

# Peer Support Programs to Promote Mental Health Among Construction Workers

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## **Addressing Suicide and Opioid Risks in Construction: CPWR's Approach**

Construction workers in the United States face a mental health crisis: their suicide rates are twice the national average and they account for over one in six opioid overdose deaths.

CPWR is leading a *Research and Action Agenda on Suicide, Mental Health and Opioids* focusing on three objectives:

1. **Tackling Root Causes:** Addressing upstream, work-related factors that contribute to mental health struggles and substance use.
2. **Breaking Down Barriers:** Ensuring workers have access to essential treatment and recovery resources
3. **Enhancing Support Systems:** Strengthening services, programs, and policies to support workers facing mental health and substance use challenges.

CPWR partners with North America's Building Trades Unions (NABTU), fourteen international union representatives, employers, building trades council representatives, insurers, and government partners to share successful strategies for preventing suicide and opioid deaths, address common challenges, and put knowledge into action through training, health programs, member services, and communications. [Subscribe to our free quarterly newsletter REASON](#) (Resources and Effective programs Addressing Suicide and Opioids Now) for updates and materials.

CPWR funded [five small studies](#) to advance knowledge and action on suicide prevention and opioid overdose. This report highlights one such study.

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## **Abstract**

Given the disproportionate mortality and morbidity from suicide and opioid use disorder (OUD) among construction workers, the industry is interested in implementing education and peer support programs aimed at better prevention and treatment of opioid dependency and mental health issues. However, few prevention and treatment programs have been evaluated for their success in changing important outcomes including knowledge and awareness of suicide and OUD, stigma towards those with mental health issues, and knowledge, accessibility, and utilization of available treatment resources. This project evaluated the implementation and effectiveness of two new peer support programs. One support program was implemented by the Greater St. Louis Construction Laborers Health and Welfare fund in St. Louis, Missouri, a building trade union health and welfare fund. This project was based on the LEAN program started by Boston area Laborers Unions. The second program was delivered within Tarlton Corporation, an independent building contractor, and was based on key elements of the Australian MATES in Construction program. An academic research team from Washington University in St. Louis (WashU) evaluated both programs, and played a major role in designing and implementing the intervention at Tarlton Corporation. Our evaluation of these programs allowed us to obtain pre-post measures of program effectiveness and compare two different models of providing peer support.

## **Key Findings**

1. Key Stakeholders reported increased awareness of suicide and mental health in the workforce due to LEAN StL and the Tarlton program.
2. LEAN StL and the Tarlton program were seen as acceptable solutions to an unmet need in the construction industry.
3. Peer support models that build upon existing relationships and experiences were seen as most likely to be successful.
4. The Tarlton program increased individuals perceived knowledge, attitudes, and skills when intervening with suicide.
5. LEAN StL and the Tarlton program addressed stigma and promoted mental health awareness in a way that stakeholders felt was congruent with industry culture.
6. Utilization of health plans and Member Assistance Programs (MAP), especially for mental health related claims, increased after the implementation of the Lean StL program.

## **Introduction**

Construction workers have high rates of mental health disorders and among the highest suicide rates of all occupations, with the rate of suicide among male construction workers about twice as high as that of other men in the working population.<sup>1</sup> Construction workers account for around ~20% of all suicides among working men in the US.<sup>2</sup> Additionally, the rate of suicide among construction workers - 49.4/100,000 - is five times higher than the rate of work-related fatalities in construction.<sup>3</sup>

Positive steps toward supporting the mental health of construction workers include preventative education, providing mental health resources, crisis support, and industry-specific initiatives. A key component of these strategies involves the implementation of peer support programs, which

are thought to be useful in providing emotional support, reducing stigma, and encouraging workers to seek help from trusted colleagues. Peer support models have been implemented in a number of construction settings and are promoted as a means to prevent suicide and speed recovery from addiction. However, few evaluations have been conducted regarding the implementation of peer support programs, or their effectiveness.

## **Objectives**

This report summarizes findings from observing the implementation of two different peer support models focused on preventing suicide and substance use disorders and improving mental health that were recently implemented in St. Louis, MO. The first program, LEAN StL, was implemented by the Greater St. Louis Construction Laborers Health and Welfare Fund, and is based on the Laborers Ending Addiction Now program developed by the Boston Laborers Union. The second program is an adaptation of the Australian MATES suicide prevention program by the WashU research team and implemented by Tarlton Corporation, a local construction contractor.

