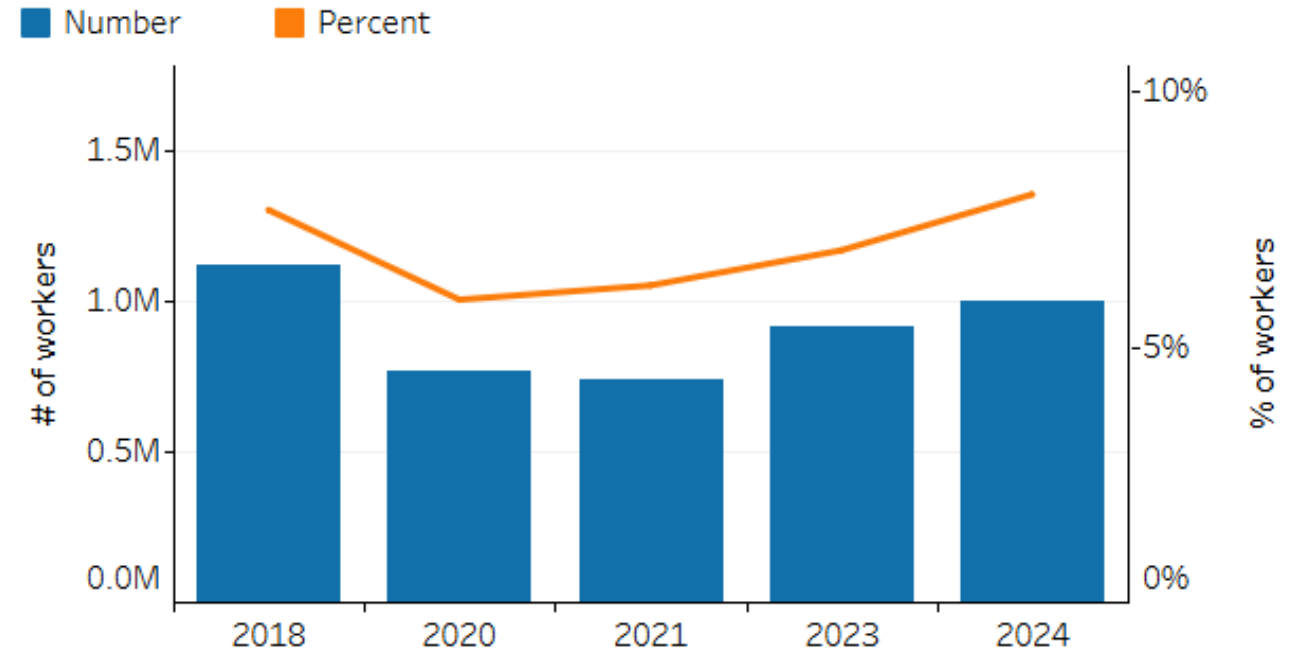
- From 2018 to 2024,
 - Number of construction workers with anxiety : **1.8M** → **2.3M**
 - **27.8%** increase
 - Percent of construction workers with anxiety: **12.6%** → **18.4%**
 - **46.0%** increase
- Percent of workers with anxiety increased each year with a peak of **18.4%** in 2024



Source: CPWR–The Center for Construction Research and Training. [2025]. Mental Health among Construction Workers [[dashboard](#)].

Prevalence of depression among construction workers (2018-2024)

