



# Mental health in the construction sector: preventing and managing psychosocial risks in the workplace

## Summary

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This report was commissioned by the European Agency for Safety and Health at Work (EU-OSHA). Its contents, including any opinions and conclusions expressed, are those of the authors alone and do not necessarily reflect the views of EU-OSHA.

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In 2023, the European Commission's Communication on a comprehensive approach to mental health called for an EU-wide Healthy Workplaces flagship initiative on psychosocial risks and mental health at work, with a specific focus on new and overlooked occupational sectors, including agriculture and construction. In response to this call, this report<sup>1</sup> examines the evidence on work-related psychosocial risk factors in the construction sector, their impact on mental health outcomes, and the positive impact organisations can have on the prevention of workplace psychosocial risks to improve workers' mental wellbeing.

### **Psychosocial risks are influenced by working conditions and 'macho' male cultures**

Psychosocial workplace risks include specific interactions and events that emerge from cases of poor working conditions relative to work design, organisation or management and to the social context in the workplace (Cox & Griffiths, 1995). Over 50% of European workers believe that stress is common in their workplace and that the impact of work-related mental health disorders on people, organisations and economies is increasing (EU-OSHA, 2013).

The construction sector employs around 18 million people in the EU, and jobs are physically and mentally demanding regardless of skill level. In fact, 46% of the EU's construction workers are exposed to severe time pressures and work overload (EU-OSHA, 2022b). Additionally, the representation of SMEs in the sector is high, with 95% of companies employing fewer than 20 workers (EESC, 2022). Thus, organisational constraints can inhibit efforts to manage psychosocial occupational safety and health (OSH) risks and protect workers' mental wellbeing.

Frequent exposure to dirt, dust, noise or vibration is a workplace norm in construction work, and the risk of non-fatal workplace accidents is high. Construction tasks involve a multifaceted set of demands, including perceptual, psychomotor, social and cognitive requirements. These demands require workers' full attention and can, in some cases, act as additional stressors. The high-risk nature of construction work significantly impacts workers' mental health, although this is perceived by sector representatives to be minimised by the construction workforce. The downplaying of the inherent risks in construction work might be connected to a workforce that is over 90% male and characterised as having a traditionally macho culture (Eurostat, 2022). This culture can pose health hazards due to stigmatised attitudes towards mental health issues and help-seeking behaviours, expectations about physical and psychological endurance, and acceptance of detrimental behavioural coping mechanisms such as substance misuse behaviours. Overall, the construction sector shows lower sensitivity to mental health issues compared to other economic sectors, with 71% of construction companies reluctant to openly discuss psychosocial issues (EU-OSHA, 2022c). This evidence suggests that mental health is taboo in the sector and highlights the embedded issues that need to be addressed to create psychologically safe working conditions for construction workers.

Other unique features and psychosocial risks that define the sector are the commonplace use of subcontracting practices, the prevalence of temporary workplaces, exposure to adverse weather conditions often in the outdoors, travel challenges and the project-based nature of construction activities. Additionally, the use of manual-skilled labour is high in this sector. Such work is associated with monotonous movements and tasks and cognitive demands due to physical strain.

Other psychosocial risks prevalent in the sector include high physical and psychological demands; workload and time pressures; role conflict; lack of job autonomy and control; lack of supervision, support and recognition; lack of participatory decision-making; and workplace bullying. Additionally, long working hours, unpredictable shift changes, high work pace and work intensity, and little job autonomy, control and task diversity are significant issues that impact job satisfaction and adversely affect construction workers' mental health. The risk of suffering mental health problems is amplified when workers are required to manage multiple operations with unrealistic targets. All these factors are significant context-derived stressors common in construction activities that can cause workers to experience feelings of anger and irritation and lead to fatigue, burnout, stress and depression.