## Construction Partners and Programs

### **The Greater St. Louis Construction Laborers Health and Welfare Fund and LEAN StL Program**

The Greater St. Louis Construction Laborers Health and Welfare fund serves Laborers' Locals 110 and 42, including 4,200 active members and approximately 7,000 dependents or retired members. LEAN StL was modeled after the seminal Laborers Escaping Addiction Now program in Boston. The LEAN StL program covers a broad range of mental health topics, including suicide prevention, in addition to focusing on substance use disorders. This program is spearheaded by two full-time peer support counselors, known as Peer Support Specialists. The Peer Support Specialists are experienced construction laborers with lived experience of substance use disorder. The Peer Support Specialists completed over 200 hours of specialized training, including Missouri certifications for Peer Support Specialist, Community Health Worker, and Behavioral Health and Substance Use counseling. Primarily, the role of these Peer Support Specialists is to provide advice and referral information to individual workers. They also lead outreach activities designed to increase awareness, reduce stigma, increase help-seeking and help-offering by other workers, make workers more aware of available mental health benefits for themselves and their dependents, and to provide navigation to services when needed.

### **Tarlton Corporation and the Tarlton Program**

Tarlton Corporation is a St. Louis general contractor with approximately 250 employees and an average of 20-25 job sites across diverse markets, including commercial, concrete, cultural and non-profit, government, health care, higher education, industrial and civil, and power and energy markets. Their workforce comes from multiple regional construction trade unions, including carpenters, cement masons, laborers, and iron workers.

The Tarlton program was modeled after the "MATES in Construction" program, an evidence-based suicide prevention program implemented in the Australian mining and energy industries.<sup>4</sup> Key elements of the MATES program include General Awareness Training (GAT) for all workers, training of volunteer 'Peer Connectors' who connect their coworkers with help, and additional personnel trained in ASIST (Applied Suicide Intervention Skills Training), who work with Peer Connectors to provide further evaluation and referral to workers in need of help. This program was adapted to meet the unique needs of the US construction industry, which varies from Australia in several key aspects: Australia has a national health plan, while in the USA workers on a single worksite are often served by multiple different health and Employee

Assistance Program (EAP)/MAP plans depending on employer or union, resulting in fragmented care and confusing referral patterns. Also, the MATES program is run by a well-funded independent trust in Australia that is more than a decade old, and provides the worksite training, as well as case management of workers in treatment. The Tarlton program trained individuals at three levels: (1) all or a majority of workers received a GAT; (2) volunteer peer connectors were recruited to take a four-hour suicide prevention gatekeeper training, safeTALK; and (3) individuals identified as key personnel received a two-day ASIST. The goal of these three levels of training was to establish a peer-based 'gatekeeper' network on the Tarlton's worksites.

### **Objectives**

Our evaluation of LEAN StL and the Tarlton program aimed to achieve several objectives. The study sought to assess the implementation process, including the delivery of training, worker engagement, and organizational adoption. The evaluation also focused on identifying barriers and facilitators to the adoption and sustainability of these interventions. We also sought to assess knowledge, attitudes, and behaviors towards mental health and help-seeking / help-offering. Overall, the goal was to assess the implementation, organizational impact, and overall effectiveness of LEAN StL and the Tarlton program. Both programs were focused on early identification and intervention of workers at risk for mental health or addiction disorders; both were also directed at reducing stigma and identifying and discussing cultural and organizational factors that increase the risk of suicide and addiction in this high risk population.

### **Methods**

LEAN StL and the Tarlton program were carried out, as described above, by each union and company. The research team provided consultation, resources, and created programing as requested. For the Tarlton program, our research team created the program outline, created the toolbox talks, facilitated the delivery of Living Works training, and provided consultation and assistance at all implementation stages.

