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RESEARCH AND TRAINING

MATES in Construction: The Role of Research in the Evolution of a Workplace Suicide Prevention Program

OCTOBER 7, 2025

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

Panelist: **Tony LaMontagne,** Professor of Work, Health & Wellbeing, Deakin University

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- Spanish audio is available via simultaneous interpretation

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2. Haga clic en el idioma que desee escuchar.
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MATES in Construction: The Role of Research in the Evolution of a Workplace Suicide Prevention Program

Tony LaMontagne
Professor of Work, Health & Wellbeing, Deakin University
Chair, Mates National Research Reference Group
Director, MATES in Construction

Acknowledgements to:
Jorgen Gullestrup, Shallon Yi, & Colin Stokes
Mates in Construction
&
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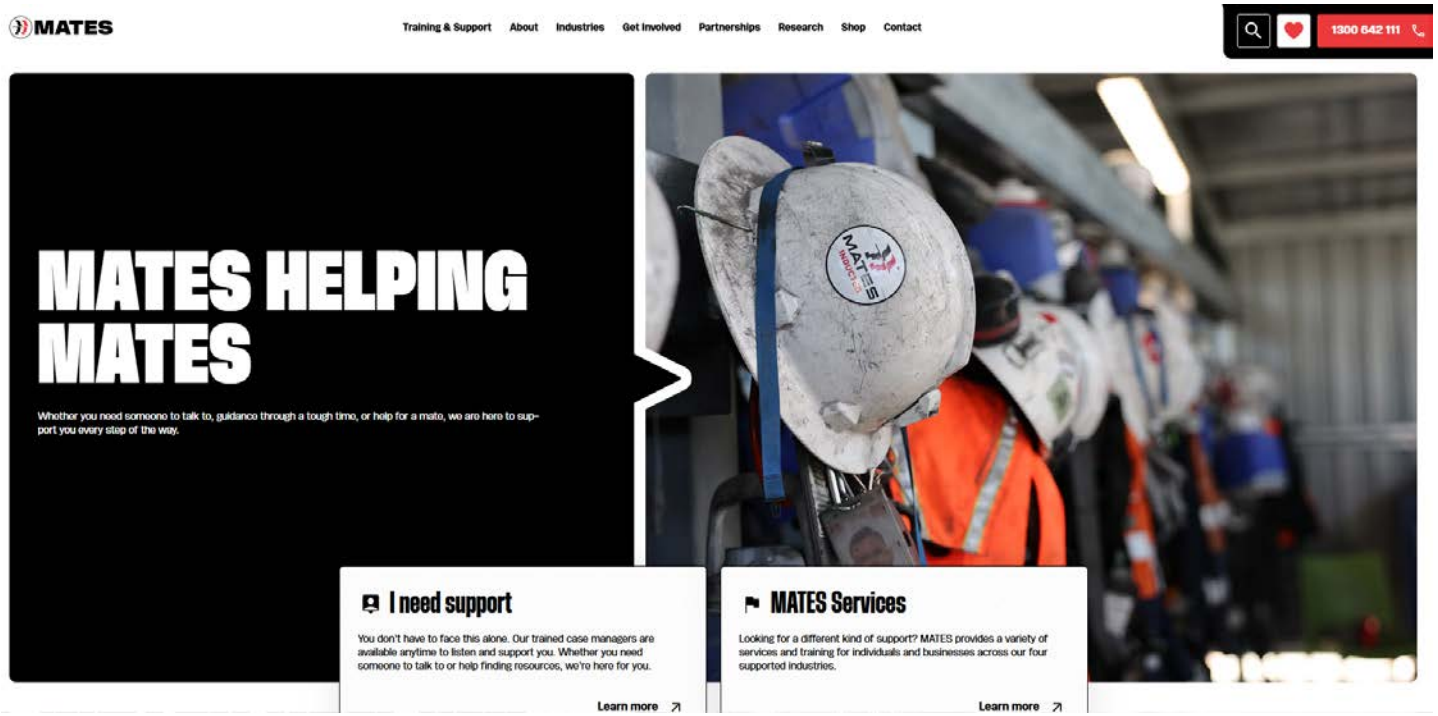
Tania King, Chris Doran, Andrew Page, Chris Bowden, Lauren Donnan,
Simon Tyler, Victoria Ross, Jacinta Hawgood

Contact numbers for support in USA:

988 Suicide & Crisis Lifeline
https://988lifeline.org/

Oregon Construction CareLine: "If you work in construction, you can call us."
In Oregon - 503-433-7878
Outside Oregon - 1-833-444-6020

Further information @
https://mates.org.au/



Outline

- **MATES in Construction – origin and overview of the program**
- **Valuing of research by MATES & evolving collaborations and research support structures**
- **Overview of MATES research to date**
- **On-going evolution of the program**
- **Future research**

MATES in Construction: an overview of the program – 1

Established in response to a 2007 major report on suicide (the 'AISRAP Report') in QLD Commercial Construction:

- **Construction worker suicide rates elevated relative to Australian male population**

Consensus for action across stakeholder groups: workers, managers, employers, unions, redundancy funds…

Initiated in the QLD construction sector, since extended to:

- **Construction in NSW, SA ,WA and New Zealand, North America…**
- **Other predominantly blue-collar male work settings - Energy, Mining, Manufacturing**

MATES is structured as a federation:

- **Independent regionally-based organisations**
- **Jointly controlled by employers and labour**
- **Governed by an 'Australian National' Board of Directors**

MATES in Construction: an overview of the program - 2

Consulted with workers, business, unions and employer associations, mental health & suicide prevention experts in the design of program

From this came a program that was:

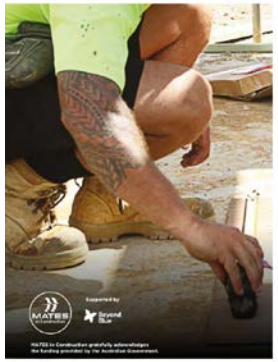
- **Peer-to-peer: worker participation, and help from familiar others**
- **Industry-based but workplace-focused**
- **An independent org - ‘neutral ground’ - to address conflictual relationships**
- **Emphasis on help-offering - ‘to build on a positive aspect of masculinity, side door’ to improve low rates of male help-seeking**
- **Characterised by four pillars of activity**

MATES in Construction Mission/Vision:

MATES INDUCTED

MATES CONNECTOR™

MATES ASIST



Awareness

Suicide and poor mental health is a preventable problem faced by our industry, reduce through general awareness training

Strength

Build strength, resilience and self-reliant workplaces by equipping workers with the skills to care for each other.

Support

Connect and support workers to access the best possible assistance to deal with their unique situation and issues.

Research

Partner with leading researchers to evaluate efforts and to inform our industry about best practice.

Elements of the MATES in Construction model

General Awareness Talk Introduces all workers to the nature of the problem, that it's ok to talk about mental health, and provides practical guidance for how they can support themselves and others.

Connector Training For volunteers on site to be more alert to someone thinking of suicide, know how to keep them safe in a crisis, and be able to connect them with further help.

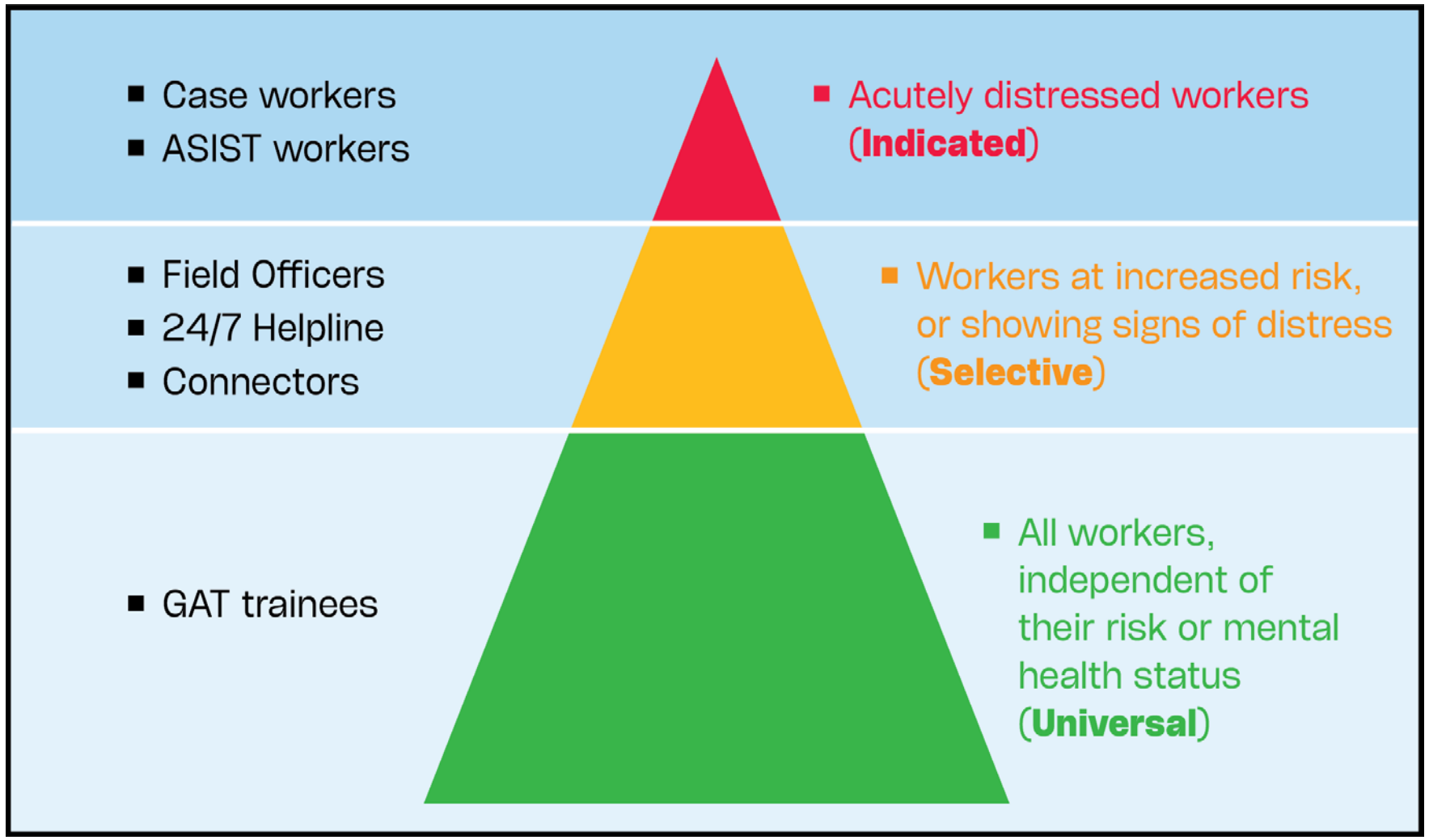
Applied Suicide Intervention Skills Training (ASIST) Teaches people to recognise when someone is at risk of suicide, apply suicide first-aid intervention to increase immediate safety, and link to further help.

24/7 Helpline and Case Management Workers can access case management support via the MATES 24/7 helpline, and if required are connected to appropriate external support.

Field Officers and volunteer Connectors MATES is built on peer support – interventions are delivered by peers who are culturally credible and respected within the workforce.

