

# MENTAL HEALTH AND WELL-BEING IN MICRO-ENTERPRISES IN THE CONSTRUCTION INDUSTRY: AN IRISH PERSPECTIVE

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Construction companies operate in a highly competitive market, with low profit margins and tight time frames, all of which is in a sector that is temporary in nature, with people working on projects with a finite time and location. Based on the conditions experienced, the mental health and well-being of those within micro-enterprises may therefore be compromised. This risk is amplified in the context of micro-enterprises providing sub-contracted services. Recent studies on mental health and well-being focus on SME's and large organisations but fails to consider micro-enterprises; that is, those employing less than 10 people; despite the number of such enterprises in the industry. This paper presents a pilot study on a group of such micro-enterprises in Ireland and how they operate in terms of their awareness, education and interventions regarding mental health. A qualitative approach is adopted, using a case study approach, interviewing those working in such environments. Results indicate that the increase in working hours, lack of security and increased pressure on both profits and timelines, has a significant detrimental consequence to those working in micro-enterprises. This study, although only a preliminary investigation, acknowledges the significant emphasis on improving physical elements of health and safety but the mental health aspect is emerging as a separate and distinct facet with a concomitant shift in focus required. Thus, there needs to be further investigation towards the introduction of mental health initiatives, particularly for those working in micro-enterprises within the sector.

Keywords: mental health awareness, health initiatives, micro-enterprises, well-being

## INTRODUCTION

"Mental health is our state of emotional, psychological and social wellbeing; it affects how we think, feel and act" (ACAS, 2019). Mental ill health can affect anyone during their lifetime, however mental health problems in the construction industry are significantly higher than in many other industries. The Office of National Statistics (ONS) found "that men in the UK construction industry are almost four times more likely to take their own lives than men on average" (CIOB, 2019). Construction is a difficult industry in which to work because of location, tight schedules, low profit margins and job insecurity. These factors place employees and company owners under constant stress which can affect their mental health.

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Small construction companies often operate on tight budgets and schedules. Projects are generally short term and involve long travelling times. Payments are received on a work completed basis, placing the contractor under pressure to work long hours to ensure cashflow. Business survival is the top priority for these companies, while safety and health issues often have lower priorities because of limited resources (Hon *et al.*, 2012; cited in Wong, 2015). Small construction companies whose workforce is predominately male operate in a competitive, stressful environment where mental health does not take precedence. This issue is magnified as many men see mental health as a stigma not to be discussed openly.

Poor mental health has numerous negative effects. These effects include not being able to concentrate on the task at hand, withdrawal from colleagues, agitation which can lead to disputes and depression. When not adequately addressed, work-related mental health risk factors can result in substantial costs to the individual, their workplace, and to the economy (Harvey *et al.*, 2017; cited in Gayeda, 2019.).

Initiatives are being used to deal with mental health in construction such as the Mates' suicide prevention programme in Australia and the Mates in Mind charity in the UK. This research investigates the barriers to mental health awareness and well-being specifically for micro-enterprises in the construction sector in Ireland, an area that has been relatively neglected as evidenced in the literature review. Based on the findings from the literature review and interviews plus taking current best practice into account proposals for tackling the issue of mental health in micro-enterprises are presented.

## **LITERATURE REVIEW**

Construction companies typically operate in an extremely competitive market with relatively low profit margins and have to complete projects within tight schedules and constrained budgets (Wong, 2010). In construction the workforce is transient, often working away from home and on relatively short-term contracts (Carmichael, 2016). The workplace in the construction industry often consists of large numbers of sub-contractors that each have their own policies, procedures, and company cultures. A Seanad report established that in Ireland the construction industry employs 84,956 people and 94% or 79,859 were employed in SMEs and micro organisations (Seanad, 2019). On any given building site, the principal contractor often only employs up to ten of their direct employees and others might be either self-employed or contracted by agencies (Carmichael, 2016). The construction sector is temporary by nature both in terms of the life-cycle of projects and the length of time workers are employed on the projects, 'therefore the psychological needs within the construction industry are diverse and a one-size-fits-all model for mitigating mental health issues and stress within the industry would only be superficially effective' (Janusonyte, 2019).