The program evaluations followed a mixed methods approach. Semi-structured interviews were conducted with multiple stakeholders from both LEAN StL and the Tarlton program. A total of 25 semi-structured interviews were completed, including 15 stakeholders from the LEAN StL program and 10 from the Tarlton program. Interviewees consisted of individuals at varying levels within the company or union. LEAN StL stakeholders included union leaders (trustees, board members, directors), business agents, health plan managers, and one of the two peer support specialist. The Tarlton program stakeholders included project superintendents, mangers/directors, and human relations staff. All of the Tarlton program stakeholders participated in either the 4-hour safeTALK (5) training or 2-day ASIST (5) training.

For the Tarlton program, we also collected baseline and post-intervention data via individual worker questionnaires. The effectiveness of the LEAN StL program was additionally evaluated via health claims data.

For both programs, semi-structured interviews completed with key stakeholders addressed program implementation and organizational effects. A subset of stakeholders from each program were invited to participate in a 15–20-minute semi-structured interview. Interview questions focused on the perceived changes in awareness, skills, and confidence utilizing learned skills. Additional questions included the effectiveness of the program, its role in reducing mental health stigma, and individual views on program adoption and acceptance in the industry. Interviews were coded independently by two raters and results reviewed with the study PI to achieve consensus. These results are shown below. In addition to coding themes that emerged from the interviews, we deliberately coded responses following the framework for

implementation research outcomes described by Proctor and colleagues,<sup>5</sup> which identifies eight key implementation measures (Acceptability, Adoption, Appropriateness, Cost, Feasibility, Fidelity, Penetration, and Sustainability). An important additional theme, culture change, emerged from our qualitative analyses. Findings from this implementation measures related themes are attached in an Appendix below.

For the StL LEAN program, we also evaluated data on the utilization of mental health related health care claims in the Laborer's Health and Welfare Fund. In the Tarlton program, baseline and post-intervention survey data were collected from workers who received the toolbox talks using the Mental Health in Construction Survey. This 10-item survey assessed knowledge, awareness, and attitudes regarding mental health, suicide, and help-seeking behaviors in construction workers; survey items were based on existing surveys used in past evaluations of the program.

### **Accomplishments and Results**

A total of 25 semi-structured interviews were completed. This includes 15 stakeholders from the LEAN StL program and 10 from the Tarlton program. Overall, both the LEAN StL and Tarlton programs were positively received by stakeholders at multiple organizational levels and demonstrated significant value and impact in their workplace communities. A common sentiment across interviews was that suicide and substance use are pressing concerns within the industry. Respondents also reported that suicide and substance use issues are not new, but have only recently been seen to have effective solutions that could be taken within the industry. Respondents consistently reported that peer support programs such as LEAN and MATES were likely to be effective approaches within the construction industry because workers are more likely to seek assistance from someone they know. The Tarlton program was regarded as effective by respondents because of its ability to raise awareness about suicide prevention, increase observational skills, and increase the confidence of peer connectors to intervene successfully with other workers seeking help. The LEAN StL program received broad acceptance and high satisfaction with its specialized peer model, which matched well with industry culture. Across both programs, the value of peer support emerged as a central element that meshed well with individual and organizational needs. Broadly, both programs were seen as important and effective in promoting mental health awareness and increasing service utilization in their organizations. Key findings from interviews and quantitative data are discussed in more detail below.

### **KEY FINDINGS FROM INTERVIEWS**

- 1. Workers and Key Stakeholders reported increased awareness of suicide and mental health due to both LEAN StL and the Tarlton program.*

The most common sentiment throughout stakeholder interviews was that the implementation of both the LEAN StL and Tarlton programs increased awareness surrounding mental health, substance use, and suicide within their companies and unions. Many participants cited how these programs enabled people to talk openly about mental health in a way they had not been able to before. The implementation of these programs pointed to a cultural shift within the industry. A shift towards a more accepting and understanding climate for workers struggling with mental health concerns.

- 2. The LEAN StL and Tarlton programs felt like acceptable solutions to an unmet need in the construction industry.*

The programs addressed significant issues in the construction industry, such as high rates of substance use and suicide. At baseline, stakeholders highlighted how previous mental health programs had been underutilized within their organizations. The increased utilization and acceptability of LEAN StL and the Tarlton program was attributed to the programs' peer support model, which felt like a good match for the industry culture.