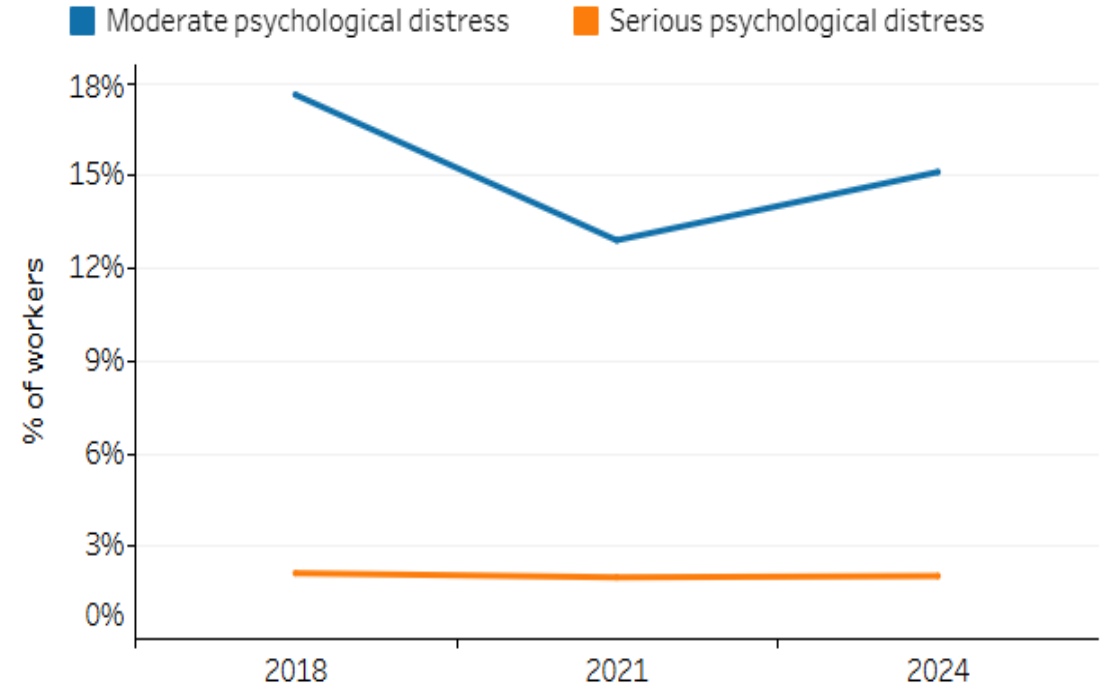
- From 2018 to 2024,
 - Number of workers with depression: **1.1M** → **999.1K**
 - Percent of workers with depression: **7.7%** → **8.0%**
- Number declined in 2020 and 2021, but has been on a steady increase from 2021 to 2024
 - **29.0%** increase during that period.



Source: CPWR–The Center for Construction Research and Training. [2025]. Mental Health among Construction Workers [[dashboard](#)].

Psychological Distress among Construction Workers

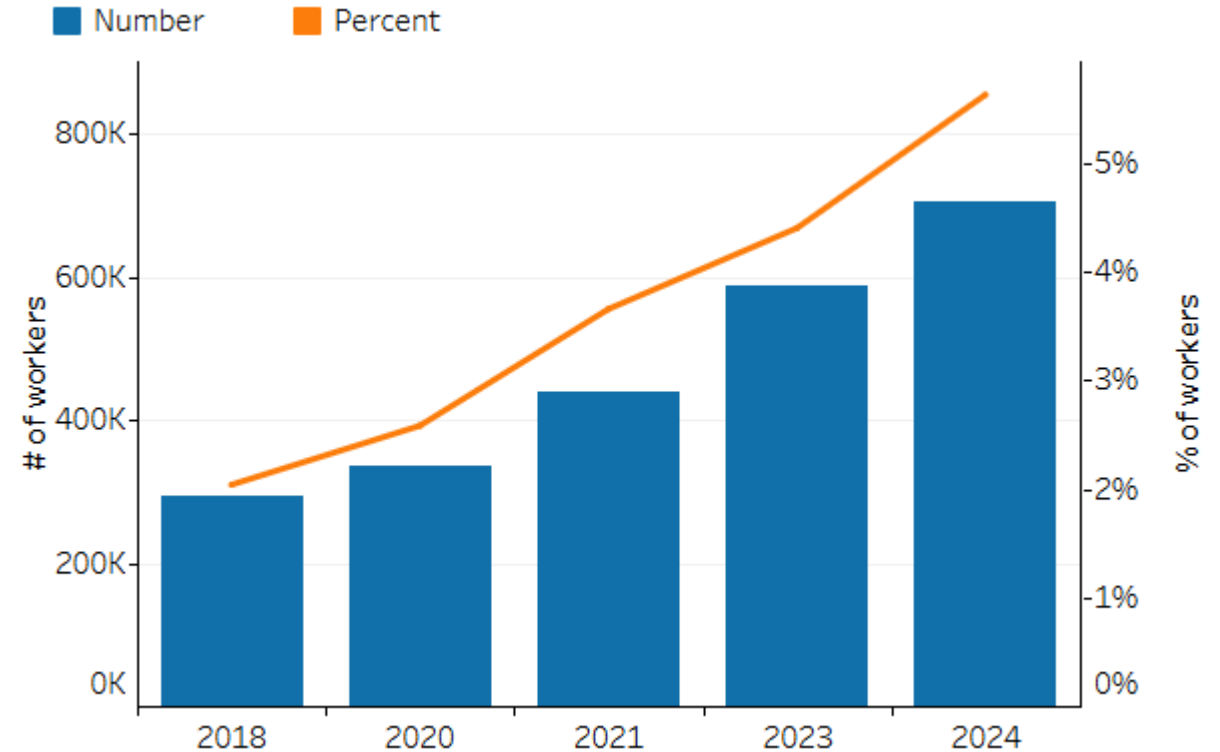
- Serious psychological distress
 - **5%** decrease from 2018 to 2021
- Moderate psychological distress
 - **14.2%** decrease from 2018 to 2024
 - **17.1%** increase from 2021 to 2024
 - Like anxiety and depression, is on an upward trend since 2021



