

The Chartered Institute of Building (CIOB)

submission to

The Department of Health & Social Care

on the consultation

Men's Health Strategy

Introduction

The Chartered Institute of Building (CIOB) is the world's largest and most influential professional body for construction management and leadership.

We have a Royal Charter to promote the science and practice of building and construction for the benefit of society, and we have been doing that since 1834. Our members work worldwide in the development, conservation and improvement of the built environment. We accredit university degrees, educational courses and training.

Our professional and vocational qualifications are a mark of the highest levels of competence and professionalism, providing assurance to clients and other professionals procuring built assets.

In May 2025, we released '[Understanding Mental Health in the Built Environment 2025](#)', which highlights the current state of mental health in the construction industry, contributing factors and case studies from organisations on the work they are doing to improve employee wellbeing. The report is an update of our original research, carried out in May 2020 which can be found [here](#).

We will therefore be responding to improving outcomes for health conditions that typically, disproportionately or differently affect men, specifically those employed within the construction industry.

Improving outcomes for health conditions that typically, disproportionately or differently affect men

The construction industry is a key pillar of the UK economy, officially employing around 2.2 million people and contributing 6.1% to the national GDP.¹

The industry is uniquely mobile — its firms and workforce relocate to where buildings and infrastructure are needed, rather than operating from fixed locations. Notably, the industry also has the highest proportion of small and medium-sized enterprises (SMEs), accounting for 16% of all UK SMEs,² and a predominantly male workforce - 84% of people employed in the sector are men.³

Given the uniqueness in how the construction industry operates which lends itself to higher risk factors for poor wellbeing – uncertainty of working location, temporary accommodation and high financial risks that are associated with SMEs – it is essential the Men's Mental Health Strategy looks closely at this industry to place adequate support for the workforce.

Importantly, male construction workers are three times more likely to die by suicide compared to those working in other industries.⁴ In 2024, the Office for National Statistics (ONS) provisionally reported 355 people working in skilled construction roles or within building trades died by suicide.⁵ These shocking statistics are one of many that must be overturned for the sake of those working in the construction sector, their families, their friends, their colleagues and wider society.

Addressing mental health and wellbeing in the construction industry is crucial for the UK economy and will need a tailored approach to tackling health inequalities faced by those employed in the sector. This is partly due to the industry's heavy focus on subcontracting, and the diversity of SMEs within the supply chain – both of which make it harder to identify those that may be suffering from poor mental health. Workers endure pressures such

¹ Office for National Statistics (ONS), [Construction industry](#), accessed 20 May 2025

² Department for Business & Trade, [Business population estimates for the UK and regions 2024](#), 3 October 2024

³ Statista, [UK construction workforce by gender 2025](#), May 2025

⁴ ONS, [Suicide by occupation, England: 2011 to 2015](#), Last updated figures: 17 March 2017

⁵ ONS, [Suicide by occupation in England and Wales: 2023 and 2024, provisional](#), 31 March 2025

as working in isolation, tight and unrealistic deadlines, financial instability and uncertainty of work location, which often leads to a reluctance to discuss problems they are experiencing.

We are therefore calling for the upcoming Men's Health Strategy to aim to improve health outcomes, particularly on mental health, for men working in the construction industry due to its unique working nature and high levels of poor mental health of the workforce.

Evidence of poor mental health – CIOB's Understanding Mental Health in the Built Environment 2025 Report

As aforementioned, in May 2025 we published an updated report entitled '[Understanding Mental Health in the Built Environment 2025](#)', which highlights the current state of mental health in the construction industry, contributing factors and case studies from organisations on the work they are doing to improve employees' mental wellbeing.

865 people working in the construction industry responded to a survey which created the foundation of the updated report, with 70% of those identifying as male, 26% identifying as neurodivergent and 41% working in middle management or junior management roles. Findings from the report showed a third of respondents felt working in the industry had made their mental health worse.