- 3. Peer support models that build upon existing relationships and experiences are effective.*

Stakeholders emphasized how the success and high satisfaction of the program hinged on the peer support model. They cited how having peer supporters who had firsthand experience within the industry and in recovery was crucial for gaining trust and building relationships. Additionally, for individuals in the Tarlton program, it was especially important that the connectors have strong relationships within their teams and provide trusted and approachable support.

- 4. The LEAN StL and Tarlton programs addressed stigma and promoted mental health awareness in a way that stakeholders felt was congruent with industry culture.*

Stigma was cited as an initial concern to program utilization for both the LEAN StL and Tarlton programs. It was cited that mental health was historically an ignored topic of conversation within the industry. This was attributed to the industry's "tough guy" culture and a "that would never happen to me" mentality. However, many individuals expressed that even though it was not discussed, mental health concerns were always present and salient. The LEAN StL and Tarlton programs were seen as helpful for reducing this stigma and promoting mental health awareness within the community. This, again, was tied to the programs' peer support models, where support staff are former laborers with similar experiences. This has led to the programs being well-received culturally within the industry.

## **KEY FINDINGS FROM QUALITATIVE DATA**

- 5. Workers in the Tarlton program demonstrated high awareness of and positive attitudes toward mental health; additional skills training increased their confidence and skills at helping others.*

Baseline questionnaire data collected from 93 workers prior to the first Toolbox Talk showed surprisingly high rates of suicide awareness, willingness to seek help, and willingness to offer help. Stigma was lower than expected – only 17% thought that a worker employee "would be treated poorly in the workplace if they were to disclose that they had been diagnosed with a mental illness," or reported that they "would feel embarrassed if others knew I was seeking professional help for depression or a substance use problem." There was no meaningful increase in scores when workers were surveyed 6-8 weeks following their toolbox talk training. One factor that may explain these high levels of awareness and willingness to help, and low levels of stigma is the fact that Tarlton has been presenting "Suicide Stand-downs" annually since 2019, presenting material similar to that contained in the toolbox talks. Interview data suggested that following additional suicide prevention training (ASIST or safeTALK), individuals felt more prepared to help a coworker struggling with suicide. Participants felt the training provided them with new knowledge and practical skills for addressing suicide. Additionally, most

participants reported becoming more attentive and empathetic towards their colleagues. They felt more prepared to initiate conversations about mental health.

**Table 1. Baseline Data (n=93)**

<b><i>Statement Provided</i></b>	<b><i>% responding "Agree" or "Strongly Agree"</i></b>
Suicide is a serious problem in the construction industry	71%
If I was struggling with mental health issues, I would be willing to ask for help	60%
If I was struggling with mental health issues I would know who I would talk to, in order to get help	76%
If I knew a coworker was struggling then I would be willing to offer help	94%
I believe my workplace tries to look after worker mental health	69%
Poor mental health is a workplace health and safety issue	86%
An employee would be treated poorly in the workplace if they were to disclose that they had been diagnosed with a mental illness	17%
I would feel embarrassed if others knew I was seeking professional help for depression or a substance use problem	17%

*6. As hoped, members seeking mental health or addiction care increased after the implementation of the LEAN StL program.*

Nationally, MAPs, EAPs, and health insurance benefits are underutilized by workers with mental health needs. One desired outcome of the LEAN peer support program was to increase utilization of mental health benefits by members and dependents of the Laborers Union. We compared health plan claims for substance use and other outpatient and inpatient mental health services for the period of March 2022 to February 2023 (prior to creation of the LEAN StL program) with the period of March 2023-February 2024. Following implementation there was a 21% increase in the number of services used by Laborers and their dependents (783 claims/month vs. 648 claims/month); the cost per claim was essentially unchanged: \$111 per claim vs. \$108. We are currently working with the MAP provider to obtain MAP data to compare changes in utilization pre-and post-intervention (changes in #contacts, utilization, reasons for utilization).

**Changes/ Problems**

One of our union partners with a new peer support program dropped out of the study after the proposal was submitted due to objections from their attorneys. This led to the inclusion of the Tarlton program, which differed considerably from the originally planned second union-based peer support model that we had originally included. Rather than observing and evaluating a new peer support program as we did with the St. Louis Laborers, we took a lead role in designing and promoting key elements of the MATES program at Tarlton. It has been more difficult to get useful activity data from the peer counselors and health claims data from the Laborers than anticipated; similarly EAP and MAP data.