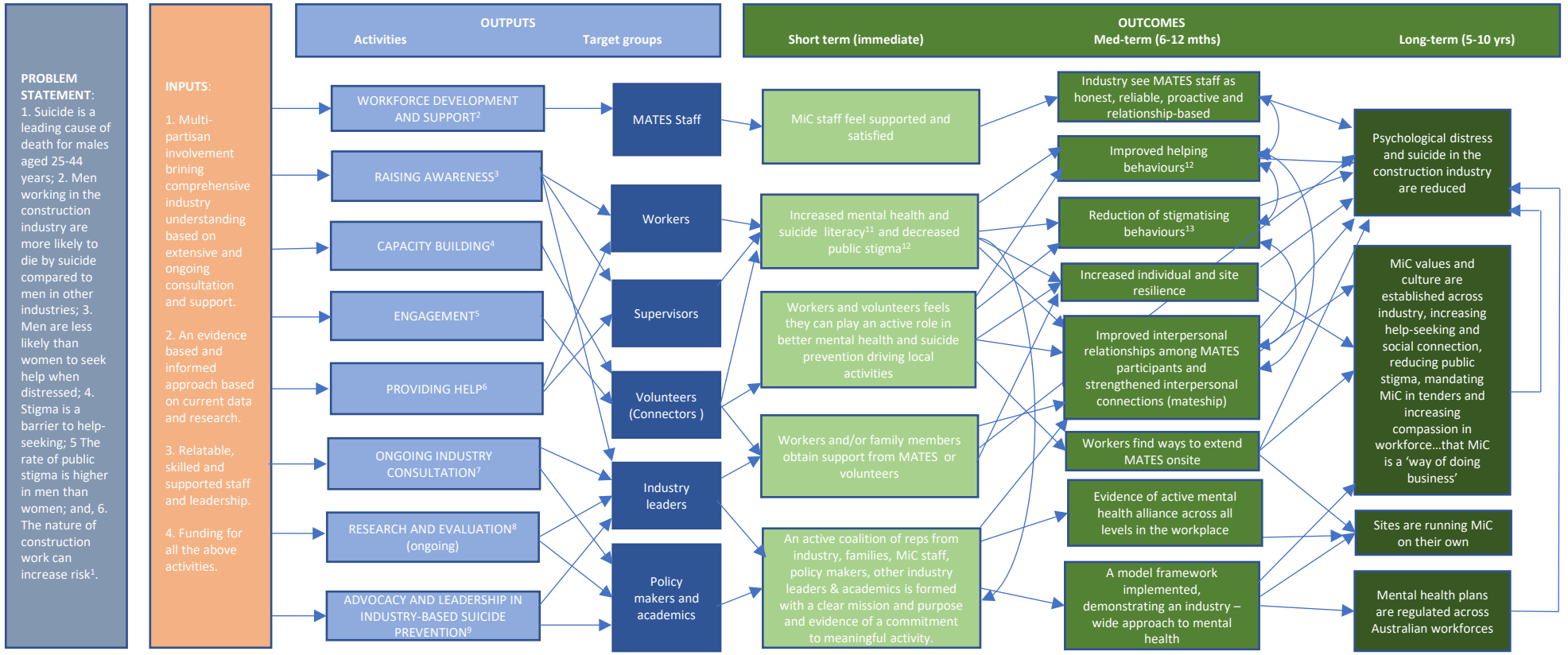
MATES

MATES Program Rationale



Mates in Construction Detailed Program Logic

PROGRAM OBJECTIVES: Reduce psychological distress and suicide among construction workers in Australia. We will do this by: 1. Increasing help seeking, help offering and help acceptance (helping behavior); 2. Increasing social connections in the workplace; 3. Reducing public stigma; and, 4. Catalyse a shift in the construction industry culture towards more mentally healthy work environments and adoption of MiC values across the industry.



ASSUMPTIONS: Suicide is a preventable in the construction industry; Construction industry has a unique work culture; MiC will be able to rely on cross-industry support; A standardized and consistent program is delivered, including face-to-face delivery by Field Officers to program recipients.

EXTERNAL FACTORS: Competition from other organisations; State of the economy; Priorities of political parties, health bodies, mental health organisations, relevant unions and industry bodies; Changing nature of 'workplace' including mechanization and automation; Industry/union tensions (eg. Industrial action, enterprise bargaining); Changing workforce demographics (eg. CALD); Cultural change in community and families; and, change in suicide methods and means.

MATES programs have had broad reach

MATES programs have reached over **427,300 workers** across all industries in Australia and New Zealand (GAT)

- Construction
- Mining
- Energy
- Manufacturing

MATES has accredited over **414 construction sites** in Australia and New Zealand.

Implementation Overview: 2.5 years

MATES National Report July 22 - Dec 24

Overview

- 88,850 workers attended 1-hour General Awareness Training sessions.
- 10,317 workers completed 4-hour Connector Training.
- 1,214 workers completed 2-day Applied Suicide Intervention Skills Training.

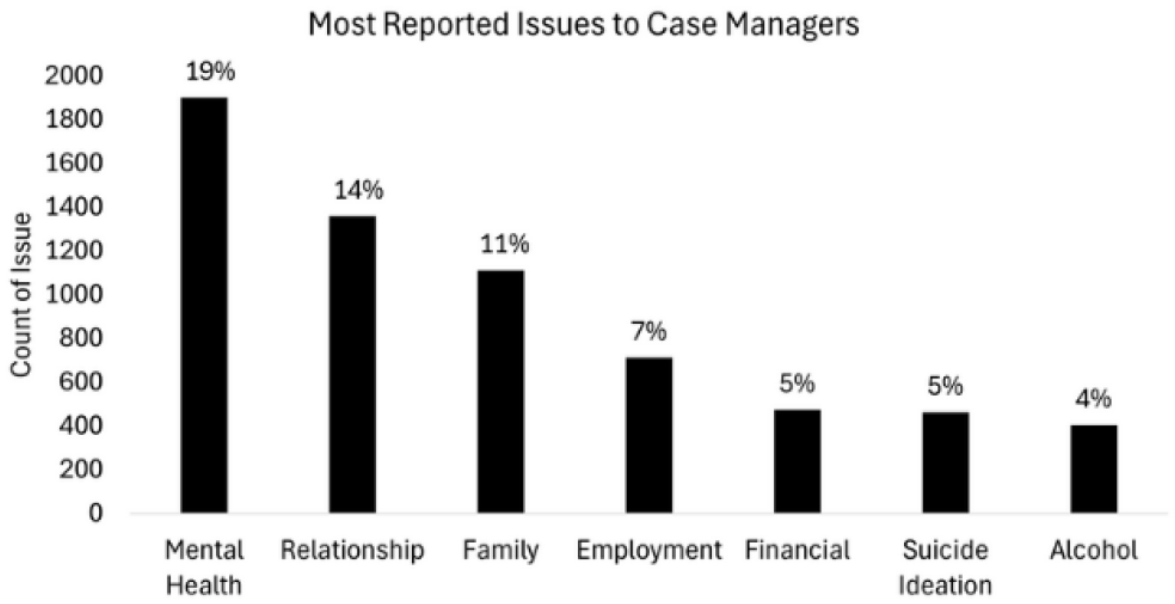
12,849 Managers and Industry Leaders attended training.

1,608 sites have participated in the MATES program

Over 3,800 individuals in distress accessed MATES case management services.

830 Companies have participated in the MATES program

Case Management Snapshot



Males aged 26-35

- Highest users of case management services.
- The most reported issue was mental health-related.
- This group has the highest proportion of cases involving suicidal ideation.

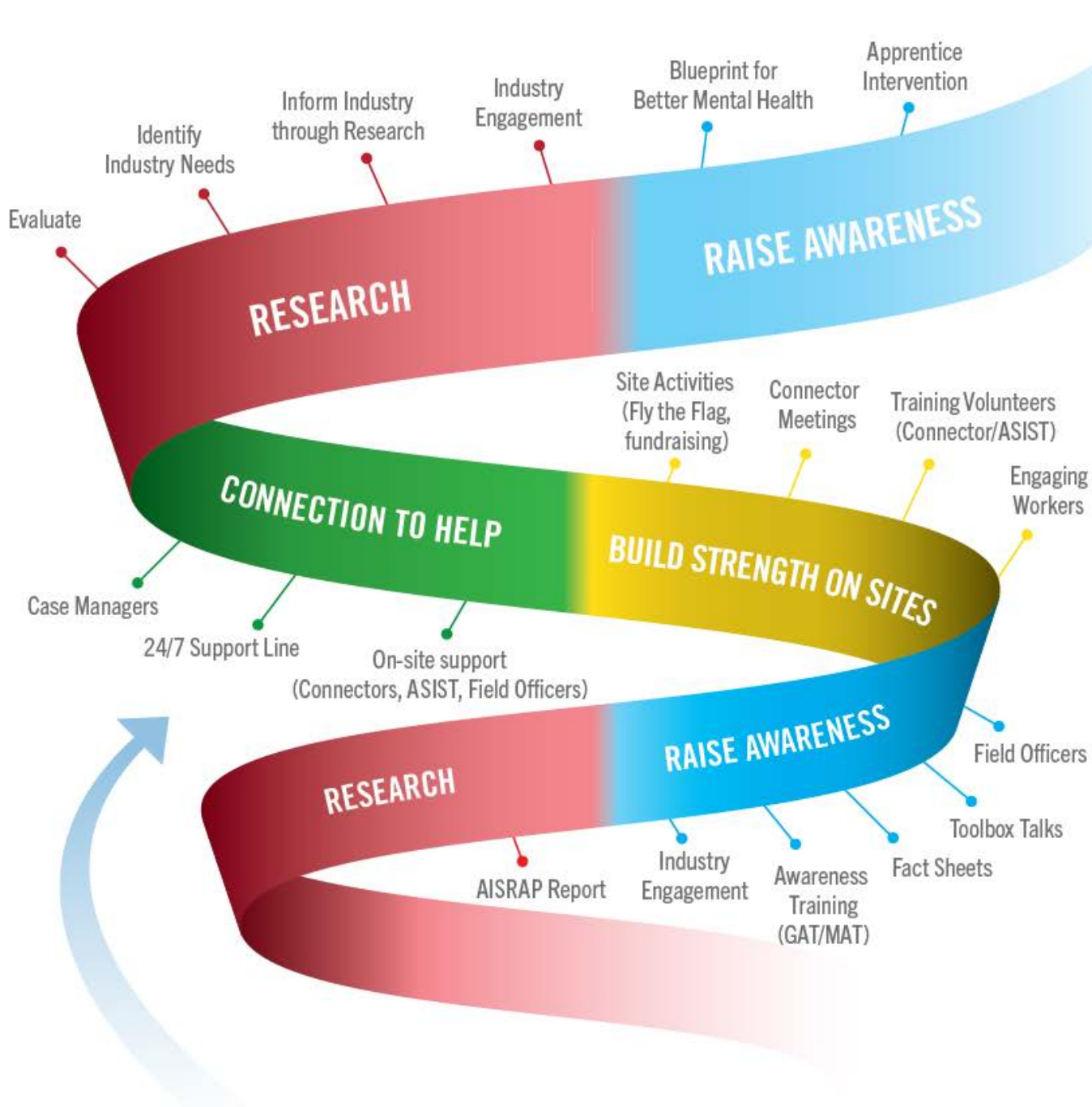
Research considered core business from the outset

Research ‘pillar’ intended to serve the on-going need for program improvements based on the evolving evidence base

…as well as the need for MATES to influence research agendas and practices, and ultimately policy & practice in the sector

Subject Matter Expert/Researcher role on Mates Board from the outset

Fostered a culture of evaluation and collaboration with researchers, ~a learning culture


Evaluate
Identify Industry Needs
Inform Industry through Research
Industry Engagement
Blueprint for Better Mental Health
Apprentice Intervention
RESEARCH
RAISE AWARENESS
Site Activities (Fly the Flag, fundraising)
Connector Meetings
Training Volunteers (Connector/ASIST)
Engaging Workers
CONNECTION TO HELP
BUILD STRENGTH ON SITES
Case Managers
24/7 Support Line
On-site support (Connectors, ASIST, Field Officers)
RESEARCH
RAISE AWARENESS
Field Officers
Toolbox Talks
Fact Sheets
AISRAP Report
Industry Engagement
Awareness Training (GAT/MAT)

Collaborations and research support structures continue to evolve

MATES' collaborations increasingly reflect the multi-disciplinarity of suicide prevention

- **Suicidology, psychiatry, psychology, epidemiology, OH&S, public health, sociology, health economics, and more**

MATES funds some research (limited budget), leveraging wherever possible

Established a National Research Reference Group, ~2012 with representative membership, current membership ~ 10 researchers (voluntary)

2017: employed a Research Manager to increase MATES research capacity and coordinate research activities (inter-)nationally

Overview of research to date: Three broad categories or streams

Foundational research

Provides insights into the ‘state of affairs’ re suicide and mental health among construction workers. Provides justification and context for the program’s existence.