Other key headline statistics included:

Over the past year:

- 94% experienced stress
- 90% experienced fatigue
- 83% experienced anxiety
- 60% experienced depression
- 27% had suicidal thoughts

On a daily basis:

- 24% experienced stress
- 20% experienced fatigue
- 18% experienced anxiety
- 7% experienced depression
- 2% had suicidal thoughts

Having good mental health allows people to cope with the stresses of life, work productively, and make meaningful contributions to their jobs. However, if mental health is poor, it will negatively impact how people deal with work, life's ups and downs, and their relationships with family, friends and colleagues. There are several ways in which poor mental health can present itself at work, this includes the number of days taken as sickness, presenteeism and employee turnover.

Employers also need to be aware of the impact on the wider workforce. If employees are not supported with their mental health, it can have a snowball effect on other members of the team and business. Common examples are when someone is not supported with the right adjustments to stay in work, meaning other team members are required to pick up their workload, which could add further pressure and stress to their jobs.

A moderate amount of stress can put people in the right mindset to tackle work. However, if the amount of stress increases too much or remains at a high level for a prolonged period of time, this can be detrimental to the individual's concentration, productivity and mental health. If someone experiences too much stress for a prolonged period, it can cause them to feel fatigued, irritable and affect their reasoning, judgement and decision-making skills. Ultimately, severe or prolonged stress can lead people to feel burnt-out and develop serious health problems.

Stress can come in many forms:

- Physical stress – e.g. late nights, lack of routine, binge drinking
- Environmental stress – e.g. social isolation, uncertainty of workload/employment, pressure from work
- Acute life events – e.g. bereavements, physical illness/accidents

- Chronic stress – e.g. debt, prolonged misuse of alcohol/drugs, accommodation problems

Construction workers are more likely to experience physical, environmental and chronic stress due to the nature of the industry. When asked, social isolation was experienced by many and 32% reported that having to work in isolation was stressful. 33% reported the uncertainty of working location stressful which is a common feature for many working in the industry, and 49% reported pressure to attend work regardless of circumstances or need e.g. health as stressful.

As highlighted in the previous section, the way the construction industry operates is unique. The majority of firms are SMEs and will send their workforce across the country for different projects rather than having them based in the same permanent location. Those who are working on-site are at higher risk as many will be subject to temporary accommodation where they are working with people they do not know or working in isolation due to the nature of their role. Some may be specialists and therefore self-employed with high pressure to attend and undertake work regardless of how they are feeling due to financial pressures. Those at management level and therefore splitting their time between working on-site and in an office, they have their own issues when it comes down to communication between clients and stakeholders which can often be challenging, assessing risks and approving work on-site, as well as pressures for delivering a project on-time and within cost as some examples. We therefore cannot apply a one-size fits all approach for this sector when it comes to managing mental wellbeing.

Although we cannot change the way the construction industry operates, there does need to be consideration on how we can support this workforce to be more resilient against these stress factors and to reach out for support when needed. This is made even more complex when taking into account projects where they contract specialists and sole traders to undertake work but do not consider their mental wellbeing and the support they may need. In reality, many of these individuals act as ghosts when working on-site and will go unnoticed by many. These are individuals that need further focus as they are currently falling through the gap.

Employers are putting more resources into providing support such as Mental Health First Aiders (MHFA), helplines, flexible working arrangements and awareness activities which is all very positive. However, respondents from our report felt a lot of the work was essentially a form of tick box exercise for organisations, and 1 in 5 found the resources offered to them were not accessible or made easily available. Demonstrating that more work needs to be done with employers when it comes to signposting and providing the right support to all who work on a construction project, not just those directly employed by one company. This is particularly true for the smaller firms who do not have the same resources or HR support networks. CIOB has taken action on this point, launching our Need to Talk sticker campaign in Spring 2025 following a successful pilot run in Wales in 2024. The Need to Talk stickers can be placed across sites, in offices or in communal areas. They include a QR code for use with smart phones that signposts people to immediate mental health and wellbeing support agencies. The stickers have been designed for posting in discreet places on-site, (e.g. inside lockers & WC cubicles) so that those in need can access support in a private manner. The listed agencies with links on the CIOB Assist webpage are experts in providing support, (e.g. Samaritans, CALM, Mates in Mind & Papyrus) both across the UK and internationally. Importantly this is a resource that is available for all in the construction industry and is available to both members and non-members of CIOB.

