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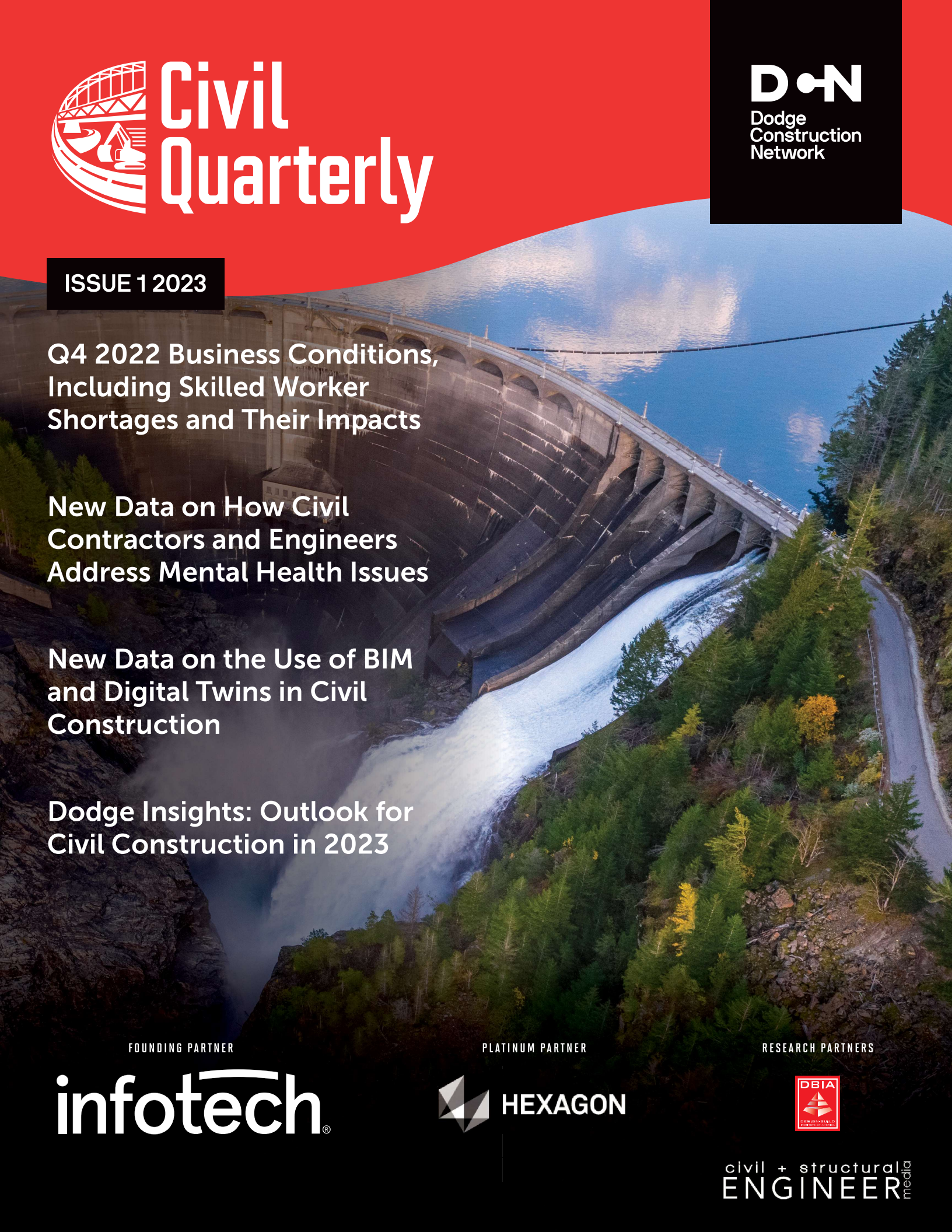

Q4 2022 Business Conditions, Including Skilled Worker Shortages and Their Impacts

New Data on How Civil Contractors and Engineers Address Mental Health Issues

New Data on the Use of BIM and Digital Twins in Civil Construction

Dodge Insights: Outlook for Civil Construction in 2023

VOICES OF THE INDUSTRY

Dr. John S. Gaal,
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Director of the Worker Wellness Program MO AFL-CIO's Missouri Works Initiative

Dr. Gaal started his current position in 2021, after 40 years of service with the St. Louis-Kansas City Carpenters Regional Council, most recently as the director of training and workforce development. As a labor representative, he continues to serve on the St. Louis County Workforce Development Board, International Vocational Education and Training Association's Board of Directors (past-president), and International Foundation of Employee Benefit Plans' Health Care Management Committee.