Evaluation research

Investigates an aspect of MATES program implementation and/or effectiveness

Frontier research

Addresses ‘emerging’ issues as yet unaddressed by MATES programs, highlighting areas for program development

Foundational research **provides evidence on the need for, relevance and potential impacts of the program.**

Useful when bidding for operational funding, parliamentary submissions, policy statements

Examples:

- Heller, Hawgood & De Leo (2007); Correlates of suicide in building industry workers. *Archives Suicide Res* 11;1:105-117
- Doran C, Ling R, & Milner A (2015): The economic cost of suicide and suicide behaviour in the NSW construction industry [REPORT]
- King T, Maheen H, Taouk Y, et al (2023): Suicide in the Australian mining industry: assessment of rates using 19 years of coronial data. *Safety & Health at Work* 14(2):193-200.
- Tyler S, Hunkin H, Pusey K, et al (2023): Suicide in the construction industry: A targeted meta-analysis. *Arch Suicide Res* 27(4):1134-1146

Accounts for a little more that **~one third** of research publications on website (37/96 = 38%)

Evaluation research **provides evidence on the implementation and/or effectiveness of Mates' programs.**

Essential for continuing refinement and improvement of programs, evaluation research funding submissions

Examples

- Martin G, Swannell S, Milner A, et al (2016): Mates in Construction Suicide Prevention Program: A Five-Year Review. *J Community Med Health Educ* 6: 465.

- Doran C, Muerk C, Wittenhagen L et al (2019): *An evaluation of MATES in Construction Queensland Case Management* [REPORT]

- Ross V, Caton N, Mathieu S, et al (2020): Evaluation of a suicide prevention program for the energy sector. *Int J Environ Research & Public Health* 17(17):6418

- King T, Alfonzo LF, Batterham P, et al (2023): A blended face-to-face and smartphone intervention to improve suicide prevention literacy and help-seeking intentions among construction workers: a randomised controlled trial. *Social Psychiatry & Psychiatric Epidemiol* 58(6):871-881

Accounts for a little less than **one third** (30/96) of research publications (31%)

Frontier research **is strategically essential for program development, industry leadership, and being 'ahead of the curve' on emerging issues of relevance to the industry**

Examples:

- Ross V, Wardhani R, Kolves K (2020): *The Impact of Workplace Bullying on Mental Health and Suicidality in Queensland Construction Industry Apprentices* [REPORT]
- Pearce T, Bugeja L, Wayland S, et al (2021): Effective elements for workplace responses to critical incidents and suicide: A rapid review. *Int J Environ Res Public Health* 18, 4821
- King TL & LaMontagne AD (2021): COVID-19 and suicide risk in the construction sector: preparing for a perfect storm. *Scan J Public Health* 49(7):774-778
- Thompson N, Lacey J, Robertson A, et al (2025): MATES RESPOND program: Peers guiding worksites through postvention and critical incident support. *J Loss & Trauma* 30(7): 999-1005

Frontier research accounts for a little less than **one third** (29/96) of research to date (30%)

A look back…

	2019 (52)	2025 (96)
Foundational	50%	38%
Evaluation	35%	31%
Frontier	15%	30%

- Changing profile of research over time
- Frontier research growing in particular

Accessing MATES-related research publications

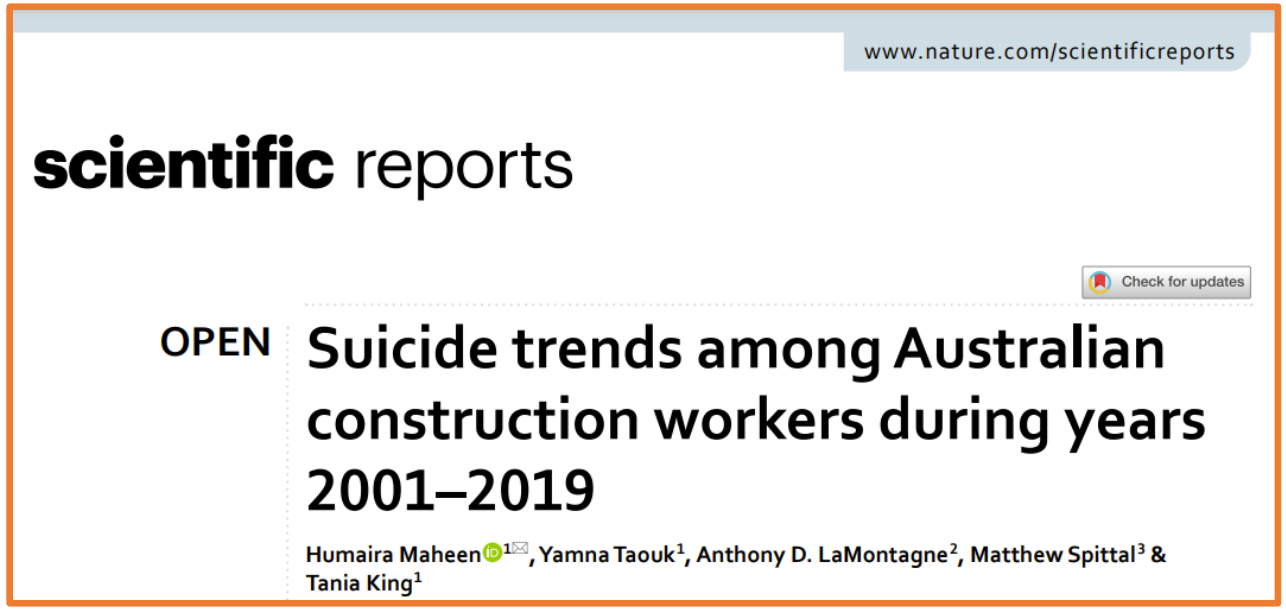
The complete list of research publications with full text where allowed is available on MATES website:
https://mates.org.au/research-library

Foundational Research: Deeper dive example

MATES has supported suicide surveillance research in construction and other blue-collar industries for more than a decade…

For so long that it now also serves as Evaluation research…

Research categories are fluid, sometimes overlapping



www.nature.com/scientificreports

scientific reports

Check for updates

OPEN

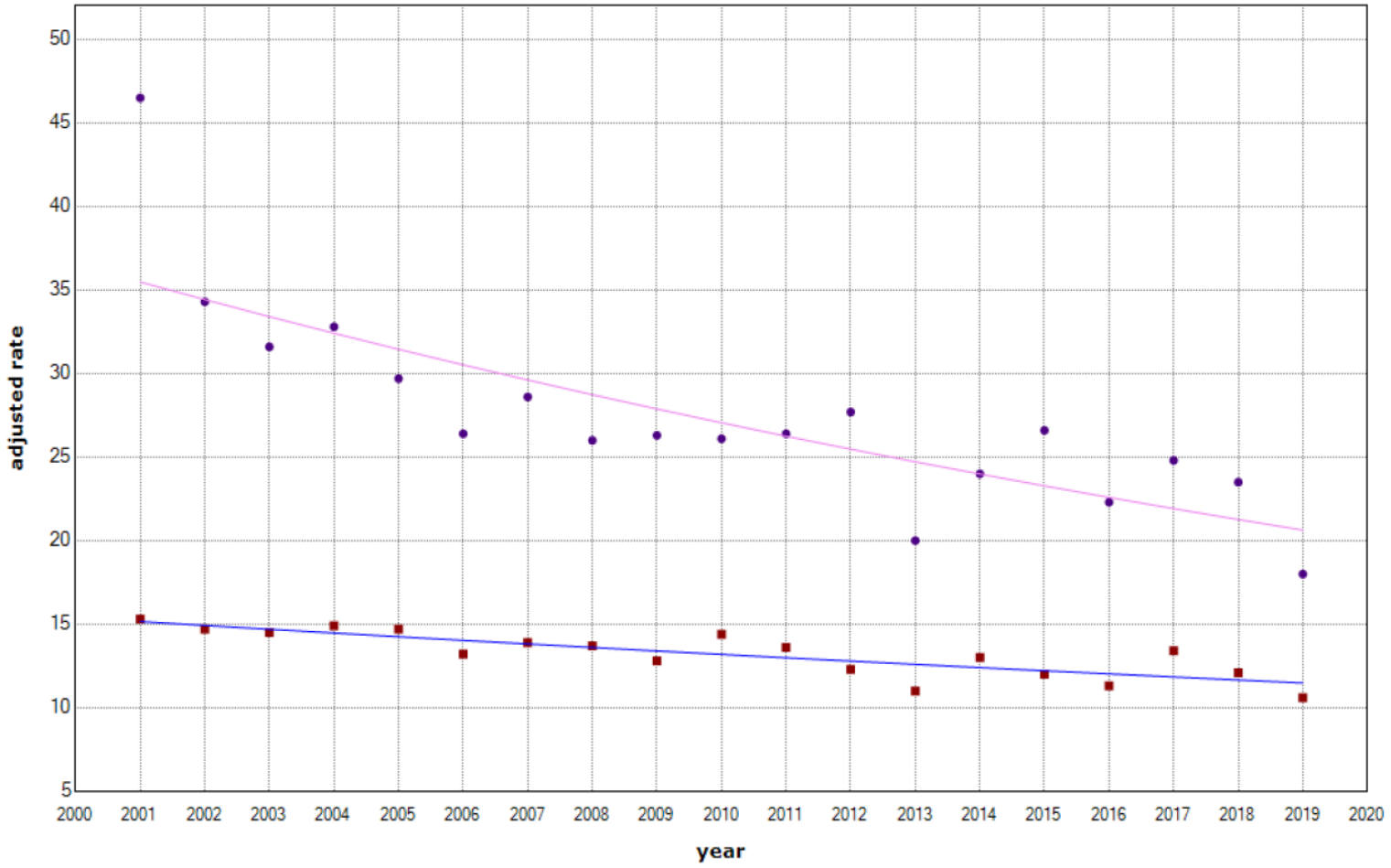
Suicide trends among Australian construction workers during years 2001–2019

Humaira Maheen[1✉], Yamna Taouk[1], Anthony D. LaMontagne[2], Matthew Spittal[3] & Tania King[1]

Are suicide rates among Australian construction workers changing over time?

- MATES long-term goal: reduce suicide rates in construction
- Australian national analysis 2001-2019
- Over entire 19-year period (pooled):
  - Male construction workers = 26.6/100,00 workers (95% CI 25.8, 27.4)
  - Males in other occupations = 13.2/100,000 workers (95% CI 12.9, 13.4)
- Compared rates over time between the two groups using join point regression and comparative measures of Average Annual Percentage Change (AAPC)

Are suicide rates among Australian construction workers changing over time?



	Construction workers	Other workers
AAPC (95% CI)	-3.0 (-4.0, - 2.0)	-1.5 (-2.1, -1.0)
AAPC compare	1.4 (0.4, 2.5)	

*AAPC = Average Annual % Change

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Are suicide rates among Australian construction workers changing over time?