### **Future funding plans**

We were successfully funded to proceed with the adaptation and evaluation of key elements of the MATES program with six additional contractors as part of CPWR's successful 2024-2029 application for the NIOSH Construction Center cooperative agreement. Experience from the Tarlton project was helpful in shaping this proposal for a larger adaptation study. For this new study, we have revised our worker recruitment procedures to increase participation, particularly in follow-up interviews. We are also planning to work with companies whose existing suicide prevention efforts are not as far advanced as Tarlton's at the outset of the study and to better understand a broad range of worker perspectives.

### **List of presentations/publications, completed and/or planned**

Currently in draft form is a White Paper meant to give pragmatic advice on program implementation to other organizations. Future plans include writing a peer reviewed journal article for publication. We have submitted an abstract to the Fall 2025 NIOSH Total Worker Health Conference describing our study.

### **Dissemination plan**

Results from this evaluation will be disseminated through multiple channels. Practical advice will be disseminated at regional construction industry and union meetings. Our White Paper will be made available on CPWR's website and other available channels. Additionally, we will look to industry and union publications to run short versions of our findings. Our follow-up adaptation project is another form of dissemination and additional evaluation. We have recruited at least one large contractor to the funded adaptation project and are in discussion with two others.

Early stage plans for NABTU and large construction contractors to engage with the Australian MATES trust are currently in progress. We have shared our initial findings with Tony LaMontagne from the MATES trust and hope that our experiences with this small project and our current CPWR project will inform larger scale adaptations in the US.

We, and our partners, will continue to present results from our studies to construction groups that are focused on mental health and addiction. Our research group and partners have spoken at numerous regional conferences related to suicide prevention. The Laborers' peer connectors have joined the National Peer Recovery Alliance; Dr. Evanoff is active in the National AGC Mental Health & Suicide Prevention Task Force. We have also worked with the University of Iowa Total Worker Health Center to form an Iowa Mental Health and Suicide Prevention in Construction Working Group that held its inaugural meeting January 31, 2025. We also plan to work with CPWR to disseminate these and future findings.

**APPENDIX – ADDITIONAL RESULTS BASED ON AN IMPLEMENTATION FRAMEWORK**  
(Proctor E, Silmere H, Raghavan R, et al. Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda. Administration and Policy in Mental Health. 2011;38(2):65-76)

A total of 25 semi-structured interviews were completed, including 15 stakeholders from the LEAN StL program and 10 from the Tarlton program. Interviewees consisted of individuals at varying levels within the company or union. LEAN StL stakeholders included union leaders (trustees, board members, directors), business agents, health plan managers, and one of the two peer support specialist. Tarlton stakeholders included project superintendents, managers/directors, and human relations staff. All Tarlton stakeholders participated in either the 4-hour safeTALK training (5) or 2-day ASIST training (5).

Our implementation themes followed the framework for implementation research outcomes described by Proctor and colleagues, which identifies eight key implementation measures (Acceptability, Adoption, Appropriateness, Cost, Feasibility, Fidelity, Penetration, and Sustainability). An important additional theme, Culture Change, emerged from our qualitative analyses. Findings from each measure are summarized below.

### **Acceptability**

#### LEAN StL

The LEAN StL program received high levels of acceptability and satisfaction among users. For many, substance use and suicide were widely known problems in the industry. Stakeholders acknowledged the need for such a solution, particularly in an industry where mental health discussions are often stigmatized. The high satisfaction with the program was attributed to the number of union members and dependents the program was able to reach, including the number of calls and texts received by Peer Support Specialists and an increase in mental health related insurance claims. The program has been positively received with little resistance from the union board, companies, and laborers. One interviewee reflected:

*“[There’s] not a contractor in town who wouldn’t accept this type of discussion.”*

Some respondents were enthusiastic, others more cautiously optimistic while keeping an open mind as the program is relatively new. There was consistent agreement that the program is positively impacting union members, families, and other stakeholders by connecting them to mental health resources and services. The LEAN StL program is seen as making a significant difference, helping people get into treatment, and saving lives. Laborers, companies, and unions appreciate the program, wanting to see their peers healthy and successful.