Source: CPWR–The Center for Construction Research and Training. [2025]. Mental Health among Construction Workers [[dashboard](#)].

Needed Mental Health Care but Unable to Afford It

- Growing trend of construction workers that need mental health care but are unable to afford it.
- From 2018 to 2024,
 - Number of workers increased **139.8%**
 - **294.1K** to **701.1K**
 - Percent of workers increased **180%**
 - **2.0%** to **5.6%**



Source: CPWR–The Center for Construction Research and Training. [2025]. Mental Health among Construction Workers [[dashboard](#)].

Data Center Resources

- **Recent Data Bulletins:**
 - [Construction Worker Injuries, Overdoses, and Suicides](#)
 - [Mental Health Trends in the Construction Industry: A Look at Anxiety, Depression, Psychological Distress, Suicides, and Overdoses](#)
- [Construction Worker Mental Health](#) Interactive Chart Book Dashboard
- **AJIM Article:** Harris, W., Trueblood, A. B., Yohannes, T., Rodman, C. P., & Rinehart, R. (2025). Suicides among construction workers in the United States, 2021. *American journal of industrial medicine*, 68, S144-S151. https://stacks.cdc.gov/view/cdc/208219/cdc_208219_DS1.pdf.
 - [Suicides among Construction Workers Key Findings](#)
 - Provides an overview of the AJIM manuscript.

Other CPWR Resources

- **Main Mental Health Page:** <https://cpwr.com/mentalhealth>
 - [Suicide Prevention](#) page
 - [Opioids Resources](#) page
- **[Mental Health Resilience Training](#):** A free discussion-based training with 9 modules that cover topics from general health, opioid awareness, suicide awareness, motivational interviewing. Each module can be taught in 30–50-minute sessions. Pick and choose those that work for you.
- **CPWR/NABTU Opioid Awareness Training Program:** Intended to be used by experienced instructors to increase awareness of the dangers of opioids and decrease the stigma associated with opioid use and asking for help.
 - [Presentation](#)
 - [Facilitator Guide](#)
 - [Participant Handout](#)
- **[5 new research papers](#)** on mental health small studies

- **Toolbox Talks, Hazard Alert Cards, Infographics, etc.**







CPWR  **CHARLA**
THE CENTER FOR CONSTRUCTION
RESEARCH AND TRAINING **INFORMATIVA**

Prevención
el sector c

**Together we can help
Prevent Suicide in
Construction.**



Remember,
You are not alone

If you or someone you know needs immediate help, call
1-800-273-TALK (8255) or text "HOME" to 741741.