- Trends confirmed w/ 3 additional years of data (under review)

- Bucks the trend in Australia—overall male suicide rate increasing
  - 16.2/per 100,000 2011 to 18.6 per 100,000 in 2020

- What might explain findings?
  - Employed males benefit more from expanded MH & SP services?
  - Population-wide MH literacy, stigma reduction, including male-tailored elements
  - Sector-specific SP: first substantive policy attention in a 2003 Royal Commission, MATES in Construction from 2008 (reach ~300,000) and other programs (e.g., state-based)

- Net effect of population-wide, male-specific, and sector-specific suicide prevention efforts could plausibly have an impact on suicide rates among construction workers

Evaluation Research:
Deeper dive example

MATES has expanded into other predominantly male blue-collar sectors: Most recently manufacturing

A cRCT evaluation of the manufacturing pilot was able to be conducted under a large research grant on "Preventing suicide in men & boys: the BUOY Project", led by Prof Jane Pirkis (University of Melbourne)

American Journal of Industrial Medicine

WILEY

AMERICAN JOURNAL OF INDUSTRIAL MEDICINE

RESEARCH ARTICLE OPEN ACCESS

MATES in Manufacturing: A Cluster RCT Evaluation of a Workplace Suicide Prevention Program

Anthony D. LaMontagne[1,2] | Christopher Lockwood[3] | Andrew Mackinnon[4] | David Henry[5] | Laura Cox[6] | Neil R. Hall[7] | Tania L. King[2]

INSTITUTE FOR HEALTH TRANSFORMATION

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MATES in Manufacturing: A Workplace Suicide Prevention Cluster RCT

Partners: MATES in Construction (workplace suicide prevention charity)

Collaborators:

- Tania King, Jane Pirkis, Andrew MacKinnon (Univ of Melbourne)
- Chris Lockwood, Rachel Brimelow (MATES)

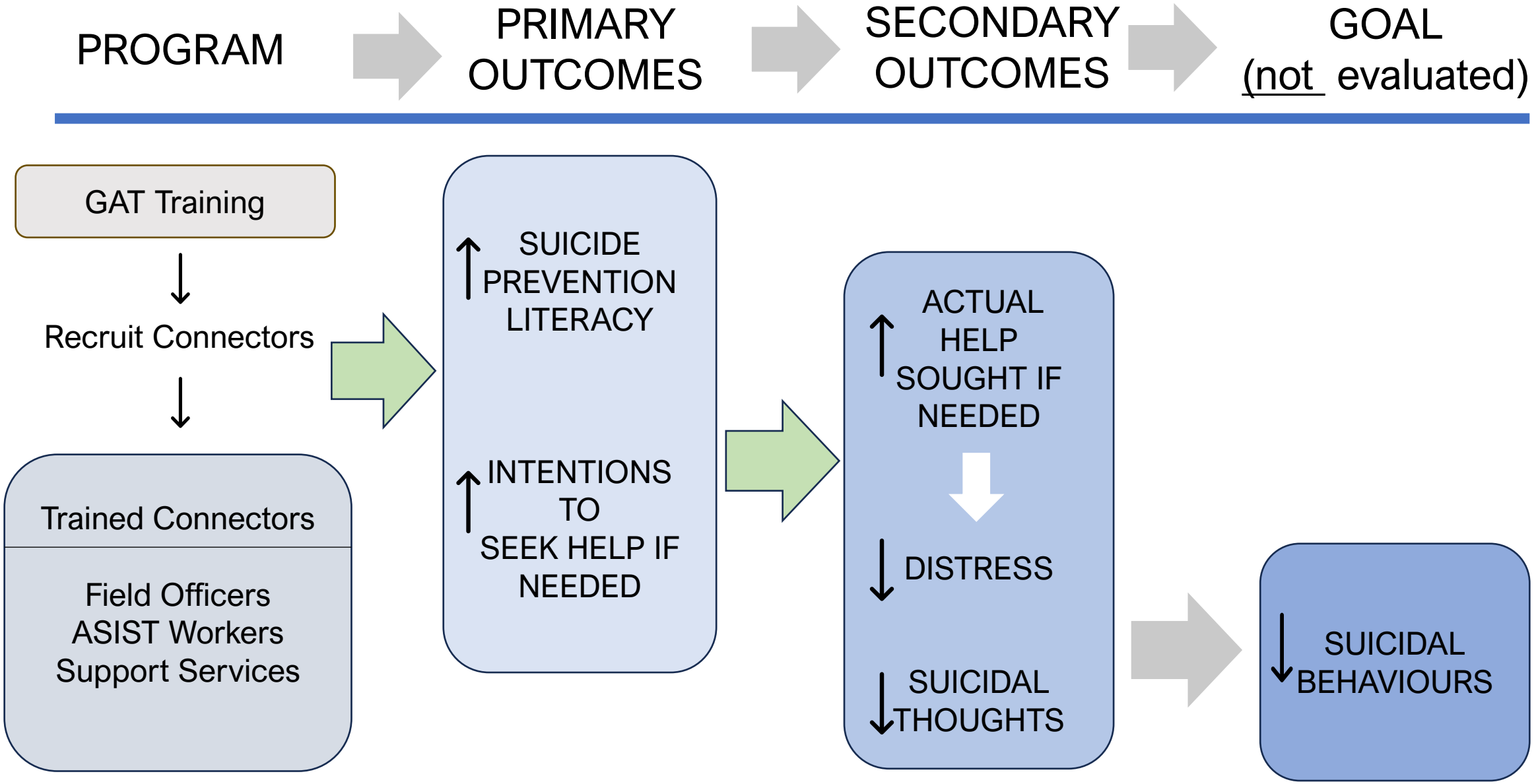
Funding: Australian Medical Research Future Fund Million Minds grant on "Preventing suicide in men and boys", 2020—2025.

Research Questions

- Greater improvement in suicide prevention literacy and intention to seek help in intervention vs wait list controls? (primary outcomes)
- Levels of help sought increased, and level of distress and suicidal ideation reduced? (secondary outcomes)

Approach

- cRCT in 10 manufacturing workplaces in New South Wales
- Mixed methods implementation evaluation
- ~8-month intervention period
- Multi-component intervention
- But… loads of implementation dramas…


PROGRAM
PRIMARY OUTCOMES
SECONDARY OUTCOMES
GOAL (not evaluated)
GAT Training
Recruit Connectors
Trained Connectors
Field Officers
ASIST Workers
Support Services
↑ SUICIDE PREVENTION LITERACY
↑ INTENTIONS TO SEEK HELP IF NEEDED
↑ ACTUAL HELP SOUGHT IF NEEDED
↓ DISTRESS
↓ SUICIDAL THOUGHTS
↓ SUICIDAL BEHAVIOURS

MiM Trial Implementation – Quantitative

Site		Site size	GAT		Connector		ASIST	
			%	Level met?*	%	Level met?*	%	Level met?*
1		25	76%	No	44%	Yes	0	No
3		132	83%	Yes	17%	Yes	0	No
5		125	66%	No	6%	Yes	0	No
6		395	69%	No	7%	Yes	0	No
7		335	66%	No	14%	Yes	0	No

- *Level met refers to a minimum of 80% of on-site workers GAT trained, a minimum of 1 in 20 trained Connectors to on-site workers ratio (5%), and >1-2 on site ASIST-trained workers (https://mates.org.au/site-accreditation).
- Intervention periods (from GAT to F/U survey) varied in length from the planned 8 months:
  - 8, 9, 9, 10, & 11 months
- Connector training often later in intervention period, leaving limited opportunity to apply
- None of the 5 sites achieved full accreditation status during intervention period

Implementation Summary

- % GAT-trained below par at most sites (especially at follow-up)
- Good number of Connectors trained, but limited time for them to engage with workers during intervention period
- No ASIST workers trained during intervention period (though could call on Field Officers)

Conclusion:

Program not implemented as planned during the trial period.

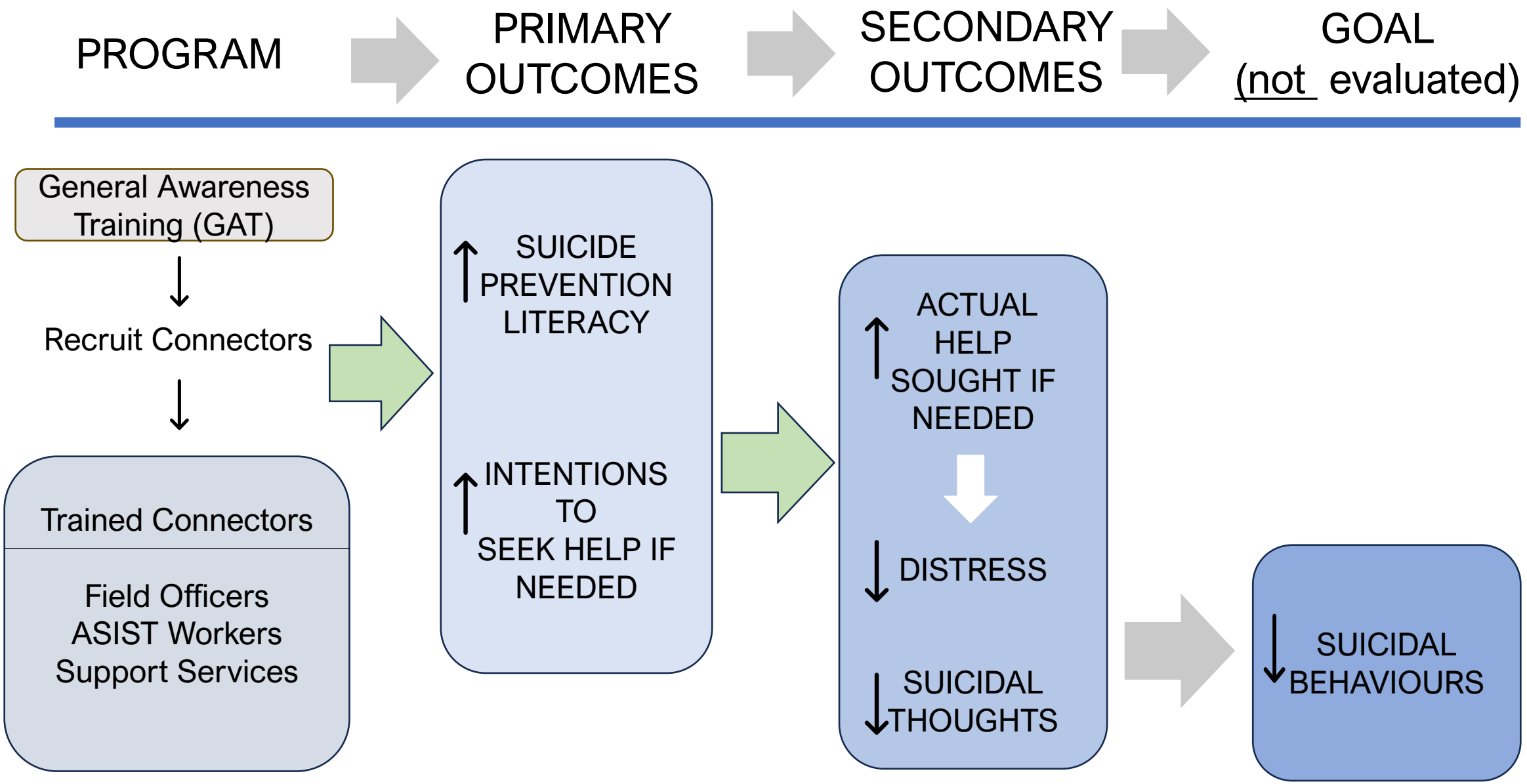
Effectiveness Evaluation

Research Questions

- Was suicide prevention literacy increased by the MATES in Manufacturing program relative to wait list controls?

