THE PERCEPTION OF MENTAL HEALTH IN SMALL TO MEDIUM ENTERPRISES IN THE WELSH CONSTRUCTION INDUSTRY

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Mental health poses a significant problem in the UK with 1 in 4 people annually experiencing a mental health condition. Men continue to account for three-quarters of suicide deaths, with construction trade and semi-skilled men presenting with higher-than-average suicide rates. Employers have a positive role to play in improving the nation's mental health and to promote positive mental health within the workplace to improve productivity. Small to Medium Enterprises (SME's) dominate the UK private sector, accounting for 99.9% of the business population; construction is the largest industrial sector in terms of SME numbers. This paper presents an exploratory study investigating the perception of mental health within the small and medium enterprise construction sector in Wales. The paper highlighted that within most SME's there is a workplace culture stigmatizing mental health. There remains a reluctance within the workplace to openly discuss mental health. Efforts need to address the grassroots level to increase awareness and openness. Legislative change is required to further encompass mental health, thereby giving (mental health) parity with physical health in safety law. Furthermore, curriculum changes are needed to embed mental health as part of current trade and related educational provisions.

Keywords: health and safety; mental health; small businesses; well-being

INTRODUCTION

This paper presents an exploratory study investigating the perception of Mental Health (MH) within the small and medium enterprise (SME) construction sector in Wales. The UK private sector is dominated by SMEs that accounts for 99.9% of the business population. Construction is the largest industrial sector in terms of SME numbers (DBIES, 2018, p.1), with the construction industry in Wales having the largest proportion of SMEs compared to the other home nations; 92.4% compared to 86.7% in the UK (Welsh Government, 2019). MH poses a significant issue in the UK; 1 in 4 people experience a MH related problem annually, highlighting the impact of MH issues on wider society (Mind, 2019). In 2019 the UK suicide statistics surged at a 21-year high, following half a decade of decline, with men continuing to account for three-quarters of suicide deaths (Bulman 2019, ONS 2020). The construction industry was identified as the third most stressed sector in the UK with 82% of workers experiencing stress at some point each week (Farrell 2018). The industry has tight deadlines, low profit margins, hazardous working environments and job insecurity,

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resulting in tradespersons suffering from some of the highest rates of poor MH (Hobden 2019). Kantar (2019) identified in Wales, 2 in 5 people felt uncomfortable talking to an employer about a MH illness. Construction employees are three times more likely to discuss physical illness over MH with their employers. The Construction Industry is an almost perfect example of the difference by which society sees and treats physical and mental health. Due to men's inability to discuss or ask for support in the workplace, there is a pervasive culture of machoism (Turner *et al.,* 2017; Morris *et al.,* 2019; Morris 2019, Nair 2019). Poor MH is especially prevalent among those working at smaller companies as, a "perfect storm" has developed; the combination of stigma, and a belief that adequate support will not be provided if MH issues are raised (Alderson 2018). SMEs are more agile and adaptable than bigger businesses and perhaps better placed to provide a more inclusive and supportive work environment. (McWilliam 2018). They have a moral and ethical responsibility to help employees, by offering support where necessary (PCB 2018, Kelly 2019).

LITERATURE REVIEW

Mental health is difficult to define; it is generally accepted that mental wellbeing allows a person to manage everyday stresses whilst contributing to work and integrating within wider society (Newman 2017; NHS Wales 2019; WHO 2019).

ONS (2019: 2) demonstrated males aged 45 to 49 years had the highest age-specific suicide rate and rates amongst under 25-year-olds have generally increased in recent years. Research confirms that people with a diagnosed MH problem are at a higher risk of suicidal thoughts and behaviour (Beghi, *et al.,* 2013; Chesney, *et al.,* 2014; Bradvik 2018). Studies into men's mental health show that while some progress has been made, men feel worried or low more regularly than ten years ago and are consequently twice as likely to feel suicidal. (Hafal 2021).