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<sup>1</sup> The full report is available at: <https://osha.europa.eu/en/publications/mental-health-construction-sector-preventing-and-managing-psychosocial-risks-workplace>

### **Temporary work sites, management and organisational practices impact workplace dynamics and feelings of isolation**

The absence of a fixed workplace can lead to feelings of rootlessness, isolation and loneliness, and lower perception of workplace support. Social isolation is a primary mental health stressor in the sector (CIOB, 2020). Furthermore, changing work locations influence travel times, which impacts workers' resting and leisure time and their overall work–life balance. Within the workplace, relationships and stress levels are affected by staff changes, the presence of temporary workers and turnover rates. These issues can foster conflict and role ambiguity within teams and negatively influence workers' morale, collaboration, teamwork, and perceptions of collegial and supervisory support. Additionally, communication problems, particularly those associated with language barriers, are significant stressors impacting interpersonal interactions, feelings of security and organisational OSH practices. Indeed, poor communication and cooperation in construction companies is one of the top three psychosocial risk factors for the European construction workforce (EU-OSHA, 2022b).

The accessibility of coordinators and leaders, operational and management changes, supply chain disruptions, work pipeline uncertainties, and low instrumental and emotional support are other sources of mental distress that contribute to conflict levels, workload and work pace pressures, and feelings of low job autonomy and control. Health risks associated with all these factors are heightened by poor management and organisational resources and a lack of consideration of workers' recovery needs. Moreover, exposure to psychosocial risks inversely increases according to company size; workers in smaller companies are more susceptible to suffering stressors. The ability and capacity of SMEs to ensure psychosocial safety may be compromised by resource constraints (e.g. time, financial and human resources). An additional concern is the lack of appropriate and specific OSH provisions regarding reduction of psychosocial risks and protection of mental health in tendering criteria for procurements in construction, and little adherence to and enforcement of OSH practices during project delivery.

### **Job and financial insecurity are critical psychosocial risk factors**

The sector is particularly vulnerable to economic downturns, geopolitical changes and macroeconomic conditions. Thus, feelings of insecurity and uncertainty are intertwined with wider market, political and socioeconomic factors. Additionally, precarious working arrangements and subcontracting practices (common in the sector), undeclared work, low pay and late payments cause feelings of job and financial insecurity to arise. Low-skilled, lower-socioeconomic-status workers and migrants are at higher risk of exposure to these stressors. Business-to-business payments and cost pressures (e.g. materials) can be stressors for business owners, as delayed payments and inflation impact business development and viability, as well as salary payments. All these factors induce occupational stress and contribute to anxiety, financial stress, instability, uncertainty and, in some instances, burnout.

### **Climate change, technological innovation and the green transition create new demands for workers**

The growing uptake of new digital technologies, which is connected to work efficiencies and the green transition, requires workers with advanced and specialist skills. While a multitude of benefits are associated with these technologies, stressors emerge in the arenas of continuous professional development, workplace surveillance, general health and safety skills for new tools and machines, work–life balance, job autonomy and cognitive overload. Instances exist where digitalisation induced classical stress responses, musculoskeletal diseases, digital fatigue, burnout and 'technostress' (EU-OSHA, 2021). Concerns about alienation and isolation and insufficient management and leadership skills to support the digital transformation are other psychosocial stressors relevant for the construction sector.

Construction workers are often working outdoors and hence they are exposed and vulnerable to the worst effects of climate change, largely associated with prolonged exposure to heatwaves and other weather extremes. Research on the connection between climate change and construction workers' mental health is scarce but gradually increasing. What is known is that working in extreme heat

conditions increases the incidence of heat stroke and fatalities among construction workers and contributes to anxiety and depression, physical fatigue, psychological stress, hallucinations, impaired judgement and a lack of mental coordination (Xiang et al., 2014; Karthick et al., 2023). Furthermore, climate change and weather conditions lead to work disruptions and delays, compounding workload and work pace pressures, affecting adherence to OSH standards.

### **Gender, age, nationality, work experience and professional status linked to higher risk exposure**

Education and experience level, relationships or family, and carer status are common social factors increasing exposure to psychosocial risks in the construction sector. Vulnerable worker groups in the sector include migrants, LGBTQ+ individuals, low-skilled and young workers, women and the self-employed. Gender-based harassment, ageism, racism and discrimination typify the experiences of migrant workers, women and LGBTQ+ individuals in the sector. The employment of women and LGBTQ+ people is low, while migrant workers are, in contrast, overrepresented in the sector (European Commission [EC], 2022).