Additionally, 15% of respondents felt that if they or a colleague disclosed to their organisation that they had a mental health issue, it would not be taken seriously and 20% did not know how seriously their employer would take the news. Alongside this, many people do not feel confident to reach out to a colleague showing signs that they are struggling. 38% said they were confident but only if they knew that person well. However, due to how heavily sub-contracted projects are, many construction workers on-site struggle to build good relationships with their colleagues. This is often due to the isolated nature of their work and the frequent arrival of temporary or technical staff who only stay for short periods of time. Coupled with construction sites who do not have a dedicated break area for people to socialise and relax in. This can make it extremely difficult for workers to get to know their colleagues and build relationships to reduce isolation and the ability to reach out for support or to reach out to those who need that support. It also makes it difficult for project managers monitor the overall compliance on health, safety and wellbeing of the workforce and the work being undertaken as they need to have the confidence to approach and talk to all workers on-site.

Recommendations

The Men's Health Strategy should have a section which identifies and provides more tailored approaches and funding to employers in high-risk sectors, such as the construction industry. The section should look to address the following:

Improve Confidence and Capacity

- **Provide training** that improves levels of confidence for workers to approach others when they notice something is not quite right and to feel confident in having those conversations around health struggles. See [CIOB's report](#) on the data around confidence (Page 11.).
- Work with organisations to **review how to reduce areas of high stress** that allows people to have the mental capacity to reach out to others and provide them with support. Suggested areas are highlighted within [CIOB's report](#) (Page 29 onwards). We know that when people do not have the capacity to support their own mental wellbeing, then they are less likely to provide support to others when they notice their mental health is looking poor.
- Review how organisations can **encourage and allow men to discuss health issues openly** without repercussions from their employer. This is particularly difficult in the construction sector where job insecurity is high and there is an embedded 'macho' culture which presents its own challenges both from an employer and employee perspective.
- **Improve managers' and employers' understanding** of mental health symptoms, work factors that contribute towards poor mental health, how to recognise it, and how to address it. This needs to be throughout the supply chain but provided in different ways depending on the size of the business. The small and micro-sized firms are more likely to experience high financial stress with greater job insecurity and little to no HR support for their employees. They are therefore more reliant on contractors to help provide this type of support and both contractors and clients need to be aware and understand how they can address mental health across the whole supply chain. This is particularly important for sole traders who may only be employed for a few days before moving onto the next project but are potentially at higher risk of having mental health concerns that are left unchecked.
- **Provide a learning community** for the main contractors on the project to help them understand what best practice looks like, the best metrics and processes to be putting in place for a healthy workforce. This should highlight the variety of challenges that can be faced throughout the supply chain, in addition to how they can help share resources and support to sub-contractors and those who are self-employed.
- **Introduce a stress risk assessment tool for the industry** to understand what areas of the role are considered high-risk for prolonged and high levels of stress which can lead to poor mental health outcomes. Currently the NHS are running pilot which is undertaking a similar process by looking at hotspots and high-risk job factors.

Improve engagement with services

- **Improve health literacy and engagement with healthcare services** through increasing activity of mental health awareness programmes/campaigns in spaces men actively participate in. This does not have to necessarily be at the workplace through toolbox talks, but it can be at local social spots, football games etc.
- Work with employers to provide **signposting in a way that encourages men to reach-out** that are not connected to their workplace, such as community organisations or mental health charities.

- Review how best to present signposting which helps to improve levels of engagement. Government must take into account that men are more likely to experience colour blindness, construction workers have different levels of reading comprehension, and the industry suffers from a 'macho' culture where they are more isolated when working away from friends and family and therefore less likely to reach out to others. Where to display signposting should also be considered, and it is important to display resources in a variety of areas both high-traffic and low-traffic places such as toilet cubicles, hygiene facilities, breakout areas, desktop wallpapers. In addition to high-risk areas where an individual may harm themselves such as top of scaffolding or bridges, temporary accommodation bulletin areas or bedrooms in the temporary lodging. By giving consideration on where signposting is placed, this will help to improve support seeking in times of need. The CIOB has undertaken work in this area and is highlighted in the below section 'our work' for further information. The Health and Safety Executive have played an important role in simplifying messaging for the construction workforce when it comes to health and safety risks which has been hugely successful. We would recommend involving them in this work to help with consistency and learning lessons. The areas highlighted above are also addressed by the aforementioned Need to Talk sticker campaign, which provides quick, discreet advice to those who scan the QR codes and access the free resources the campaign provides. To date, CIOB has distributed around 22,000 stickers to around 20 companies working across the construction industry.
- Work with **local community groups and services** to review how they can support the construction workforce and potential temporary workers who may not necessarily live in the area but are there working for a period of time. This includes access to local GP appointments, support groups and community hubs.