Within the 1.4 million cases for long term work-related ill health reported to the HSE, 660,000 people reported stress, depression, or anxiety as the cause. The dominant causes being high workloads, high pressure and high responsibility. Small and medium-sized businesses perform less well at supporting their employees to report work-related MH (Best 2019). Larger businesses experienced greater rates of reporting, on average 32% higher reporting rates, whereas small businesses experience 22% below average reporting rates on MH. (HSE 2019: 7). According to the Public Attitudes to Mental Illness in Wales survey (Kantar 2019) 2 in 5 feel uncomfortable talking to an employer about a mental health diagnosis.

Rice-Oxley (2019) demonstrated that construction trades are suffering from the highest suicide rate per 100,000 persons, echoing the ONS statistics. Men working in construction are four times more likely to commit suicide than men on average (Chesterfield 2019; Lingwood 2019).

Employers have a duty of care to their employees. This has been described by numerous parties, (Benstead 2019; Clark 2019) and is reinforced by the Health and Safety at Work Act (HASAWA)1974. It places legal duties on employers to ensure, so far as is reasonably practicable the health, safety and welfare at work of all employees. Addressing the MH aspect, the TUC (2019) have interpreted this to include employers addressing any issues that may cause a worker to have suicidal thoughts, including, stress, bullying etc. Fear (2018) described poor MH in the construction industry as 'the silent epidemic'.

Despite the link between MH and suicide, work-related suicide is not reportable under the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations (RIDDOR) 2013. HSE (2019a) state first aid provision must be 'adequate and appropriate', proposing businesses should consider ways to manage mental ill-health in the workplace. Public Health England have announced an investment of £15 million to train one million people in basic MH 'first aid' skills (Ward, 2019). Healthcare in Wales is devolved to the Welsh Government and this initiative has yet to be replicated in Wales. Currently, there are no legal precedents involving an employer being prosecuted after a worker has taken their own life due to work pressure (TUC 2019). Corr (Administratrix of The Estate of Thomas Corr (Deceased)) v IBC Vehicles Limited (2008) is the only case of civil liability that demonstrated the chain of causation concerning a suicide. The HSE emphasises how current legislation specifically deals with serious failures in the management of physical health and safety, with little consideration to MH. However, with the knowledge of risk to health, comes a legal duty and responsibility to ensure that the work environment does not increase the risk of causing psychiatric harm (Hailstone 2018, Chesterfield 2019). SMEs are slow when it comes to offering support addressing MH first aid needs (Beverly 2019).

The Considerate Constructors Scheme website (CCS 2018) described how there is currently a lack of information and awareness regarding MH at work. The Lighthouse Club and Mates in Mind work collaboratively with the CCS to provide support services to the construction industry. They seek to address the stigma of poor MH and promote positive mental wellbeing across workplaces, focusing on construction. Chesterfield (2019) argues construction workers are at high risk of developing MH problems due to the industry's attitudes towards MH. In small companies, this risk is much greater due to less resources invested in MH training (Beverly, 2019). Aronsson, Gustafsson, and Dallner (2000: 503) describe the concept of 'presenteeism', where workers continue to attend their workplace despite ill health, indicating an under-emphasis of their own well-being. Stevenson and Farmer (2017: 24) suggest that even with conservative assumptions {regarding costings} the costs of presenteeism to employers are huge.

Cost of mental ill-health to employers in the UK is estimated to be between £33 billion and £42 billion a year (Stevenson and Farmer 2017: 24). Occupational ill-health in construction costs employers £848 million annually, with primary causes including stress, manual handling issues and physical demands (PCB 2018). The approximate cost per employee is between £1,205 and £1,560 per annum as a result of MH issues. (Stevenson and Farmer 2017: 24)

There are legal, financial, and moral cases for improving MH in the construction industry. Chesterfield (2019)

METHODOLOGY

The literature review revealed that MH is a clear and tangible stigma for the construction industry. The secondary data collected was reflective of large companies within industry and highlighted a gap in the research; SME's do not get the same representation.

To understand the perception of SME owners in Wales towards MH, data was gathered through a qualitative approach using semi-structured interviews. This study adopted an interpretivist perspective, examining the attitudes of MH held by those

responsible for SMEs. Taking the themes under investigation, a questionnaire was designed using predetermined open-ended questions, allowed further discussion to emerge from the dialogue between interviewer and interviewee (Bowen 2005).