Specific risks for migrant workers include language barriers (both written and verbal), pre-existing mental health conditions (e.g. post-traumatic stress disorder (PTSD)), the allocation of unpleasant work tasks, family separation, and the limited availability of accessible OSH training and information. Posted workers, a subgroup of migrants, experience similar risks, with prolonged long-distance work and compliance with the Posted Workers Directive highlighted as additional stressors for this subgroup of migrant workers.

Women make up only 10% of the construction workforce (Eurostat, 2022) and specific risks to women in construction are associated with personal protective equipment designed to male anthropometric standards, accessibility to hygiene facilities, and gender-based discrimination and harassment. Consequently, women in construction have a higher risk of experiencing mental distress, anxiety, guilt, marginalisation and exclusion. The visibility of members of the LGBTQ+ community is equally low and may be associated with the prevalent macho culture in the sector. Research demonstrates that in reaction to bullying, discrimination and harassment, LGBTQ+ individuals embody masculine traits as a defence mechanism (Wright, 2013). The impact of such adaptation strategies on the mental health of this group requires further research and investigation.

The vulnerability of younger workers in construction is associated with a lack of work experience, which is correlated with confidence levels and better coping mechanisms towards organisational stressors such as bullying. The risk of younger workers experiencing a workplace accident and other hazards can also be linked to a lack of self-esteem to challenge poor OSH working practices. Older age is generally a protective factor against psychosocial stress. However, physiological changes from ageing can increase the risk of work-related injuries, while skill discretion and perceptions of job monotony may increase with age and experience and are considered as significant stressors for older workers.

Finally, professional status is also associated with unique risks. For example, self-employed construction workers are more exposed to job and economic insecurity, long hours and high workloads. Low-skilled workers, in comparison, are more prone to suffering psychological violence from employers and thus have increased anxiety about workplace conflict (Kozlova & Lakisa, 2016). The mental health of managers and other higher-skilled workers, compared to their lower-skilled colleagues, is impacted by project tendering, subcontracting practices and the structural fragmentation of the sector. Meanwhile, risks associated with SME ownership include feelings of responsibility for their workers, late payments and cost pressures impacting business viability.

### **Workers' mental health and organisational wellbeing largely depend on psychosocially safe working conditions**

When exposed to multiple psychosocial risks, workers are prone to experience stress, anxiety, and physical and mental fatigue. Concentration, distraction and risk-taking behaviours are induced by psychosocial risk factors influencing most emotional and cognitive mental health symptoms. Feeling overwhelmed, unconfident, lonely and pressurised leads to thoughts of self-harm, sleep disturbances, feelings of anger and irritability. These emotional responses are associated with workload pressures, work pace, job control, emotional demands and workplace support. Moreover, high time pressure and

exposure to workplace violence and harassment are markedly linked to the occurrence of occupational accidents.

Depression and burnout are among the most prevalent adverse mental health outcomes and are associated with low job control and security, little or no management support, and role conflict. Office-based construction workers and higher-skilled site-based professionals are more likely to experience depression and burnout than on-site workers (Tijani et al., 2020b). An interesting finding emerged in that remote working appears to protect against burnout, which is higher among office workers than remote workers. PTSD is also more prevalent in the construction sector compared to other sectors of activity (Chan et al., 2020; London et al., 2022). Worryingly, this outcome may be hidden in high-risk construction environments where OSH fails to adequately address hazardous work conditions, including the presence of psychosocial risk factors. Substance misuse and abuse are behavioural outcomes associated with poor task design, working conditions, organisational cultural norms and inadequate social support.

Overall EU figures on suicide are unavailable, but studies from Anglo-Saxon countries suggest that men working in construction are three times more likely to die by suicide than the national male average (ONS, 2019). Studies from Australia also show that suicide rates are higher among male construction workers than the general population (Maheen et al., 2022). Suicide, suicidal thoughts and suicidal ideation are mostly associated with the exposure to suicidal behaviours of colleagues and peers, as well as with job insecurity, prolonged periods of financial struggle and transitional unemployment (Ross et al., 2022; Chan et al., 2020). Sector-specific suicide prevention initiatives, such as Australia's Mates in Construction programme, have demonstrated a positive impact on suicide rates, and implementing similar initiatives is strongly encouraged (Maheen et al., 2022).