Other areas for consideration

- Increased support for self-employed and small businesses to relieve financial strain and HR burden either through **increased use of project bank accounts** at a public sector level or **legislating large firms to commit to the Fair Payment Code**. Central government is the construction industry's biggest client, and we would therefore call for all public sector clients to lead by example and sign-up to the Fair Payment Code, achieving Gold tier status. This will have a large impact on the industry and demonstrate to other clients what is expected and best practice.
- **Raise minimum standards of welfare facilities** for construction workers which could include:
 - toilet facilities
 - dedicated breakroom spaces
 - dedicated catering facilities
- **Work with industry stakeholders**, such as CIOB, to develop and monitor the effectiveness of the strategy and its intended outcomes.
- **Develop better metrics** for measuring the effectiveness of mental health initiatives that government puts forward as part of this strategy to ensure good outcomes.
- Assess the cost of the strategy and **commit dedicated funding** to implement this work.
- **Produce specific targets** that can be reviewed and measured on an annual basis.

Our Work

In 2019, our then President, Professor Charles Egbu, made raising awareness of poor mental health within the industry his theme for the year. He felt it was important to recognise that the way the industry operates can

contribute to poor mental health. As a result, we have undertaken work on this theme to raise awareness and actively improve wellbeing in the industry.

In 2020 we produced our report [Understanding Mental Health in the Built Environment](#) which was widely supported by both industry and mental health organisations. We created a MOOC (Massive Open Online Course) available for free to those working in construction across the globe. The course is aimed at giving built environment professionals and understanding of what mental health and wellbeing is, how to spot the signs in ourselves and others and ways they can manage their wellbeing.

We have worked to promote our own support service, CIOB Assist, to CIOB members. Part of the support offered comes from Anxiety UK and provides members with a range of counselling and therapy options for free. To help those who are not members of the CIOB we have introduced suicide prevention stickers that will be used on construction sites and directs people to support services for a range of concerns including mental health, drug and alcohol abuse as well as support for those with family issues. We have distributed 22,000 stickers over the course of a month of launching the stickers and website traffic has increased by 600% through people using the stickers already.

Our events regularly cover mental health involving industry leaders and mental health organisations as part of the conversation.

We also recognise that change comes from within and have reviewed our own mental health and wellbeing offering to staff. This includes our HR policies and procedures, and an active wellbeing champions group who have been trained as Mental Health First Aiders.

Gaps in the Data

While the construction industry has a low level of diversity across some sub sectors, the industry is simultaneously socially inclusive in some respects. The predominant reason for its social inclusion is the range of vocational routes into the industry, that enable people from all walks of life and diverse skillsets to join the industry. However, this inclusion may create further considerations that need to be taken when supporting the mental health of the industry's workforce.

In particular, neurodiversity is an understudied area, particularly when it comes to mental health at work. The National Federation of Builders (NFB) found 25% of the construction workforce identified as neurodiverse, which is higher than the general population. ADHD is the most prevalent among neurodiverse construction workers (54%), followed by autism (32%) and dyslexia (31%).⁶ The findings also highlight for 34% of neurodiverse workers, their condition made them want to work in the industry more and many believed that the industry is able to support them.

With such a high percentage of neurodiverse people choosing to work in the industry, and a high percentage of construction workers reporting poor mental health further research must be undertaken to understand how these individuals' experiences differ to neurotypical people, in addition to understanding how accessible mental health support is for them when working within this industry.