- Did intentions to seek help increase in the MATES in Manufacturing program relative to wait list controls? (primary outcome)

- Did help seeking behaviour increase, and levels of distress and suicidal ideation decrease, in the MATES in Manufacturing program relative to wait list controls? (secondary outcomes)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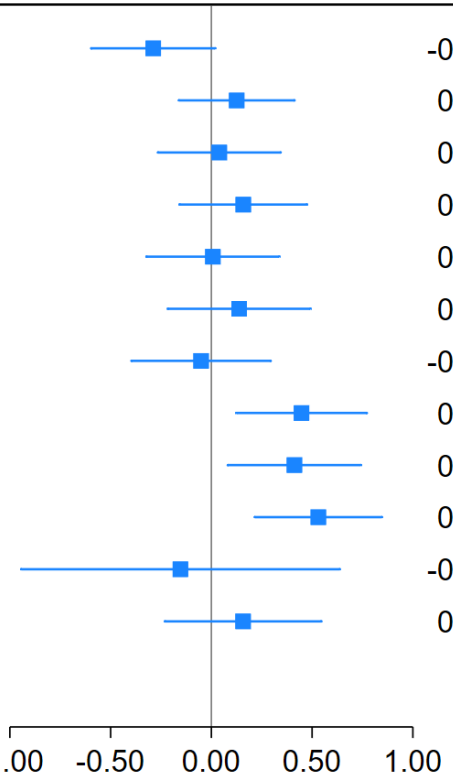
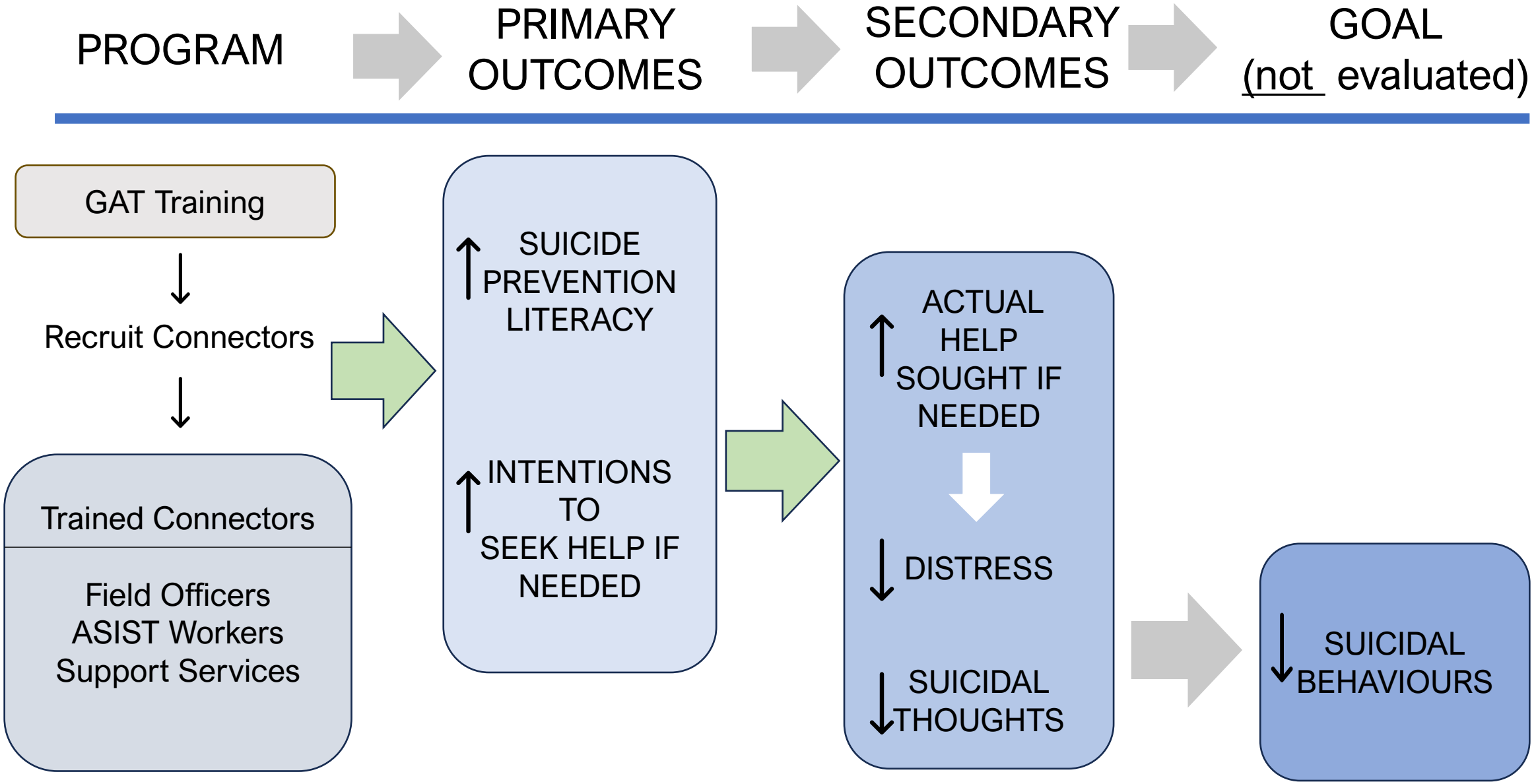
General Help-Seeking Questionnaire: by item – Intention to Treat

GHSQ item	mean - Control Baseline	mean - Control Follow-up	mean - MATES Baseline	mean - MATES Follow-up	Difference in mean change	Change difference with 95% CI	p	SMD
Close family	5.55	5.63	5.51	5.31		-0.29 [-0.60, 0.02]	0.0662	-0.19
Friend	4.94	4.98	5.04	5.20		0.13 [-0.16, 0.41]	0.3901	0.14
Workmate	3.78	3.80	3.94	4.01		0.04 [-0.26, 0.34]	0.7989	0.12
A supervisor	3.49	3.47	3.45	3.59		0.16 [-0.16, 0.47]	0.3263	0.07
My doctor	4.46	4.55	4.58	4.67		0.01 [-0.32, 0.34]	0.9633	0.07
Psychologist	3.68	3.72	3.71	3.89		0.14 [-0.22, 0.49]	0.4437	0.09
Counsellor	3.53	3.64	3.72	3.78		-0.05 [-0.40, 0.29]	0.7731	0.08
A helpline	3.29	3.15	3.28	3.58		0.45 [0.12, 0.77]	0.0068	0.24
A website/app	3.12	2.92	3.06	3.27		0.41 [0.08, 0.74]	0.0145	0.20
MATES worker/connector	3.42	3.32	3.47	3.90		0.53 [0.22, 0.85]	0.0010	0.35
Other	3.29	3.00	3.15	2.70		-0.15 [-0.94, 0.64]	0.7039	-0.14
No one	3.34	3.19	3.18	3.18		0.16 [-0.23, 0.55]	0.4257	0.00

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Summary

- Implementation incomplete
- No improvement in Suicide Prevention Literacy in intervention versus control group
- No improvement in overall Help-Seeking Intentions…
- Significantly greater improvement in Intention to Seek Help from Connectors…
- No improvement in Actual Help Sought by those likely needing it…
- No reductions in distress levels or suicidal thoughts/plans…

Interpretation:

Program was not effective as implemented.

Lack of effectiveness most likely due to shortcomings in implementation (~*implementation failure*)

Frontier Research:
Deeper dive example

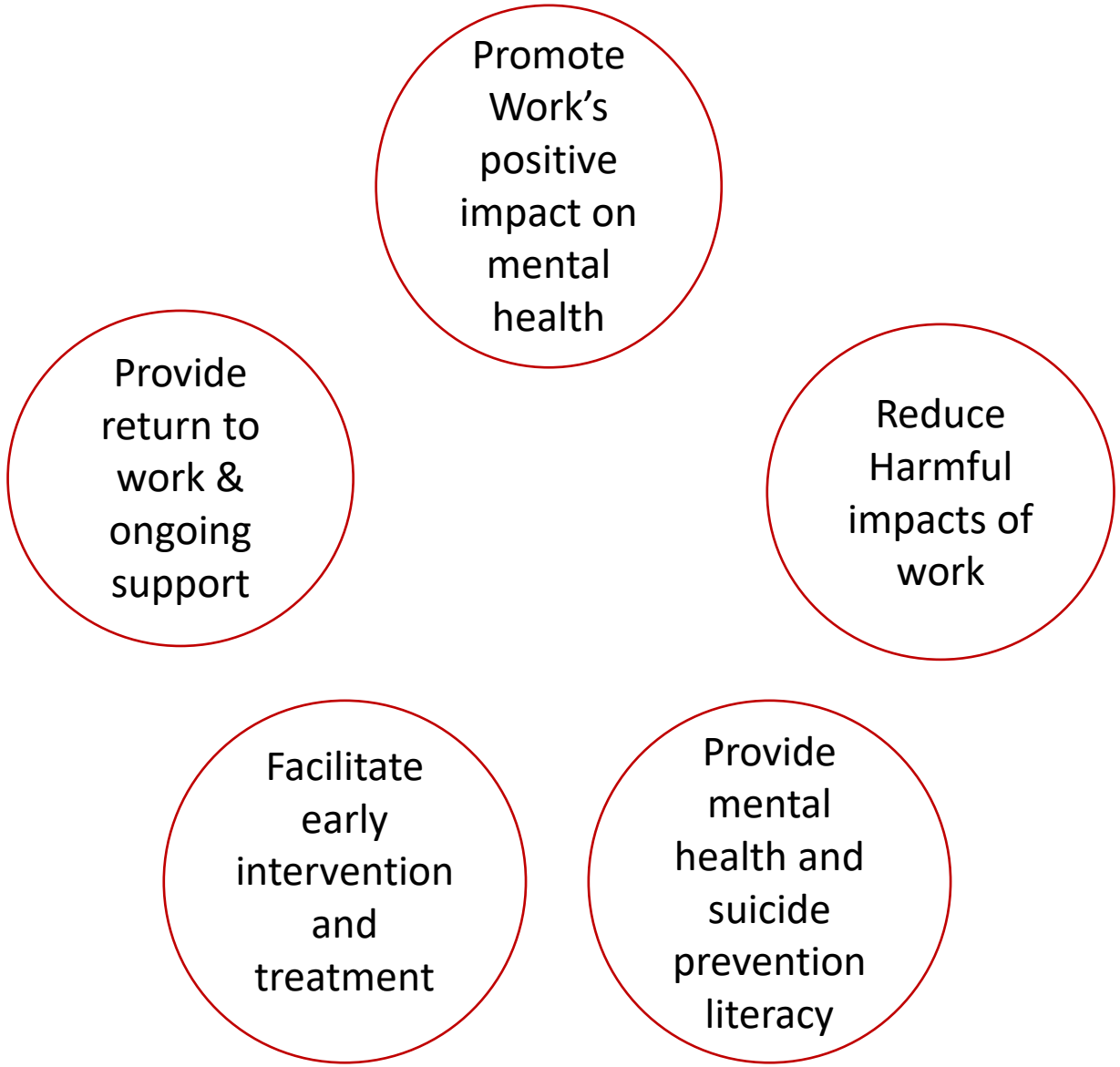
MATES in Construction & Beyond Blue (2018): **Blueprint for Better Mental Health & Suicide Prevention in the Australian Building & Construction Industry**, 17 pages. [REPORT]

Gauge sector wants and needs to optimize value of research to practice

The Blueprint for Better Mental Health & Suicide Prevention 2018—2022 (2018)

- MATES in Construction, Beyond Blue, Allison Milner and Phillip Law (U of Melbourne) convened a round table with 52 industry leaders
  - Including major contractors, unions, industry associations, superannuation & redundancy funds, and industry support services
- Goal: to come to consensus on how the industry could deliver better mental health and suicide prevention
- Identified five priorities, building from the integrated approach to workplace mental health (Protect/Promote/Respond)
- Priorities also applied by MATEs in research

Five Blueprint pillars or action areas were identified and agreed to by all stakeholders



Research mapping: historical activity, emerging activity

Promote work's positive impact on mental health

Provide return to work & ongoing support

Reduce harmful impacts of work

Facilitate early intervention and treatment

Provide mental health and suicide prevention literacy

Very little research or development on the two remaining priorities

'Frontier research' has also identified issues here: bullying, job insecurity.