#### Tarlton Program

Participants in the Tarlton program found their suicide gatekeeper trainings to be both informative and worthwhile. A common sentiment was the training empowered and helped them gain confidence in their ability to respond to mental health concerns. They found the trainings acceptable because the training not only heightened their awareness of suicide warnings signs, but provided them with practical skills for responding to a struggling peer. Those trained reported increased feelings of responsibility to support the mental health of co-workers. Additionally, the diversity of the individuals who received the training played a crucial role in enhancing the ability of affected workers to seek out someone they felt most comfortable talking with, highlighting the importance of carefully considering who is trained. One respondent shared:

*“They don’t want to call these lines and talk to a stranger – they want to talk to people they trust.”*

## **Adoption**

### LEAN StL

Overall, the LEAN StL program has been readily adopted by union members and companies. The initial implementation by the union board went smoothly, with minimal skepticism and a general openness to the program. Due to this minimal resistance, initial adoption of the program proceeded quickly. Since its implementation, the program has seen active utilization by members, evidenced by an increasing volume of calls and texts received by the peer support specialists. Adoption was facilitated by a high level of buy-in and support from companies and job sites who have been pivotal in disseminating information about the program. One interviewee expressed:

*“A lot of the employers have made really great efforts to make sure that they come and talk as part of safety meetings. They put stuff out on their job sites. You know there’s a lot of buy in with the employers with our program. It’s been pretty amazing.”*

Additionally, interviewees showed general excitement about the initiative, noting a positive reaction within the union and growing interest from other trades.

### Tarlton Program

Adopting elements of MATES within Tarlton was mostly described through the utilization of suicide prevention skills learned during their training. Trainees reported having used the skills multiple times with co-workers and others on the worksite. Trainees report that they are now more direct in their communication, and are paying increased attention to mental health issues. Most respondents report feeling more prepared and having a heightened awareness of when someone is struggling. One shared:

*“Two instances that have happened at Tarlton, one before and after training, different outcomes... had a laborer on job, right after class; going through things with wife, didn’t show up for work, got on phone, very much wanting to commit suicide, talked about it, got on phone with laborers, got help and got counseling, still around today.”*

Despite the progress, respondents noted that it remains challenging to encourage construction workers to discuss mental health with their peers, Increasing adoption of the program will require increased and consistent visibility and outreach including toolbox talks, other training sessions, and media outreach. Respondents noted that increasing open conversations about mental health are crucial in helping to reduce stigma and increase discussion.

## **Appropriateness**

### LEAN StL

The LEAN StL program was viewed as appropriate as it took an accepted approach to a difficult issue that is seen as important to union leaders and members. Stakeholders emphasized how the success and appropriateness of the program hinged on the peer support model. They cited how having peer supporters who had firsthand experience within the industry and in recovery was crucial for gaining trust and building relationships with their peers. There was a strong sentiment that talking with a peer, rather than a stranger, felt less stigmatizing for affected

workers. This felt important, especially in a culture where conversations around mental health have been traditionally stigmatized. One stakeholder said:

*“They have been on a jobsite; they faced those stresses and have gone through recovery. That is pivotal.”*

Another added:

*“You know, before the LEAN program was around, I know there were some people with problems and they kept those problems to themselves and that takes you places you don’t want to be.”*

Additionally, the program was seen as a good match for the industry because of how the program is structured. It was seen as approachable due to its confidential nature and the ability to reach a peer support specialist 24/7.

### Tarlton Program

Similarly to the LEAN StL program, Tarlton respondents reported the program felt necessary and useful due to its focus on suicide, a known problem. The acknowledgement of this industry-wide problem was cited as a reason for general acceptance of the general awareness training by workers, and support of the program from management. Most in the industry were open and responsive to this conversation. One stakeholder shared:

*“Even if you haven’t been through the situation, no one is saying ‘why are we talking about this?’”*

The Tarlton program has also contributed to a greater level of awareness and approachability of conversations about mental health, a marked change in the industry.