Another contextual factor that must be considered is that construction workers operate in a male dominated industry where the attitude is to get on with things. The construction industry is notoriously conservative, male-dominated and emphasizes performance under pressure (Carson, 2019). Men generally feel uncomfortable talking about their feelings, keep their emotions under wraps and tend to put their head down and carry on with their work. There is a shame and stigma attached to mental health issues which results in a reduction in the likelihood of men seeking help (O'Brien cited in (Hanna, 2019). This is highlighted and amplified through the burdens of stigma, discrimination and human rights violations of people experiencing mental illness discouraging help seeking behaviour (Mates in Construction, 2018-20). Workers in the construction industry feel discriminated against if they consult with

their employer due to having a mental health issue plus the problem is compounded since they also have a fear of being stigmatised by their fellow employees or losing their job due to their inability to complete work. These factors lead to the issue of mental health among construction workers being avoided, ignored and pushed into the background.

A common cause of poor mental health, especially in the work environment, is stress. It is suggested that in the construction industry work-related stress has become an inherent feature of the workplace environment and can negatively transcend into family and personal lifestyle issues if not properly managed (Love et al., 2010:650 cited in Hanna, 2019) as well as affecting a person at work (Stevenson and Farmer 2017). The occurrence of mental health issues within the workplace can have serious consequences not only for the individual involved, but for the workplace as a whole and ultimately the economy (Janusonyte, 2019). For instance, a report in the UK found it was the leading cause of sickness absence, accounting for 70 million sick days in a year (Davies, 2013 cited in Oswald, 2019). This is further supported by findings that the effects of psychological health conditions such as stress gives rise to direct costs associated with employees' psychological ill-being in the construction industry include absenteeism, high staff turnover, medical treatment, and compensation costs (Bowen, et. al., 2014 cited in Fordjour, 2019). There are also the indirect costs of construction employees' psychological ill-being such as poor worker morale and job dissatisfaction negatively impacting on productivity (Campbell, et. al., 2004) cited in Fordjour, 2019). Therefore, mental health, if not properly managed, can affect the person, the organisation they work in, their family and society as a whole, in both emotional and fiscal terms.

Health literacy is defined as 'people's knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgements and take decisions in everyday life to maintain or improve quality of life' (Jorm, 2019). Poor mental health literacy is known to impede early symptom recognition in the self, as well as in others, and this in turn, may delay or stymie help-seeking behaviour (King, 2018) which appears to be the case in the construction industry due to the stigma associated with mental health issues. There is now good evidence that greater awareness and education about mental health problems can facilitate help seeking behaviour (Law, 2017). Awareness can also create a sense of community around supporting and helping people who are experiencing mental stress, and this in turn can influence workplace culture and environment (Mates in Construction, 2018-20). This can be seen in the slogans such as 'It's OK to not be OK', in terms of raising the opportunity to have full discussion and facilitate improving mental health literacy of construction workers that could enable early detection of mental ill health, decrease the stigma attached to mental health issues and bring with it many personal, organisational and financial benefits..

The construction industry has made major improvements in Health and Safety [H&S] in recent times; however, research has typically focused on the physical aspects of H&S such as working at height or using PPE. The literature and experience show that individuals who work within the construction industry are at an increased risk of suffering from mental health conditions (Oswald *et al.*, 2019) yet mental health has long been the 'poor cousin' to physical H&S (Carson, 2019). Mental ill health is becoming more predominant due to conditions experienced by workers in the industry exemplified by long working hours (on site plus die to the commute), longer supply chains, increased compliance requirements, tight deadlines, a hire and fire culture and

low profit margins. Where large construction companies have the necessary resources to deal with mental ill health through being able to offer health and wellbeing initiatives (Markham, 2019), small construction companies are acutely affected due to a lack of time and monetary resources available to deal with mental ill health leaving a vast component of the sector workforce severely disadvantaged in this regard.