Poor mental health outcomes have a significant impact on business productivity with higher worker turnover and workplace burnout. Absenteeism and presenteeism are long-recognised negative outcomes for organisations linked to toxic cultures, low organisational trust, job autonomy and adverse ergonomic conditions. These factors contribute to workers' productivity and wellbeing and impact job engagement and satisfaction levels. Likewise, worker absentee and turnover rates and workplace satisfaction affect organisations' productivity levels, revenue and profit margins (CIF Ireland, 2020). Moreover, work-related psychosocial stressors and their mental health consequences, including suicide, impact the sector's attractiveness, a critical issue for a sector facing workforce shortages and challenges in attracting and retaining workers amid an ongoing demographic decline.

### **Tackling the organisational determinants to protect workers' mental health**

The best practices preventing poor mental health outcomes in the sector are those that incorporate holistic interventions combining individual and organisational-focused elements. These interventions increase mental health awareness in organisations, which simultaneously decreases mental health-related stigma. They can provide individuals with tools to assess workplace psychosocial risks and protect their and their colleagues' wellbeing. Such initiatives include mental health and intervention training (e.g. Constructiv), the availability of mental health first aiders in companies (e.g. The Lighthouse Construction Charity, MENTUPP), and toolkits supporting workers to identify and address workplace psychosocial risks (e.g. Fundación Laboral de la Construcción; Prevent).

Holistic efforts also entail work tackling the organisational determinants of mental health (e.g. workload, time pressures, interpersonal communication), which the literature and sector stakeholders strongly recommend.

Initiatives targeting the organisational determinants of mental health include the elimination of precarious working conditions and the introduction of protected working conditions and flexible working arrangements (e.g. Malareforbundet, PORR, EFBWW). Emergency financial support programmes (e.g. PORR) and workplaces and countries that provide inclusive working environments (e.g. Malareforbundet, CTSP, Women in Construction) are powerful collective initiatives mitigating the impact of psychosocial risks on workers' wellbeing. Furthermore, implementing guidance produced by EU sectoral social partners to assess, manage and reduce organisational psychosocial risks in construction will send a powerful message to workers that companies consider their mental wellbeing as important as their physical wellbeing.

Workplace interventions need to go beyond the individual. Research shows that organisational approaches have a positive impact on health-promoting behaviours and working environments (Grill et al., 2017). Contractual conditions, job autonomy and control, regular workload reviews, management styles and diverse approaches to task execution can counteract psychosocial organisational risks. Meanwhile, efforts to enhance job security by offering career development opportunities, improving salaries and enhancing professional status will increase job engagement and satisfaction and thus increase productivity levels.

#### Further research and guidance

Based upon the study's overall findings, a series of lessons learned for researchers, organisations and policymakers emerged in this study. These include:

- Diversifying research methods and closing research gaps, particularly those related to LGBTQ+, women, digitalisation, climate change and suicide.
- Implementing mixed, participatory, approaches (individual and organisational) targeting the organisational determinants of mental health. Approaches should target organisational change, commit to assessing and addressing psychosocial risks on par with physical health hazards, and promote positive mental health in the workplace.
- Specific workplace mental health interventions facilitating intervention and treatment services that ensure confidentiality, regular workload reviews and the provision of flexible working arrangements. Providing return-to-work services, critical for recovery after an episode of mental ill health is also suggested.
- Embedding OSH provisions, including those related to psychosocial risks and mental health, in tendering criteria and supply chain practices, assisting construction businesses with limited resources to tackle mental health, and ensuring labour inspectorate staff are sufficiently trained and qualified to ensure national OSH implementation.
- Ensuring that collective sectoral agreements adopt a health-in-all-policies perspective, including mental health and considering the interplay of physical conditions and psychosocial risks. This perspective should become the norm in discussion forums, social dialogues, and in policymaking and legislative initiatives to improve mental wellbeing in the sector. Including the needs of women and minority groups in these discussions is highly necessary.
- Assist construction companies with more limited resources and the self-employed to tackle psychosocial risks and safeguard mental health.
- Support and promote community mental health resources to improve accessibility to specialist services.
- Encourage cooperation between national OSH institutions across the EU to provide tailored guidance for the variety of professions and workers in the construction sector.

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