*“So, we’ve done a lot recently in the last year to educate. Our crew members and our people on our teams about this being a real problem and you know, five years ago we didn’t talk about it. We, the construction industry, we did not talk about any of this.”*

## **Cost**

### LEAN StL

Respondents discussed two types of cost: funding the peer support program and increased utilization of mental health services as a result of increased referrals to services. There was discussion about how the initial phases of setting up a program like LEAN StL are expensive, with no returns on investment. The hope is that utilization increases over time to get people the help they need – producing better long-term outcomes and lower costs through prevention of disability and expensive treatment services.

*“Obviously there’s not a direct return in investment in the beginning. It cost a lot to set this up. But like I said, we’re seeing the rise in claims now, which means it’s working.”*

However, despite the experience nature of the program, all respondents emphasized how they felt the benefits of the program far outweighed the cost. They mentioned how LEAN was saving lives, which was seen as invaluable. A common sentiment was “saving one life makes the cost worth it.”

*“I heard one story about them talking someone down from suicide...they saved one person, that’s worth every nickel. That person is alive because of this program and that makes it worth it.”*

#### Tarlton Program

Cost was not addressed in the formal interviews with Tarlton leaders. Training time was consistently cited as a cost during the recruitment phase of the project, as “time is money.” Using a series of toolbox talks rather than a one hour session for the General Awareness Training was seen as more cost-efficient: since daily brief trainings are already performed at the worksite, substituting in a mental health training for a different safety/health training was not seen as incurring additional costs. Paying the LivingWorks training fee was seen as a lower cost than the time of the workers to attend the trainings.

### **Feasibility**

#### LEAN StL

Most respondents expressed that implementing a program like LEAN StL is feasible. They also expressed how the high rates of substance use and suicide in the industry make these programs necessary. As one interviewee stated, *“The necessity will see it through”*.

In addition to need, respondents provided a few other considerations to increase feasibility. Strong program sponsorship was crucial in overcoming challenges, as was securing board support early on. There was consensus that this program model could be replicated by other construction organizations, both locally and nationally. This was attributed to the groundwork that has been laid by the Boston LEAN program, and now the successful example of the St. Louis program. It was also acknowledged other unions will need to allocate adequate resources to start and maintain such a program. While not all locals may be able to fully afford a similar initiative, they could enhance their efforts by leveraging available public resources.

#### Tarlton Program

Most respondents reported that implementing a program such as the Tarlton program was feasible and necessary. There was consensus that all sectors of the industry could benefit from having trained peer connectors in their companies and worksites. Many respondents encouraged participation in the 4-hour safeTALK training, citing that even if skills were not utilized, it generated more awareness and openness surrounding suicide. Similarly to LEAN StL, the peer support model of this program was seen as critical – workers are more likely to approach people that they know, and trained peer connectors are seen as a trusted resource on the worksite. As one respondent noted:

*“I think it gets more eyes and ears on the ground for these types of things... when somebody struggling, they don’t want to talk to a stranger, it’s easier for them to talk to the guy that stands next to them in the meeting.”*

### **Fidelity**

Both LEAN StL and the Tarlton program differed from the programs that inspired them (Boston LEAN and the Australian MATES). The major goal of this pilot study was to describe the implementation success of these modified programs.

## **Sustainability**

### LEAN StL

Overall, most respondents felt the LEAN StL program was sustainable in the long term. The ongoing need for mental health and substance use support ensures that the program will remain relevant. Laborers, unions, and contractors all back the initiative, recognizing its importance. Ensuring continued buy-in from the union network and employers was seen as key to ensuring the program's ongoing success. Additionally, the peer support model was seen as effective in encouraging continued use, contributing to its sustainability.

Several respondents noted that the program will need to evolve over time, potentially expanding to include more peer support specialists and different services to meet the changing needs of members. Several respondents noted that support for the peer specialists is important to sustainability, as their work would put mental health strains on the peer connectors and could lead to burn-out. Measurable results and a evaluation of costs and benefits over time was also seen as important to future sustainability.