There are mental health initiatives in place to help tackle mental ill health such as Mates in Construction in Australia who help with suicide in construction, and Mates in Mind in the UK. Mental Health First Aid [MHFA] is an organisation that provides training in literacy for mental health. The purpose of MHFA is to equip members of the general public in recognizing mental ill health in others, providing support and information to those in crisis, and signposting them to professional help (Janusonyte, 2019). The Construction Industry Federation (CIF) is now recognising the issue of mental health in construction in Ireland and has launched the Mind our Workers campaign in conjunction with Pieta House. In 2019, the first day of Construction Safety Week focused on Mental Health and Well-being in Construction. The aim of these campaigns from the (CIF) is to provide a culture of openness about suicide and mental health within the construction sector in Ireland.

However, the existing literature has shown that despite the existence of common themes for the causes of mental ill health such as poor work environment, stigma, lack of education in the area of mental health and the fact that construction is a male dominated sector, the majority of construction companies are not introducing or maintaining initiatives to address the issue.

The literature review has also shown that whilst studies have been conducted in large companies with regard to mental health, there is a gap in that no studies have been carried out in relation to mental health issues in micro-enterprises in the construction sector, therefore further research is required.

### **Research Design**

To investigate the attitudes towards mental health and wellbeing in micro organisations in the construction sector data was gathered through a qualitative approach using semi-structured interviews coupled with the use of Likert scales to capture quantitative information. Semi-structured interviews enabled the researcher to gather relevant concise data on the themes under investigation.

A questionnaire with 21 interview questions was designed to capture data in a manner that could be analysed without bias from the researcher. The questions were designed to cover particular themes with regard to mental health and wellbeing in the construction sector as uncovered in the literature review; Stress, Nature of Construction, Mental Health Literacy, Stigma, Initiatives and Resources. All questions were asked in the same order to provide a consistent approach to data collection with responses captured through the use of Likert Scales, option lists and rank lists. The open-ended nature of some questions provided opportunities for both interviewer and interviewee to discuss some topics in more detail (Mathers *et al.*, 1998) thereby providing a rich data source for the researcher.

A fact sheet defining terms relating to mental health covering themes that were revealed during the literature review was designed by the researcher and given to the participants to read prior to interview. Providing this fact sheet to the participants ensured understanding of the terms used and so helped prevent misunderstandings that could have occurred in the data collection during the interviews.

For this pilot study, 10 interviews, each taking between 30 - 40 minutes, were conducted with business owners of micro-enterprises across within the construction industry in Ireland. The micro-enterprises that participated were drawn from the trades sector (one was from groundworks, three were from carpentry, two were from fitted kitchen manufacturers, one was a block-layer and one was a plumber) and professional services (one was a building contractor and one had a civil engineering consultancy practice). The participants were all owner-managers with experience of running their own business ranging from 1 year to 20 years. Interviews were arranged and then conducted face to face with the participants in neutral venues to ensure the participants were relaxed, engaged and the structure also allowed the researcher to provide prompts or clarify points for the interviewees when required.

## RESULTS

Interviews with the participants regarding their attitudes towards mental health and wellbeing centred around the issues identified in the literature review and focussed on stress, stigma, the nature of construction, mental health literacy, resources and initiatives. This enabled the researcher to discover if the findings from the data gathered from construction micro-enterprises correlated with the previous research on mental health within the construction industry.

### Stress

The results generated from the participants' contributions showed that they described their understanding of mental ill health as feeling down, alone and stressed. They noted that feeling stressed can lead to worry, negative thoughts and unhappiness. The majority agreed that mental health and wellbeing is a major issue in construction due to the nature of the industry. Eight of those interviewed believed that the construction industry is more stressful than other industries with two participants neutral. Payments, cashflow and long working hours were ranked as the top three major stressors according to the data gathered - the same three stressors were identified as affecting both the construction industry generally and the participant's own organisations. Travel time to work was ranked lowest. To combat stress, exercise was the most common method used, whereas alcohol was ranked lowest.