How did you get engaged in helping to reduce the incidence of suicide in the US?

John Gaal: In the early 2000s, researchers from Washington University School of Medicine in St. Louis approached me about how they could help the St. Louis Carpenters Union, specifically their apprentices, via research regarding safety on the jobsite. Their goal was to ensure that workers came home safe at the end of the day.

Early on, their work focused on the physical aspects of safety, things like slips, trips and falls. That led to other studies [that] got into issues of nail guns and musculoskeletal disorders, [and this led them] to realize there was a pain connection.

At about the same time, 2007 or 2008, the Great Recession hit us, and, as a director of the training program for the carpenters, I could see how job insecurity issues were starting to negatively impact our apprentices. [Talking with them] season upon season, you could see that things were starting to go downhill, and a lot of it was related to [their] finances. [For example,] I would ask, "How is it going?' and they would reply, "Not too good. I'm not working the hours I used to, and bills are getting tight." Then I would see them a couple of months later and ask, "Are things going better?" and they might reply, "No, I just lost my truck." Three months later, things would be worse: "I just lost my house." It kept rolling downhill like that.

At that point, I contacted the Washington University researchers with my concerns about addressing the mental health aspects in their work, and they mentioned to me that their research partners at the University of Iowa had a name for this approach: Total Worker Health, [which involved] bringing the mental and physical aspects of safety together.

We began by creating a financial literacy course, and it was well received. In fact, it was intended for apprentices, but we received compliments from our journey-level workers, who asked for more of this type of training. One of the reasons we focused on financial literacy is because we kept hearing that money was the underlying issue.

Not long thereafter, we started to see the effects of the opioid crisis on our workers. And then sadly, that was quickly followed by the suicide crisis.

On a personal note, in March of 2016, a friend of mine, Don Willey, who was a local labor leader at the time, lost his 36-year-old son to a heroin overdose. And one year later, in March 2017, I had lost my 24-year-old son to suicide. Within months, we both realized that our personal lives were touched by major tragedies that were impacting our professional lives, as well as our industry and communities. As construction workers, he and I are both fixers, and so as a team, we set out to heal a nation, not just our industry. We made it our mantra to start knocking down some of these barriers.

How big of a problem is this issue, and why is the construction industry particularly vulnerable to mental health challenges, substance misuse and suicide?

Gaal: CDC [The Center for Disease Control and Prevention] data reveals that as an industrial sector, the construction industry ranks number one when it comes to opioid misuse, and number two when it comes to suicide. I think the industry structure exacerbates the workforce shortage and mental health crisis it now faces. Things like job insecurity, long hours, fast track schedules, no work, no pay. Not to mention the mistreatment of apprentices, especially women and people of color. These all play a part in the anxiety and depression workers confront. They often do this alone, mostly in silence, and sadly, they end up being marginalized for being weak if they speak up.

Are there risk factors that are particularly associated with heavy civil construction?

Gaal: Heavy and highway workers are constantly exposed to working in and around dangerous environments. Fast moving traffic is just feet away. I recently spoke to a supervisor who worked in this sector years ago, and he still has flashbacks to the sight of fellow workers who were injured or killed on the roadway while performing their duties. This guy hasn't worked in that sector for at least five years, and the trauma still lingers long after the events. As such, I think it would behoove contractors to enlist the support of grief counselors as part of their crisis intervention teams.

Have you seen any changes in the last few years in the construction industry that you think can help address the issues of improved mental health, addressing substance misuse and suicide?

Gaal: Definitely. The AGC of Missouri took a big step in the right direction in 2018 when they started their suicide prevention task force to address this challenge. Their VP of safety brought an array of interested parties to the table: contractors, safety professionals, labor reps, academic researchers, mental health advocates. Their chapter quickly created a page on their website that is now the envy of the industry. Before September of each year, which is National Suicide Prevention Month, they enlist various contractors, owners and unions to support jobsite stand-downs, where the job shuts down for close to an hour and the workers participate in expert-led activities to encourage workers to break their silence and stop the stigma.

I firmly believe that the impact of COVID has provided a safer environment to discuss these difficult topics such as suicide and opioid misuse and mental health issues. We've come a long way, and COVID has helped us get there. I don't know of a family that hasn't had some mental health issue, and it's made it safer to talk about it now compared with pre-COVID.