### Tarlton Program

Respondents noted that mental health concerns are likely to remain an important issue within their industry, with a continued need for solutions. There was a cited need for continued conversations about mental health, suicide, and substance use. All respondents indicated that, to ensure sustainability of the program, there would need to be refresher courses on key skills learned from the suicide gatekeeper trainings. Company leaders remain supportive of the program. They repeated the five toolbox talks during suicide awareness week and plan to do this General Awareness Training annually. They also plan to continue to send leaders to ASIST or safeTALK training, and have discussed continuing support and education for the trained personnel to maintain skills and the health of their personnel engaged in counseling workers.

## **Culture change**

In addition to the themes related to implementation reported above, culture change was a recurrent theme across both programs. Multiple respondents reported that an important impact of these two peer support programs was their effect on shifting the culture surrounding mental health on their worksites. Stigma around talking about mental health was cited as an initial concern to program utilization for both LEAN StL and the Tarlton program. Respondents reported that mental health was seen as a historically ignored topic of conversation within the industry, attributed to many factors including the industry's "tough guy" culture and a "that would never happen to me" mentality. Respondents expressed that even though mental health concerns were not discussed, they were always present. The LEAN StL and Tarlton programs were seen as contributing to this culture shift by reducing this stigma and promoting mental health awareness within the construction community. This has led to the program being well-received culturally within an industry historically characterized by a reluctance to discuss these topics. The programs were seen as helping to shift the culture of mental health by encouraging the start of these difficult conversations. One Tarlton stakeholder emphasized:

*"More people in the industry are learning about this. We're talking about it more than we did 10 years ago. I think that helps with the stigma. People know about it because we're having open conversations about suicide."*

Overall, both LEAN StL and the Tarlton program were positively received by stakeholders at multiple organizational levels and demonstrated significant value and impact in their workplace communities. Unsurprisingly, a common sentiment across interviews was that suicide and

substance use are pressing concerns within the industry, concerns they felt previously did not have an effective solution. Respondents reported that both peer support programs provided concrete means to take action, both for workers seeking help, and those offering help. Respondents reported that peer support programs such as LEAN and Tarlton were appropriate and effective suicide and substance use prevention approaches the construction industry. The Tarlton program was identified as raising awareness about suicide prevention, increasing observational skills, and providing confidence to intervene with workers at risk or in crisis. The LEAN StL program received broad acceptance and high satisfaction, due to its specialized peer support model, which matched well with union culture. Across both programs, respondents emphasized the value of peer support that is tailored to individual and organizational needs. Broadly, both programs were seen as useful and effective in promoting mental health awareness and increasing service utilization in their organizations; both the St. Louis Laborers' Union and Tarlton Construction have expressed plans to sustain and further evolve these programs.

## Notes

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<sup>1</sup> McCleery, T., Earnest, S., Socias-Morales, C., & Garza, E. (2020, September 9). Partnering to Prevent Suicide in the Construction Industry – Building Hope and a Road to Recovery | Blogs | CDC. *NIOSH Science Blog*. <https://blogs.cdc.gov/niosh-science-blog/2020/09/09/suicide-in-construction/>

<sup>2</sup> Peterson, C., Stone, D. M., Marsh, S. M., Schumacher, P. K., Tiesman, H. M., McIntosh, W. L., Lokey, C. N., Trudeau, A.-R. T., Bartholow, B., & Luo, F. (2018). Suicide Rates by Major Occupational Group — 17 States, 2012 and 2015. *MMWR. Morbidity and Mortality Weekly Report*, 67(45), 1253–1260. <https://doi.org/10.15585/mmwr.mm6745a1>

<sup>3</sup> Peterson, C., Sussell, A., Li, J., Schumacher, P. K., Yeoman, K., & Stone, D. M. (2020). Suicide Rates by Industry and Occupation — National Violent Death Reporting System, 32 States, 2016. *MMWR. Morbidity and Mortality Weekly Report*, 69(3), 57–62. <https://doi.org/10.15585/mmwr.mm6903a1>

<sup>4</sup> LaMontagne, A. D., Lockwood, C., Mackinnon, A., Henry, D., Cox, L., Hall, N. R., & King, T. L. (2025). MATES in Manufacturing: A Cluster RCT Evaluation of a Workplace Suicide Prevention Program. *American Journal of Industrial Medicine*, ajim.23698. <https://doi.org/10.1002/ajim.23698>

<sup>5</sup> Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(2), 65–76. <https://doi.org/10.1007/s10488-010-0319-7>