Stevenson and Farmer report that "A common cause of poor mental health, especially in the work environment, is stress." (Stevenson and Farmer, 2017). The findings conform to the work of Stevenson and Farmer and also Wong (Wong, 2010) with the majority in agreement that the construction industry is more stressful than other industries due to the nature of the business. Considering work environment in relation to mental health, the participants ranked weather as the number one stressor, affecting schedules and resulting in more expensive tender prices.

Construction projects are temporary and the participants interviewed stated that they relied on word of mouth and reputation for sourcing future work. Interestingly, none of the participants interviewed had a strategy for the procurement of work - thereby not taking any proactive steps to remove stress due to a lack of certainty with respect to the availability of work once the current project has finished. Future research is required in this area to gain conclusive evidence on the effects of not having a procurement plan in place, with regard to the mental health of the owner-managers and employees in these micro-enterprises.

## **Stigma**

With regard to the issue of Stigma as highlighted by the literature, of those interviewed two said they were unlikely to discuss their mental health with a colleague, one was neutral, six might discuss their mental health and one definitely would discuss their mental health with a colleague. Four respondents said their colleagues had discussed their mental health with them, however, six said colleagues had not discussed their mental health with them.

All those interviewed agreed that there was stigma surrounding the area of mental health in construction. The majority had colleagues who did not discuss their mental health with them. This data concurs with (Mates in Construction, 2018-20), who established that "The hidden burdens of stigma, discrimination and human rights violations of people experiencing mental illness can discourage help seeking behaviour.". However, this is in contrast to the 60% of participants who would discuss their mental health with colleagues. A larger number of interviews would have to be conducted to gain conclusive data in relation to this subject. One of the participants added that the government should provide information to small contractors to make them more aware of the organisations that are in Ireland to help deal with mental health issues. This is in keeping with Law (2017), who states that "There is now good evidence that greater awareness and education about mental health problems can facilitate help-seeking behaviour." There are initiatives available but obviously they are not reaching down to the level of the micro-enterprises who employ over 90% of those involved in the construction industry.

## **Nature of Construction**

The participants ranked weather as the work environment factor to have the greatest impact on health and wellbeing in construction. Clients and employees were thought to be ranked by participants as what they saw as the two most important stakeholders in the construction industry generally, whereas in participants' organisations clients and subcontractors were ranked as the two most important stakeholders so the employees were not as highly ranked - this may be due to the fact that the participants were not regarding themselves as employees since they are the owners.

Musculoskeletal disorders were experienced by all of the participants, with 36% experiencing back pain and 23% experiencing muscle injuries. Eight participants said these injuries had no effect on their mental health while two said it did affect their mental health by way of worrying about not being able to work. Participants were asked if they had any other thoughts with regard to the nature of construction and its impact on their mental health. Two said that waiting on payments from clients and principal contractors was an issue as it affected their cashflow.

## **Mental Health Literacy**

Mental health literacy was discussed with the participants, 40% agreed that they understand what is meant by mental ill health, however 40% did not understand the meaning of mental ill health with 20% neutral on the subject. They were given a list of organisations that support mental health and wellbeing in construction and asked if they were aware of them. Pieta House, an Irish based anti-suicide organisation, ranked top with 50% of participants stating that they were aware of it. None of the participants were aware of the two UK organisations, Mates in Mind and Calm.