Historically, MATES research efforts have focused on this pillar, followed by 'facilitate early intervention'

Gauge sector wants and needs to optimize value of research to practice

The Blueprint for Better Mental Health & Suicide Prevention 2018—2022 (2017)

- Increased activity in under-research priorities, for examples:

- Apprentice bullying – research assessing the problem
- Apprentice bullying intervention development, implem & evaluation
  - Multi-level intervention targeting apprentices, supervisors, general workforce

- Investigation of psychosocial work environment impacts on mental health
- Development, implem & eval of construction sector-tailored risk assessment tool and integration into MATES program (*People@Work – Construction*)

- Postvention – research assessing the problem
- RESPOND postvention program development, implem & evaluation

Evidence-informed practice
Practice-informed evidence

Future Research

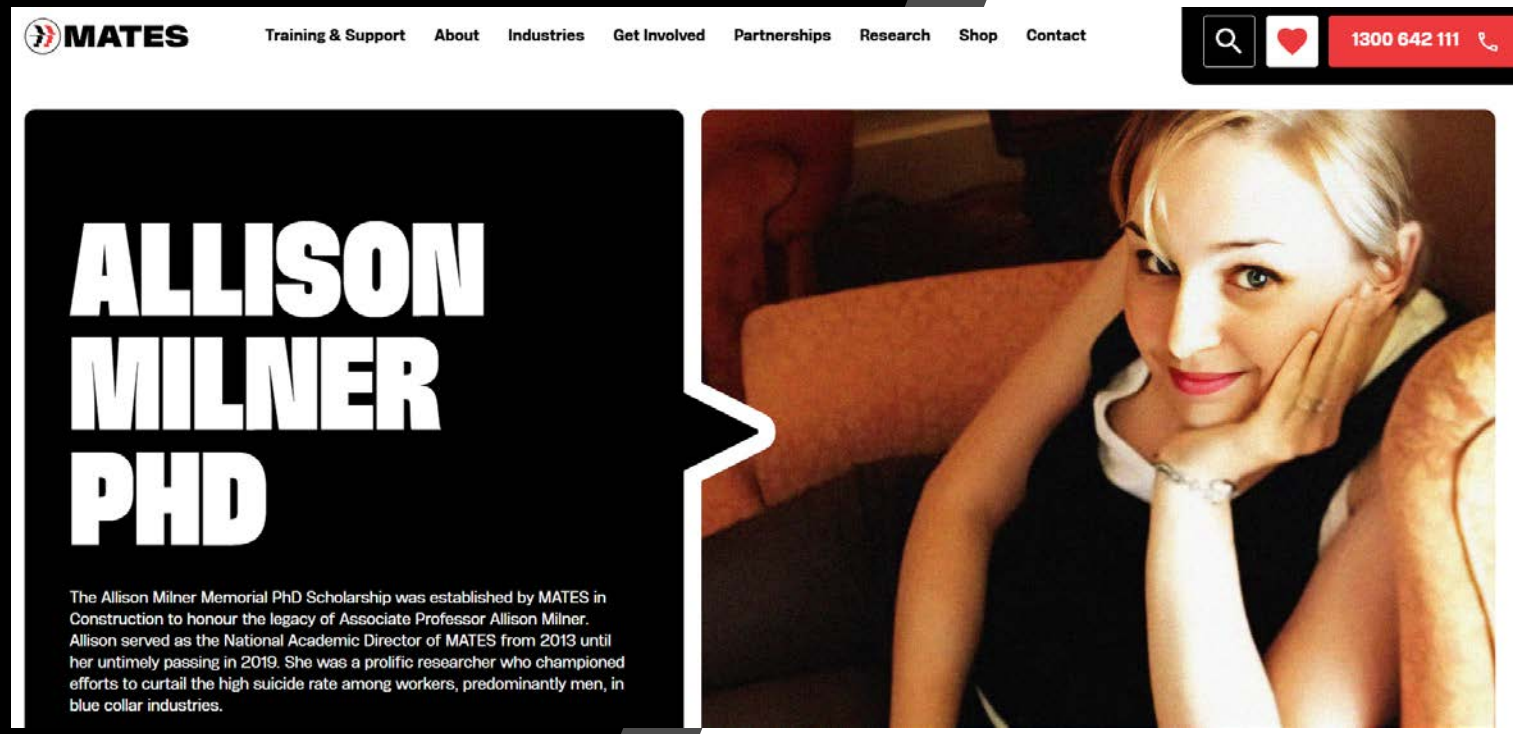
General MATES approach - aim to balance PRACTICE & RESEARCH value

Prioritise alignment with identified gaps and Blueprint priorities, including:

- **Tailoring strategies for female, migrant, and CALD workers;**
- **RTW from mental illness**
- **Protecting from work-related MH hazards**
- **Promoting the positive aspects of construction work**
- **Inform research partnerships, MATES investments in research, PhD scholarship review...**

Allison Milner Memorial PhD Scholarship

https://mates.org.au/phd-scholarships



Scholarship Program

- **Invests in the future of the field, builds research capacity**
- **Supports PhD research that addresses suicide prevention initiatives in male-dominated, blue-collar industries**
- **Application guidance and materials available on MATES website**
- **Five current PhD scholars in Australia & New Zealand**
- **1 PhD graduate to date**

Some specific future research priorities to address expansion and scaling of MATES programs

- **New industries:** MATES in Mining, Energy, Manufacturing
- **New countries:** New Zealand, North America

- **Foundational research**: Identifying contextual differences by industry, region/country (mixed methods)

- **Frontier research:** Some differences may warrant dedicated further investigation (e.g., unique hazards, legal/regulatory and healthcare access differences)

- **Evaluation research:** Refining program and piloting, with formative evaluation (mixed methods)

MATES in Construction North America Pilot Program

2023 Quanta identify the need for suicide prevention in the industry

2023 Quanta's search for a solution leads to the MATES in Construction program in Australia, a WHO endorsed best practice suicide prevention model

early 2024 Quanta and MATES explore the feasibility of adapting MATES for North America

October 2024
Quanta and MATES sign an agreement to develop a North America Pilot Program

early 2025 Recruit project team (Aus and US) and develop project plan

2nd qtr 2025
Commence Pilot Program design

3rd qtr 2025
Engage stakeholders; deliver program readiness strategy

4th qtr 2025
Complete program adaptation and implementation plan with industry input

December 2025
MATES Board approval to deliver Pilot Program

2026 Deliver and evaluate Pilot Program

beyond
Enable industry-wide rollout

MATES QUANTA

Adapting an Australian suicide prevention program for North America

EXPLORATION

Problem definition and contextual understanding

Deep analysis of the MATES Australia model

Initial fit assessment with the MATES model

PREPARATION

Adaptation, stakeholder engagement and co-design

Organisational readiness and system development

Pilot delivery design: infrastructure, workforce, funding, data systems

IMPLEMENTATION

Field deployment and iterative evaluation

Evaluation and implementation outcomes

SUSTAINMENT

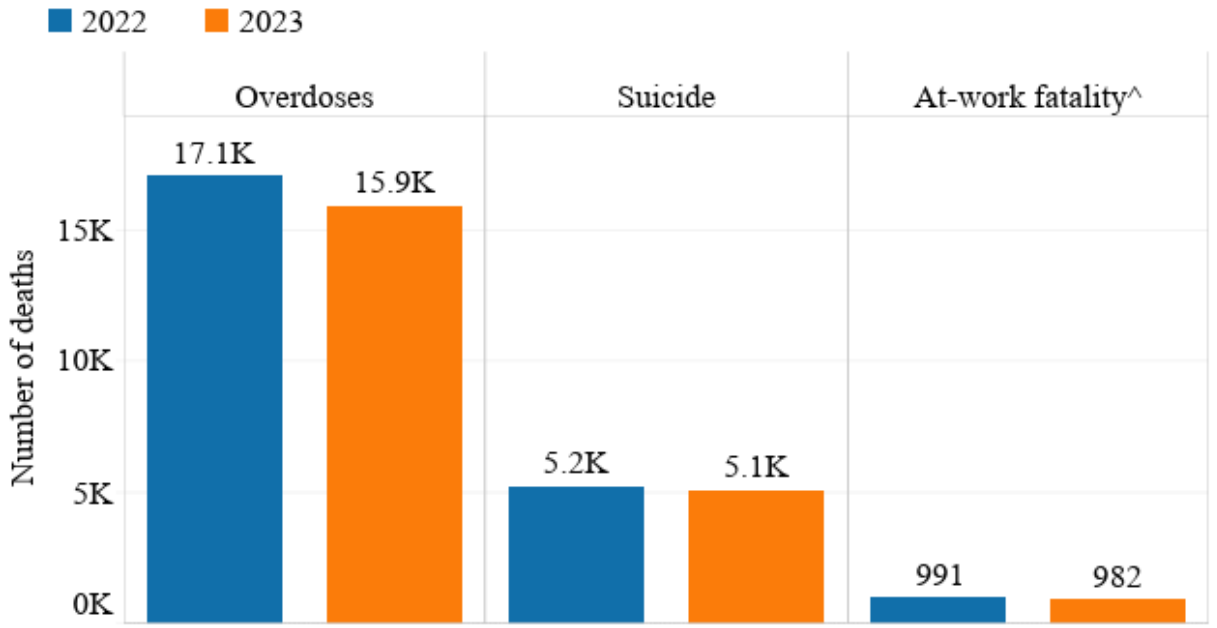
Embedding and expanding

Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. Administration and Policy in Mental Health and Mental Health Services Research, 38(1), 4–23.