It would also be remiss on my part not to mention the role

that's been taken recently by OSHA. In fact, I would call their August 21 video by Acting Secretary Jim Frederick the mental health moonshot. I can't tell you how many times I went to my area director for OSHA to try to get him to embrace suicide prevention and [to address] opioids that are being used on the jobsite, and all that kind of stuff. He'd reply, "John, I do locally, but I can't take a stand because national hasn't done anything about it." In late August 2021, they finally did something about it. We posted a four-minute video [of it, which] was fantastic. Mental health professionals working in the construction industry, including myself, were grateful to see the federal government take an official stand on how mental health issues, including opioid misuse and suicide deaths, were now considered top workplace safety issues.

What are the biggest challenges to making advancements in reducing suicide rates, and what can you recommend for addressing them?

Gaal: Silence and stigma are huge challenges. A report came out a couple months ago indicating that US construction industry is still about 92% male dominated. This equates to a macho culture, which wreaks havoc across the industry. Not unlike in the military or law enforcement, expressing one's concern about mental health on the jobsite is often used as a sign of weakness and can result in destroying one's career progression.

[To help address this, I recommend that people] look at the CIASP [Construction Industry Alliance for Suicide Prevention] website. It offers a 90-minute online interactive training tutorial on suicide in the workplace called Living Works. In my opinion, it's probably the best situations-based tutorial I have seen to date. Last I checked, it's still free. The only thing I would caution is that it takes 60 to 90 minutes to do it. If you're sitting on the fence on this issue of suicide, I'd say, take a look at this video, because it allows one to approach a very difficult topic in the privacy of their own home, away from the office or jobsite distractions.

Do you think this challenge is best addressed from the top down or the bottom up?

Gaal: We need to act concurrently from the top down and bottom up. The research we've done over the years with Washington University indicates that not only do you need support at the top but willingness in the ranks. Early on, the research we did was on keeping apprentices safe, but we quickly found that what they'd learned in school was not always easily accepted or applied on the jobsite. It became incumbent upon us to not merely educate the new workers on the safer methods, but the seasoned employees, including field supervisors. Make no mistake, this could not have been accomplished without the support of the C-suite. Again, it's got to be bidirectional.

What are the top changes to the industry as a whole that you would like to see to help address these challenges?

Gaal: First and foremost, making mental health a priority, not unlike what we did 20-plus years ago with OSHA 10 [and safety]. Use that model to get the work done that still needs to be addressed. First, develop an industrywide one-hour training module addressing mental health in the construction industry. For instance, NABTU has a six week, pre-apprenticeship curriculum called MC3. It would be wonderful to start the process with pre-apprenticeships, so that it becomes second nature,

not unlike OSHA 10. When OSHA 10 was implemented, the contractors and the unions, they [complained about it] for three or four years, and by year five, everybody did it, because they knew it was the cost of doing business. Eventually they realized how good it was, and that the outcome was that we have a safer workforce. I would also ensure that all workers on the jobsite are exposed to the above-mentioned module within the next 12 months.

Then I think the US Department of Labor's Office of Apprenticeship needs to review and audit apprenticeship curriculum to include mental health trainings throughout the program versus [just having the training during] pre-apprenticeship and never doing it again. That is one thing we learned 20 years ago about OSHA 10 training. In those first couple of years, everybody was doing it upfront and checking a box, and then the more progressive companies said, "Wait a minute, when I teach roof framing, this aspect of OSHA 10 fits there. When I teach concrete forms, this aspect of OSHA 10 fits there. They started building safety into their training programs across the board. I think we could do the same thing with mental health. I think where we were 20 years ago with OSHA 10, we are right now with mental health.

The next point is a request that OSHA expand their focus four to focus five, so that mental health is a mandatory training topic in all OSHA 10 courses.

Next, recruit a corps of qualified workers with lived experience to serve as peer support navigators. What we find in the research is that when a person who is in trouble talks to a peer with like experience, that outcome is more positive than that of a peer-to-professional relationship. We need to find people within our ranks with lived experience who are willing to share with and train others. We need to develop a training program for those who seek to serve as those navigators.

Finally, this industry has been experiencing worker shortages for two-plus decades now. Contractors and unions across the US have invested millions of dollars trying to recruit the next generation of electricians, plumbers, millwrights, etc. To do so, many have focused their marketing campaigns on two major target audiences, former military service members, and ex-high school college football athletes. [But the] one negative [aspect of that recruitment strategy] is traumatic brain injuries [TBIs]. People who have served on the battlefield or on the field of play have experienced repetitive head impacts. This is often referred to in the military as the invisible wounds of war. As an industry, we need to understand what TBIs are, and how to care for them, especially since TBIs make up approximately 25% of construction fatalities.