According to King (2018), "Poor mental health literacy is known to impede early symptom recognition in the self, as well as in others, and this in turn, may delay or

stymie help-seeking behaviour." Initiatives are in place to help deal with mental health in construction, but the findings show that micro-enterprises are not widely aware of them. The participants stated that a safe open environment and mental health training would reduce the impact of mental ill health in construction. These findings agree with Janusonyte (2019) who stated that "Poor mental health is a core issue within the industry and involving external organizations for support to successfully implement MHFA within the workplace and to set guidelines and guidance similar to physical first aid training would be beneficial to the industry." The question for further study is now to make the interventions either more attractive or more accessible to micro-enterprises.

### **Resources**

The majority of participants would make resources available to their employees for mental health as they felt they had a responsibility toward their employees' health. One suggested that evening courses should be made available to self-employed contractors to educate them on mental health issues in construction. It must be remembered that the provision of resources does not necessarily mean that they will be used by micro-enterprises. The resources would need to include supports or mechanisms to ensure that the benefits are realised within micro-enterprises as discussed below.

### **Initiatives**

The participants ranked mental health training and a safe open environment to talk as the top two initiatives through which mental ill health could be reduced in construction. There was a recognition that current initiatives and studies were concentrated on larger organisations as they had the Human Resources Management structures in place to support them, but the participants indicated that there was nothing or very little in terms of initiatives to suit the needs of the micro-enterprises. One of them expressed the view that well known sports people who have experienced mental ill health could visit sites to give talks on how to overcome mental health issues. Another suggested that government should support the development and delivery of specific mental health awareness and coping strategy training for micro-enterprises on a local / regional level to encourage attendance and facilitate learning.

## **CONCLUSION**

This pilot study provides a view into the attitudes towards mental health and wellbeing, from the perspective of micro-enterprise owners within the Irish construction industry. The construction industry is highly complex, operating in many sectors with different sized contractors. In Ireland, construction had 50,673 active enterprises involved in the sector, with >95% of these classified as micro-enterprises. (IPPO, Government of Ireland, 2019). The findings of this study show that issues with managing mental ill health are prevalent in this sector. According to Hon *et al.*, (2012) cited in Wong (2015), "Business survival is the top priority for these companies, while safety and health issues often have lower priorities because of limited resources". Mental health problems within these organisations affect not only the construction industry but the economy as a whole, yet there is little evidence showing that owners of micro-enterprises pay attention to this key activity.

This is further aggravated by the lack of knowledge of initiatives that are in place to deal with mental health. Education is required to improve both mental health literacy and access to the initiatives that are in place to help these micro-enterprises. The

initiatives should be supported by government and made accessible to all registered micro-enterprises, so the owner-managers fully understand what is meant by workplace mental health and wellbeing in construction. Such initiatives must be cognizant of the fact that for the most part, micro-enterprises do not have the internal structures to deliver their own initiatives. The roll out of initiatives could be co-ordinated and delivered on a localised or clustered basis where several micro-enterprises could come together for training sessions to gain knowledge and have access to a safe environment for discussion of mental health issues faced by the owner-managers and employees.

The construction sector is in its infancy regarding its understanding of mental health and its causative factors. Research has shown that large contractors are leading the way in providing help, however, micro-enterprises, which make up a very significant proportion of the construction sector, require more support and training in the future to recognise and overcome mental health issues as the findings indicate that micro-enterprises in the construction sector are particularly deficient with regard to their knowledge on, access to and implementation of supports around mental health.

The findings also show that project and procurement planning is largely absent in the micro-enterprises interviewed in this pilot study. Micro-enterprises have limited resources in terms of time, personnel and money, so better planning would enable the owner-managers to make the best use of resources available to them. Further research is needed to fully understand how planning could reduce stress within micro-enterprises. Training and enterprise support focussed on business planning should be developed and made available and accessible for the owners of micro-enterprises so that they are equipped to develop their project and procurement planning capability and in so doing so see a reduction in this significant source of stress as identified in this work.

Further research from both academic and industrial perspectives should be focus on micro-enterprises to increase the understanding of the challenges they face and facilitate the development of initiatives to specifically address such challenges in micro-enterprises.

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