Another example of where the sector is socially inclusive is on people with criminal records - of whom there are over 12 million in the UK. The construction industry is a leading employer of people who have been through the justice system, with many large construction contractors running specific schemes to break down barriers to employment for people with criminal records and offer job opportunities in skilled careers.⁷ However, people who have been through the criminal justice system may have complex mental health needs, and there is value

⁶ National Federation of Builders (NFB), [Neurodiversity in construction](#), 2023

⁷ CIOB, [Building Opportunity: Employing People with Criminal Convictions in Construction | CIOB](#), 12 March 2024

in aiding employers to support people returning to work, such as those who have recently left prison, with complex mental health challenges.

Further research is also required around the sole traders who are contracted for short periods of time on construction projects as they are not supported the same way others working on-site are within the construction industry. They are often seen as ghosts who will undertake work unnoticed by others and are neglected by the project managers due to a variety of work factors which can prevent them from having check-in points both on their physical and mental wellbeing.

Finally, a review on the effectiveness of Mental Health First Aider's (MHFA's) at work is needed as there has been a large increase in the uptake of this support by the workforce. CIOB's research indicated 54% of organisations in 2025 had MHFA's compared to 35% in 2020. Despite this increase, it is unclear how companies can effectively use MHFA's within the workplace and how those who are trained can use this in their future roles which is particularly important for those working in construction due to the nature of the industry.

Case Study of Best Practice in the Construction Industry – [Esh Construction](#)

Whilst we remain assured that more needs to be done to protect the mental health and wellbeing of not just men, but all of those working in the construction sector, it is the case that some businesses are going above and beyond to provide for their workforce.

Esh Construction, a privately-owned contractor based in the North of England, exemplifies how going above and beyond to provide proactive and comprehensive mental health initiatives can significantly improve employee mental health and wellbeing.

In 2022, Newcastle City Council appointed Esh Construction to deliver the repair and refurbishment of the Tyne Bridge, an iconic structure opened in 1928, spanning the River Tyne.

Esh Construction recognised that this project required special attention to safeguard employee wellbeing as the Tyne Bridge is considered a high-risk area for suicide attempts. Prior to the project start, there were an average of three and a half attempts per week at the site.

The sensitivities around the site required Esh Construction to think differently, be flexible to changing circumstances and adapt quickly to ensure the safety of both their own staff but also the general public using the bridge.

As well as taking additional security measures to limit access to the site, the project team also acknowledged the potentially immense strain and pressure that could fall on those working on the site if an attempted suicide took place during their shifts.

This quickly became a reality when a nighttime foreman working on the site witnessed two attempted suicides within a short period of each other, one successful. While the foreman initially claimed to be ok, the impact of these events soon took a toll on his mental health. At this point Esh realised more needed to be done and implemented an emergency protocol for suicide awareness. The protocol covers both site workers who may encounter someone attempting to jump from the structure as well as senior staff members by equipping them with the necessary skills to safely check on-site workers who have witnessed these attempts.

The protocol introduces a "2-2-2" approach. This approach includes initial check-ups of the witness within 2 hours, follow up conversations to check in about the witnesses' wellbeing within 2 days, and continued follow up including in-person debriefings and additional support offered within a maximum of 2 weeks.

Additionally, Esh has gone above and beyond to provide free, easy-to-access resources for those on site who are struggling, including:

- A 24/7 confidential helpline via its employee assistance programme (EAP), Health Assured.

- Organising critical incident briefing sessions and talks on-site provided by registered mental health charities.
- Access to services offered by the Lighthouse Construction Industry Charity.
- Engaging with Samaritans to speak to and teach staff about procedures to take should they encounter anyone who is attempting suicide.
- Providing other, confidential, on-site opportunities to talk to impartial mental health professionals.

Esh has acknowledged that the initial implementation of these protocols was driven by practical considerations. The primary goal, initially, was to protect the mental health and well-being of their workers, while also ensuring that site operations were not negatively impacted by disruptions due to police attendances to suicide attempts.

However, they have since recognised that the additional benefits that these measures implement have been really positive for their staff. As a result of these positive outcomes, they have taken steps to ensure that these programmes become standard practice across their organisation and sites, ensuring all staff, whether on-site or in an office, have access to the guidance and advice that those working on Tyne Bridge do.

Esh continues to see a positive response from their staff about the resources available to them and have spoken positively about their staff's engagement with external bodies and charities.