What are the top recommendations you have for civil contractors in particular to address the issues we've discussed?

Gaal: I have three points I want to make here. Get educated, that's number one. There are plenty of resources at the local, regional and national levels at your fingertips to get a jumpstart on the most vital matter of our times. Reach out to organizations with decades of experience such as NAMI [National Alliance on Mental Illness] or the AFSP [American Foundation for Suicide Prevention]. They've got more information on these topics. Check with your affiliated management associations, as well as your nearby universities. If you have a United Way chapter

nearby, I highly suggest that you meet with them to discuss what their 211 program entails.

And let's not forget, this past July, Congress made provisions to move the National Suicide Prevention Lifeline from a 1-800 number to a three-digit 988 National Suicide and Crisis Prevention Lifeline. So, not only did it change to a three-digit number, which is easier to remember, but it's also not just about suicide prevention anymore, it's about all mental health crises.

Number two is more direct. A few high-profile projects in the Midwest are requiring that the general contractors provide a mental health professional on the jobsite, no less than two days per week, at least six hours each day in a designated office space. That's a pretty new twist, and I'm waiting to see how this plays out with some research.

Number three: If you already supply a first aid kit on your jobsite, my question is, do you also have Narcan available?

What would you recommend specifically to a small to midsize contractor that may not have the resources of a larger company as the best steps they can take to address these issues?

Gaal: I have three more recommendations. Number one, use what is already available to union and non-union contractors. For example, CPWR is the research arm of the North American Building Trades Unions. They have research, they have data bulletins, and much more available, addressing mental health, opioid misuse and suicide prevention in the construction industry on their website. It's free, whether you are union or non-union.

Number two, get to know the Healthier Workforce Center of the Midwest, which is housed at the University of Iowa. They offer a whole array of toolbox talks and industry guidelines, covering many of the above-mentioned topics, including suicide prevention and bringing people safely back onto the jobsite who are in recovery from opioid misuse.

This leads to my third point. I highly recommend that they get familiar with their own state's efforts to develop what we now call recovery-friendly workplaces. For example, in Missouri, we have approximately 29,000 workers who are in medication-assisted treatment for opioid use disorder [MAT OUD], of which 3,800 of those are construction workers. In light of the worker shortage, we need to work collaboratively to find safe ways to bring people who are in MAT OUD recovery safely back onto jobsites.

What are the next steps?

Gaal: Number one, we need to develop a pilot study for suicide prevention in the construction industry, like the Mates in Construction project in Australia. We need to test that and see if that works in our market.

Number two, we need to expand substance and opioid use disorder programs, like the Lean program that is serving laborers in Massachusetts.

Number three, we need to keep an eye on the organic nature of the Los Angeles/Las Vegas region carpenters' union's peer support program called BOSS.

Number four, we need to learn from others who are beyond our borders. [For example, in Zimbabwe, they are] confronting the issue of mental health in a country that may have one psychiatrist

for every quarter of a million people. They've created a very constructive and innovative way [to address that need] via a peer support model called the Friendship Bench. It's so popular that it has spread into New York City now.

Number five, we are in a time of crisis, so we don't have time to reinvent the wheel. For example, there is a Labor Assistance Professional program that has been around since the early 1990s. They basically created their own certified peer support network for industries like car plants, police and fire, the airline industry, whether it's the flight attendants or the baggage handlers or the UAW. I think they have a great model, and we ought to at least take a look at it.

I am really pushing hard on this issue of peer support because the federal government has thrown lots of money at the community colleges to build up the community health workers in each community. If you take that community health worker program and tailor it to mental health, I could see this as being a great training ground for our construction workers who want to serve as those peer navigators. There are programs out there, though many are only eight to 30 hours long. I am concerned about that because it might be just enough to get somebody in trouble. Community health worker programs [are more comprehensive]; I went through a program two years ago that had 120 hours of seated coursework, and 60 hours of internship. That allowed me to sit for my state credentialing … I see that [type of coursework] as a gateway into connecting with our blue- and white-collar workers out on the jobsite. [The credentials help address naysayers who doubt the knowledge of peer navigators.] It doesn't make you a counselor, but when you hear somebody out, it helps you move them toward a plan that they create. [You can] point them in the right direction. CQ