MATES QUANTA

Contextual differences between Aus & -USA: Problem more complex than suicide alone (Foundational Res)

11. Fatalities by cause among construction workers 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, 2022-2023 Census of Fatal Occupational Injuries.*

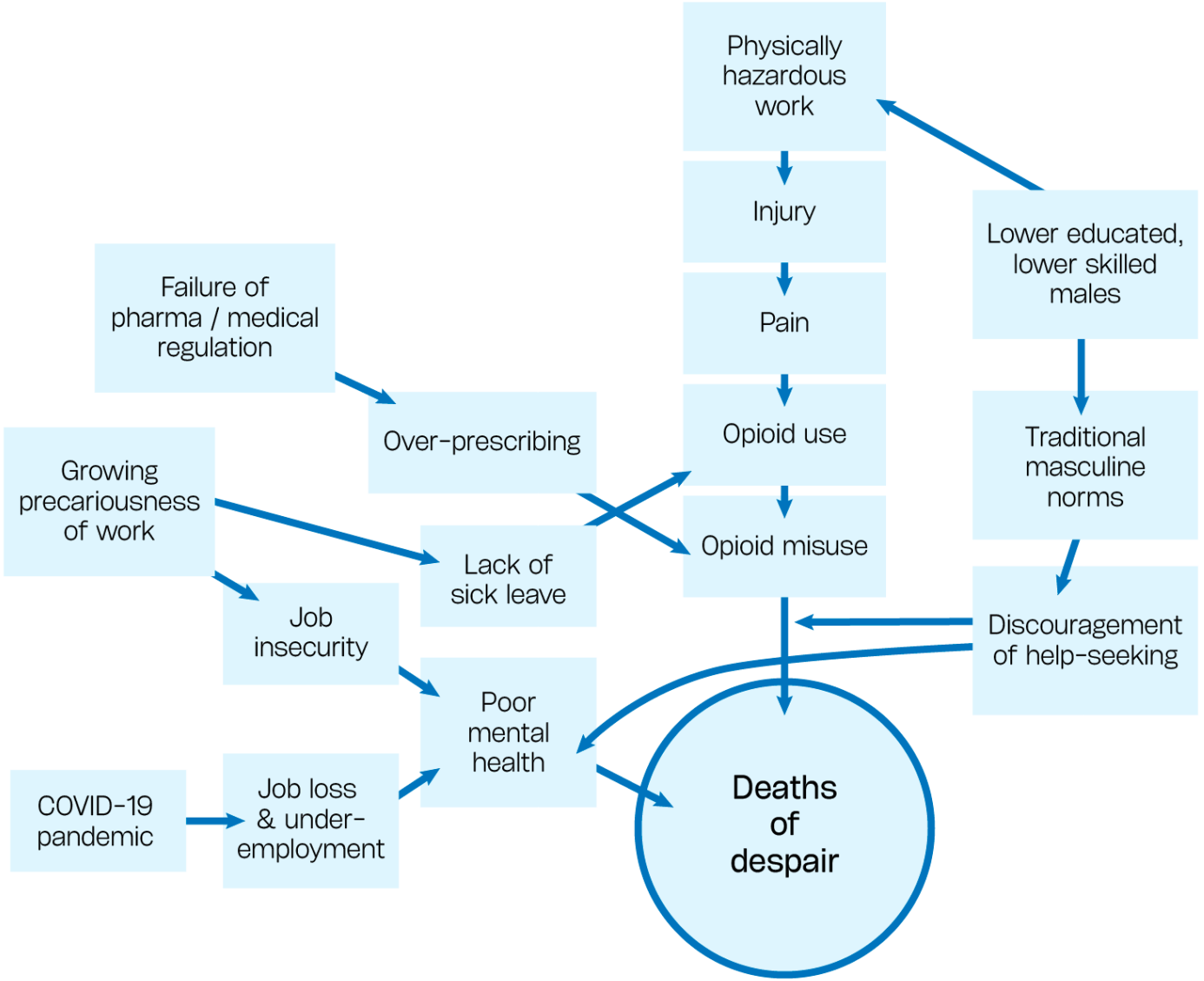
**See injury type definitions as ICD-10 codes overlap for commonly used definitions. For example, suicides resulting from an overdose are included in both categories.*

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

Source: CPWR Data Bulletin Apil 2025
https://www.cpwr.com/wp-content/uploads/DataBulletin-April2025.pdf

Contextual differences:

Drivers of suicide, drug poisoning, and alcohol-related mortality in North America



Some specific future research priorities to address expansion and scaling of program (2) (Evaluation Res)

- Lesson from Manufacturing pilot & trial:
  - Variable time to implement ~full program & establish ‘network of suicide safety’
- During 8-11 months intervention evaluation observation period, **no sites achieved full program**

- In future trials/longitudinal evaluations:
  - Monitor implementation continuously (RQ: how long/variable? Correlates by size, complexity, union vs non- site, etc.)
  - Start intervention evaluation period from time of ~full implementation. *Then* follow for 1 year…
  - To yield valuable impl insights and potentially avoid effectiveness evaluation of implementation failures?

Some specific future research priorities to address expansion and scaling of program (3) (Evaluation Res)

North American pilot (MATES/Quanta collaboration)

- Evaluation wish list for implementation includes….
  - Program delivered as intended (based on adapted model)?
  - Who is being exposed to and engaging with program components? Who is not?
  - Do Field Officers and volunteers feel adequately equipped & supported?
  - What external factors are influencing program delivery and engagement?
  - What factors or conditions are supporting or impeding delivery & implementation?

Some specific future research priorities to address expansion and scaling of program (4) (Evaluation Res)

North American pilot (MATES/Quanta collaboration)

Evaluation wish list for effectiveness includes…

- In short to medium term: improvements in mental health literacy, peer support, help offering, help-seeking intentions, reduction of stigma, help seeking, and accessing external support services
  - Gullestrup et al (2023): Effectiveness of the Australian MATES in Construction Suicide Prevention Program: A systematic review. *Health Promotion International* 38(4):1-15

- To identify specific ways that the unique MATES program delivery workforce enables program outcomes
- To understand the ways that program delivery may be influencing early change across the construction industry
- To create a baseline for long-term evaluation at population level

Summing Up

- To date, there is a strong body of MATES-related research
- Much more to be done, however…

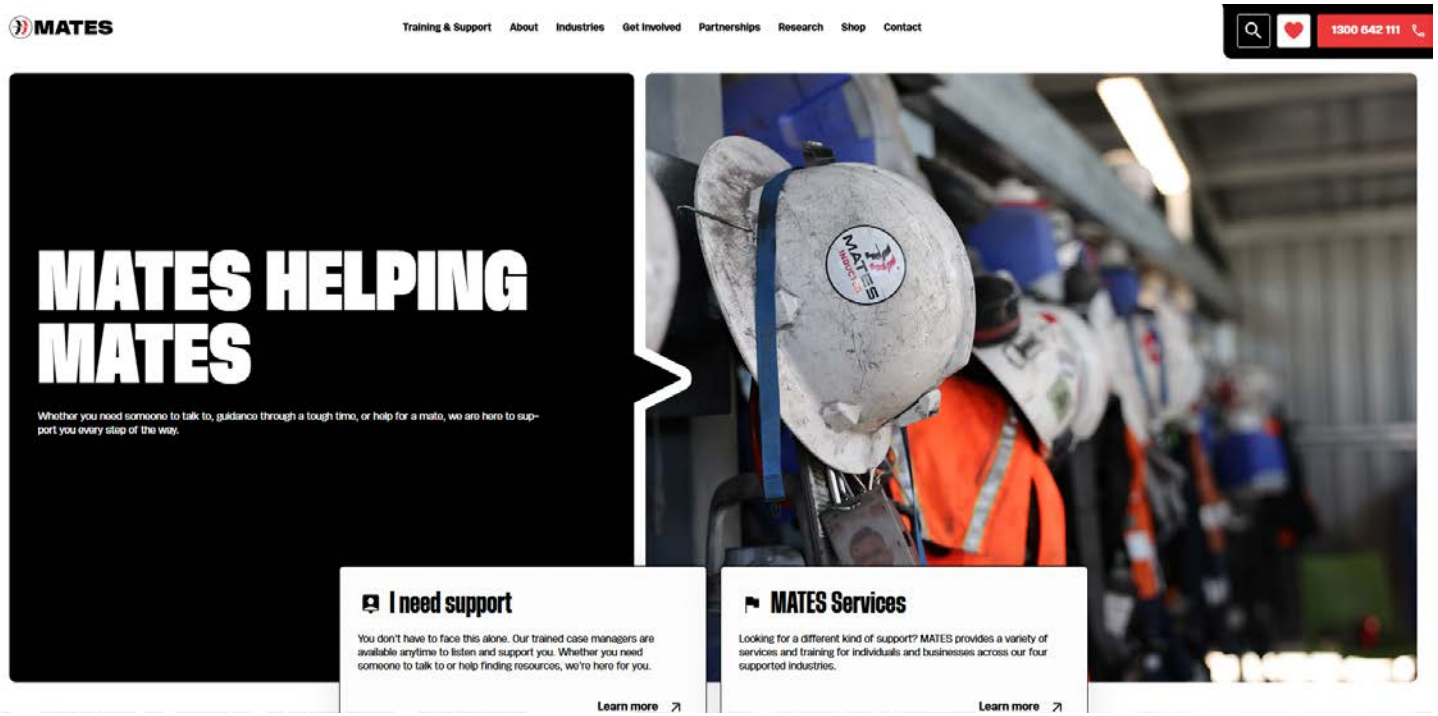
- MATES will continue to prioritise and support research that:
  - Responds to existing gaps in the evidence base
  - Is aligned with the Program Logic, Blueprint and other MATES priorities
  - Follows a partnership approach wherever possible
  - Links to practical translational activity

Contact numbers for support in USA:

988 Suicide & Crisis Lifeline
https://988lifeline.org/

Oregon Construction CareLine: "If you work in construction, you can call us."
In Oregon - 503-433-7878
Outside Oregon - 1-833-444-6020