©2020 CPWR-The Center for Construction Research and Training. All rights reserved. CPWR is supported by cooperative agreement D11 028762 from the National Institute for Occupational Safety and Health. CPWR and its logo are registered trademarks of CPWR. All other marks are the property of their respective owners. CPWR does not necessarily represent the official views of NIOSH.

- ✱ Aprenda a reconocer las señales de alarma del suicidio.
- ✱ Si algún conocido suyo presenta señales de alarma, no lo ignore. Comuníquese e inicie una conversación.
- ✱ Ofrezca apoyo y alientelo a que busque ayuda.
- ✱ Si cree que alguien está en peligro inmediato, llame al 911, llévelo a una sala de emergencias cercana, llame o envíe un mensaje de texto al 988 la Línea Nacional de Prevención del Suicidio, o comuníquese con la Línea de Texto de Crisis enviando el mensaje de texto "HOME" al 741741 para comunicarse con un orientador para las crisis.

de su cerebro que motive a la empresa a tomar más y otra parte que la habilidad para "Consultar con su empleador o sindicato para averiguar si tienen un programa de ayuda, tal como:

- o un programa de asistencia al empleado (EAP, employee assistance program);
- o programa de asistencia al miembro (MAP, member assistance program).

O solicite ayuda de su médico para encontrar la mejor opción de tratamiento de acuerdo para usted.

Recuerde que la adicción es una enfermedad que puede tratarse.

Lláme a esta línea nacional confidencial:

1-800-662-HEALTH (4357)

Las muertes por sobredosis están en aumento.

► Solo en 2016, más de 63.000 personas murieron en los EE.UU. por una sobredosis – de las cuales más de **42.000** involucraron un **opioides**, según los Centros para el Control y la Prevención de Enfermedades (CDC, Centers for Disease Control and Prevention).

► Un estudio muestra que más de la mitad de los que murieron por sobredosis habían sufrido al menos una lesión laboral.¹

► En general, las muertes por sobredosis que ocurren en el trabajo aumentaron en un 30% entre 2015 y 2016.²

► En Ohio, por ejemplo, los trabajadores de la construcción tenían **7 veces** más probabilidades que otros trabajadores de morir por una sobredosis de **opioides** entre 2010 y 2016.³

Si usted o alguien que usted conoce necesita ayuda:

- Conviértase con la Administración de Servicios de Salud Mental y Abuso de Sustancias en un **agente de enlace** o llame a su línea nacional confidencial:

1-800-662-HEALTH (4357)
- Contacte su sindicato.

Aprenda más acerca de los peligros de la construcción.

► Para recibir copias de esta **Advertencia de Peligro** o tarjetas en otros idiomas, llame

301-578-8500

de su cerebro que motive a la empresa a tomar más y otra parte que la habilidad para "Consultar con su empleador o sindicato para averiguar si tienen un programa de ayuda, tal como:

- o un programa de asistencia al empleado (EAP, employee assistance program);
- o programa de asistencia al miembro (MAP, member assistance program).

O solicite ayuda de su médico para encontrar la mejor opción de tratamiento de acuerdo para usted.

Recuerde que la adicción es una enfermedad que puede tratarse.

Lláme a esta línea nacional confidencial:

1-800-662-HEALTH (4357)

Las muertes por sobredosis están en aumento.

► Solo en 2016, más de 63.000 personas murieron en los EE.UU. por una sobredosis – de las cuales más de **42.000** involucraron un **opioides**, según los Centros para el Control y la Prevención de Enfermedades (CDC, Centers for Disease Control and Prevention).

► Un estudio muestra que más de la mitad de los que murieron por sobredosis habían sufrido al menos una lesión laboral.¹

► En general, las muertes por sobredosis que ocurren en el trabajo aumentaron en un 30% entre 2015 y 2016.²

► En Ohio, por ejemplo, los trabajadores de la construcción tenían **7 veces** más probabilidades que otros trabajadores de morir por una sobredosis de **opioides** entre 2010 y 2016.³

Si usted o alguien que usted conoce necesita ayuda:

- Conviértase con la Administración de Servicios de Salud Mental y Abuso de Sustancias en un **agente de enlace** o llame a su línea nacional confidencial:

1-800-662-HEALTH (4357)
- Contacte su sindicato.

Aprenda más acerca de los peligros de la construcción.

► Para recibir copias de esta **Advertencia de Peligro** o tarjetas en otros idiomas, llame

301-578-8500

1. Bureau of Labor Statistics, Bureau of Census, "Deaths among U.S. workers by cause of death, 1992-2007," <http://www.bls.gov/news.release/archives/osh01.pdf>, accessed 1/10/17.
2. Bureau of Labor Statistics, Bureau of Census, "Deaths among U.S. workers by cause of death, 1992-2007," <http://www.bls.gov/news.release/archives/osh01.pdf>, accessed 1/10/17.
3. Ohio Bureau of Workers' Compensation, "Ohio Bureau of Workers' Compensation releases report on workers' compensation claims for 2016," <http://www.ohioworkerscomp.com/press-releases/ohio-workers-compensation-releases-report-on-workers-compensation-claims-for-2016>, accessed 1/10/17.

© 2017 CPWR. CPWR es una organización sin fines de lucro. CPWR es un centro de investigación y entrenamiento de NIOSH. La producción de este documento fue financiada por el apoyo financiero del NIOSH. CPWR es una organización sin fines de lucro. CPWR es un centro de investigación y entrenamiento de NIOSH. La producción de este documento fue financiada por el apoyo financiero del NIOSH.

CPWR 
THE CENTER FOR CONSTRUCTION
RESEARCH AND TRAINING


Previous Webinars

- **Talking About Suicide in Construction: Safe Messaging Guidelines (August 13, 2025)**
[Play Recording](#) | [Spanish Audio Recording](#) | [Download Presentation](#) | [Additional Resources](#)
- **New Research on Mental Health & Construction Part 2 (June 17, 2025)**
[Play Recording](#) | [Spanish Audio Recording](#) | [Download Presentation](#) | [Additional Resources](#)
- **New Research on Mental Health & Construction (March 25, 2025)**
[Play Recording](#) | [Spanish Audio Recording](#) | [Download Presentation](#)
- **CPWR-CIASP-AFSP-LHSFNA webinar on Suicide Prevention in the Construction Industry (September 5, 2024)**
[Play Recording](#) | [Spanish Audio Recording](#) | [Download Presentation](#) | [Additional Resources](#)

Previous Webinars

- **Suicide Prevention in the Construction Industry: Know the Signs and Help a Life (September 13, 2023)**
[Play Recording](#) | [Download Presentation](#) | [Additional Resources](#)
- **Preventing Suicide in the Construction Industry (September 9, 2022)**
[Play Recording](#) | [Download Presentation](#)
- **Supporting Construction Workers: Suicide Prevention, Mental Health, and Substance Use (April 29, 2021)**
[Play Recording](#) | [Download Presentation](#) | [Additional Resources](#)
- **Strategies to Build Support for Primary Prevention and Opioid Use Reduction in the Construction Industry (August 12, 2020)**
[Play Recording](#) | [Download Presentation](#)
- **Opioid Use & Worksite Overdose Fatalities in the Construction Industry: A Look at the Data & CPWR Resources & Efforts (February 27, 2020)**
[Play Recording](#) | [Download Presentation](#)

New 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

RESOURCES HIGHLIGHT
NEW Free Naloxone Resource

FOCUS ON PREVENTION
Stop Stigma Together Summit

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)



Thank you for attending today. Questions?

Amber Trueblood, DrPH

Data Center Director

atrueblood@cpwr.com

Derek Dufoe, MS

Research Assistant

ddufoe@cpwr.com