Further information @
https://mates.org.au/



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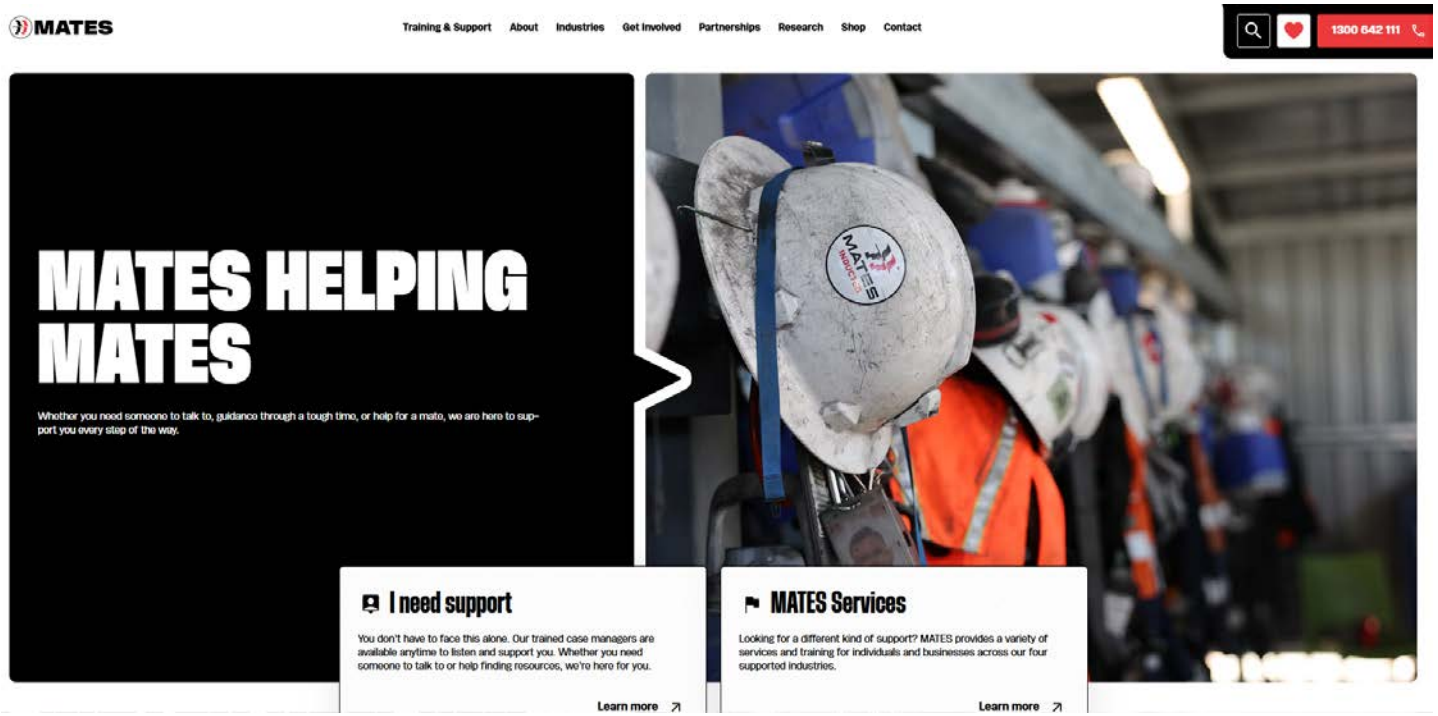
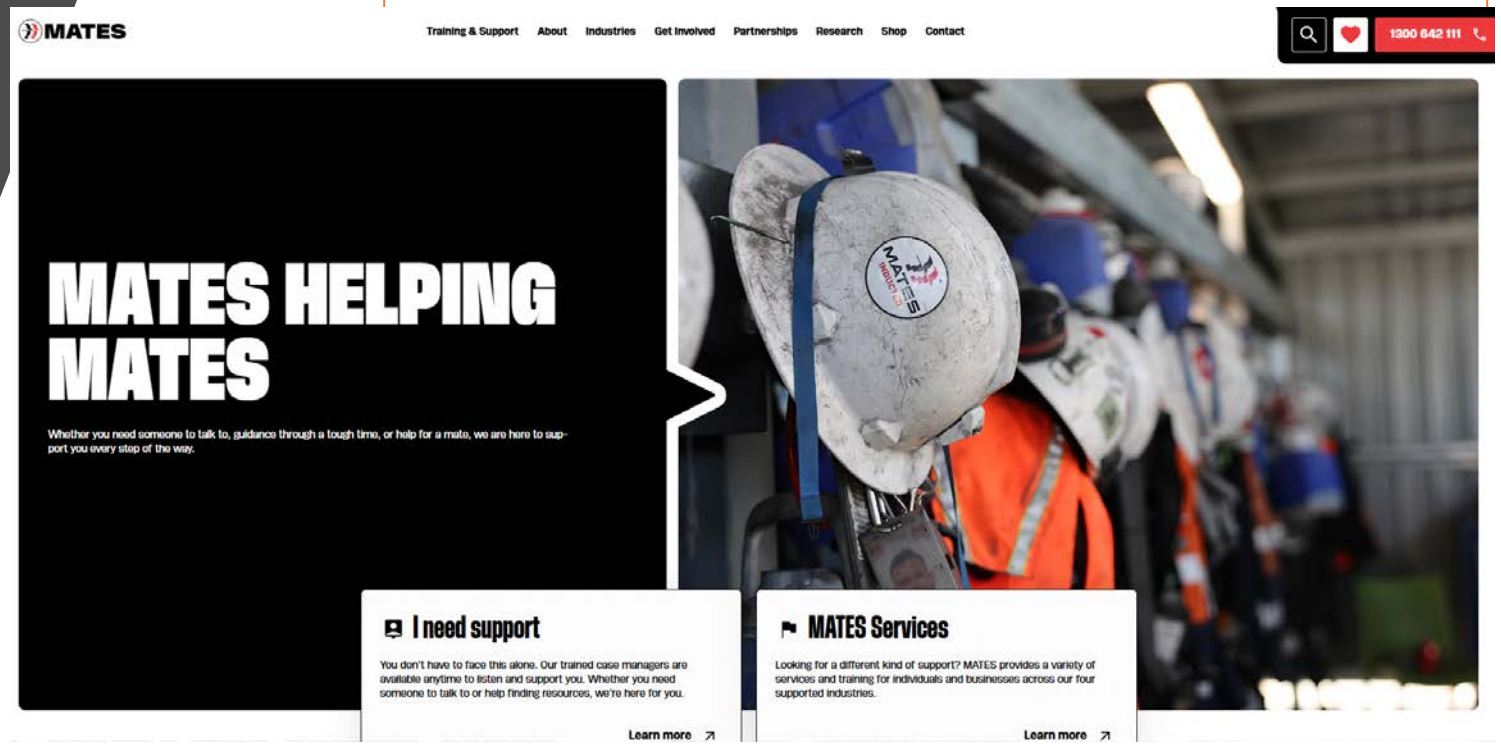


Contact numbers for support in Canada:

988 suicide crisis helpline

Talk Suicide Canada 24/7 @ 1–833–456–4566 or 45645 (Text, 4 p.m. to midnight ET only)
https://talksuicide.ca/

Further information @
https://mates.org.au/



Contact numbers for support in Australia:

MATES in Construction 1300 642 111

Lifeline 13 11 14

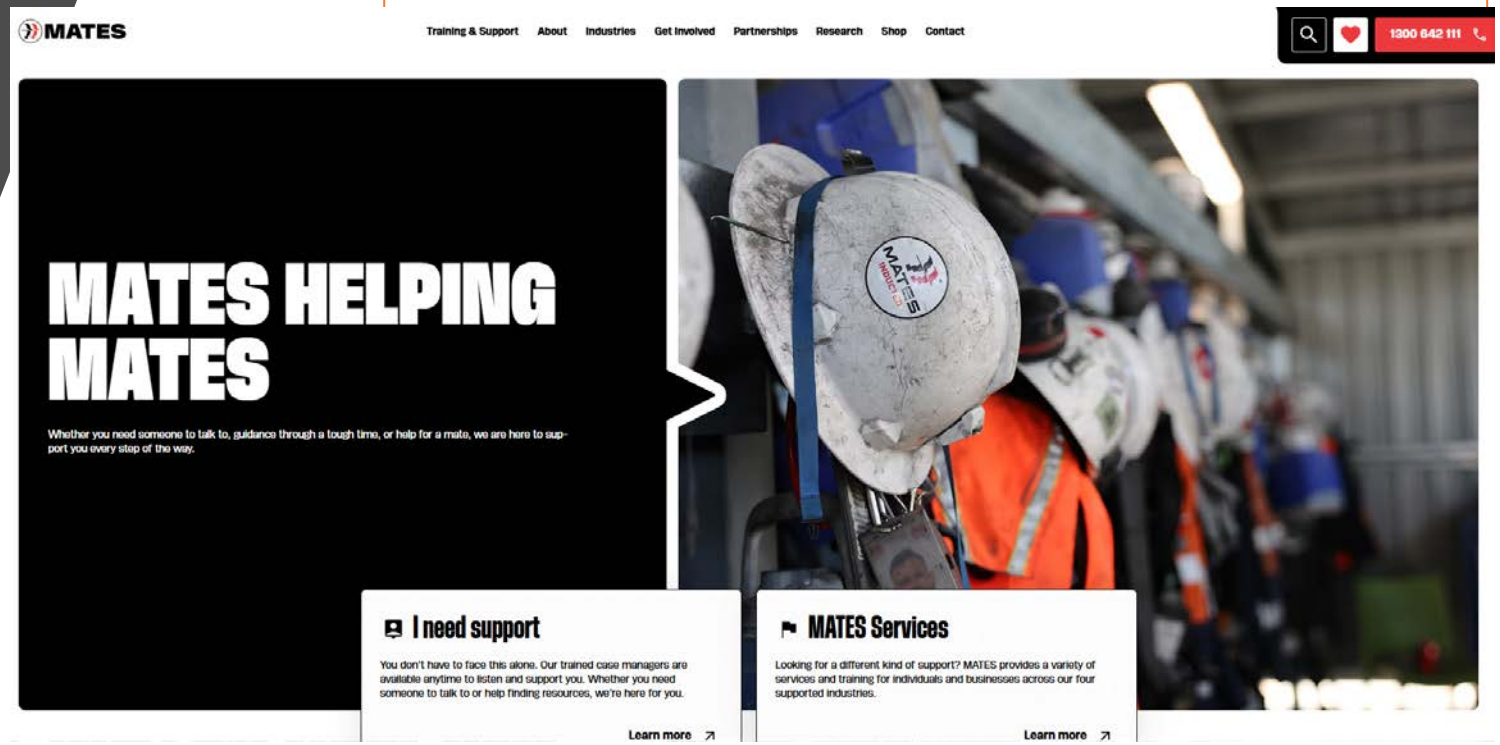
Suicide Call Back Service 1300 659 467

MensLine Australia 1300 78 99 78

Beyond Blue 1300 22 4636

Further information @

https://mates.org.au/

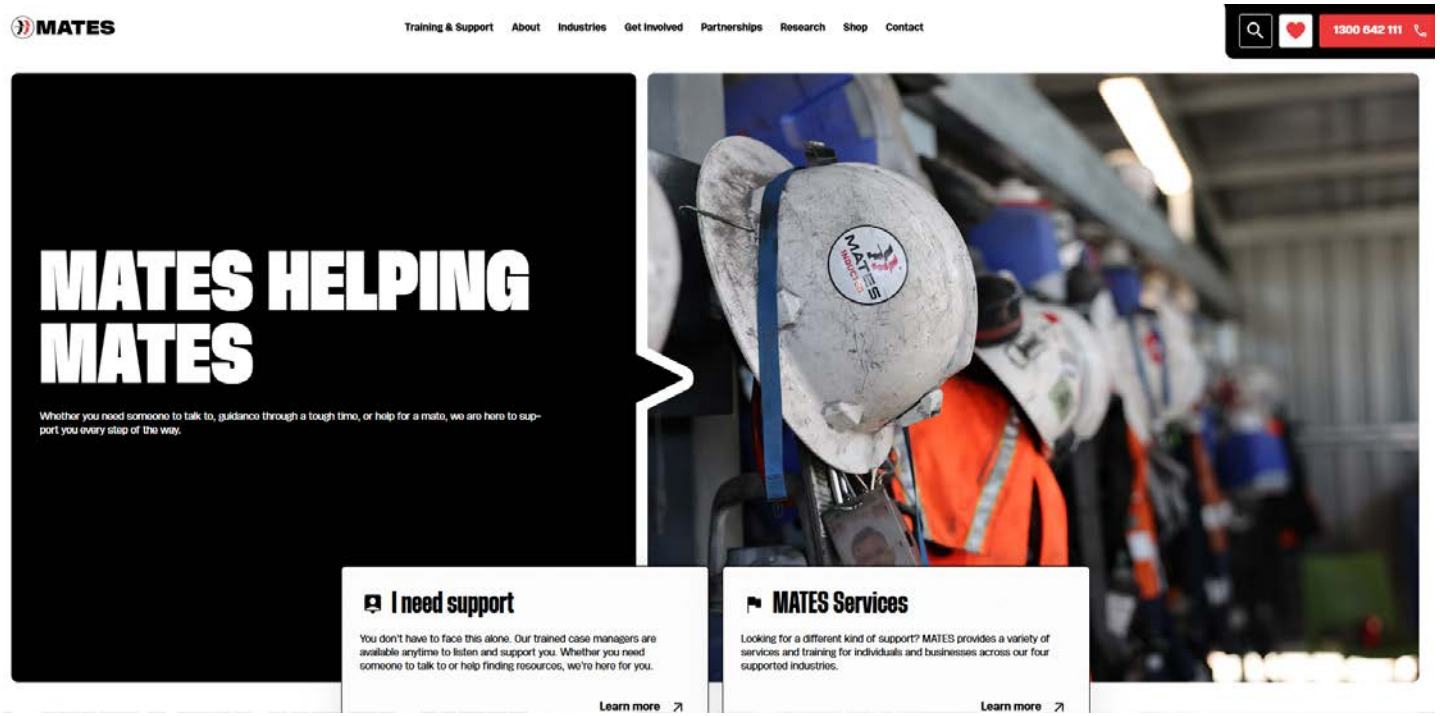


Contact number for support in Denmark:

Du kan kontakte Livsliniens telefonrådgivning, 70 201 201, alle årets dage fra kl. 11-05. (https://www.livslinien.dk)

Further information @

https://mates.org.au/



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