For this exploratory study, 9 interviews were conducted. The research variables considered valuable when identifying the sample pool were; scale of the company (5 to 75 employees), industrial experience (minimum of 5 years), area of work (South Wales), and the age parameter (24-70 years old) of the interviewees. All the participants manage their own companies within the domestic construction sector. Of equal importance was a willingness to explore the relationship between the employer and employee with regards to MH. Purposive sampling was used to select nine (8 male /1 female) participants who met these criteria.

An information sheet was issued to all participants prior to the interviews taking place. It explained the purpose, so participants had a clear understanding of the field of research. Informed consent was obtained prior to interviews being undertaken. Interviews were conducted face to face using Microsoft Teams, with each interview lasting around 30 - 40 minutes. All interviews were transcribed, then apportioned into sentences or paragraphs, providing practicable elements to identify key thematic pillars. This enabled evidence-based referencing to identify thematic trends embedded in the data, allowing for the determination of consistency against the findings of the literature review.

FINDINGS

The interviews conducted with the participants discussed their perception of the mental health of their employees and the wider construction industry. The questions addressed issues identified within the literature review and focussed on attitudes and awareness of mental illness, and SMEs duty of care to their employees and support available for mental well-being.

Perceptions of Mental Health

Stevenson and Farmer (p29, 2017) reported 'the stigma of disclosing a mental health condition is still a significant barrier to employees seeking support.' The responses supported this stigma was widespread within the construction industry where a 'man-up' culture was prevalent. All participants agreed that there was a stigma surrounding mental health in this male dominated industry. The oldest participant (over 65 yrs) explained 'in his day, people did not have MH issues'. He regarded mental ill-health as blanket to hide behind and believed that bureaucracy (such a legislation) was holding the industry back. This view wasn't widely held by the rest of the participants and could be symptomatic of a social stereotype generated by age and outdated views. However, the other participants identified that machoism was a significant issue with men not wanting to be perceived 'as weak'. This viewpoint supports the under reporting of MH issues in SMEs (Best, 2019), and helps in understanding why male tradesmen and semi-skilled workers pose a higher than average suicide risk (Rice-Oxley, 2019; Chesterfield, 2019; Lingwood,2019).

The majority of those interviewed agreed they did not discuss MH in the workplace, noting their staff were not interested in discussing the topic. They suggested there was a reluctance to talk about MH both from their perspective as well as their staff, as there was a perceived shame attached to struggling with mental health and admitting to needing help. It was suggested that this was largely gender driven, with one

participant stating, 'men are not allowed to talk about MH' and would be 'embarrassed'.

Those participants who had actively discussed MH with their employees or subcontractors were the younger of those interviewed. They noted that discussion was usually generated by an external trigger, for example MH issues on social media. Another participant commented that age was a potential factor in the willingness to discuss MH, and it was noted that the oldest and younger interviewees were most reluctant to discuss mental health issues; the reasons driving this reluctance was very different. The older participant (over 65) had out-dated views reflective of his generation, whilst the younger (24 -30) demonstrated traits of machoism. One participant referred to MH as a 'shadowed subject', referring to the taboos surrounding mental ill-health. The participants aged between 30-50 years were most tolerant and felt that this was because they had a greater experience of life and had seen others within their social and professional network struggle. Only two of the participants demonstrated a positive attitude towards discussing MH, and these were within this age group. However, one of them identified that discussing mental health was a divisive subject, and some of their employees would be uncomfortable to approach it. They felt there was a 'lack of tolerance' surrounding mental health, although believed that attitudes are changing for the better. This was corroborated by another participant in this age group who also thought that over the last 10 years there had been a move towards a more positive mindset.

One participant believed their employees would approach them if they were suffering from mental ill health, however there was nothing to back this up as the subject had not been discussed.

All of those interviewed agreed that the MH stigma needed to be removed. Some suggested that this may be achieved using more prominent campaigns to lessen the barriers for men talking about mental health. Others considered the value of providing opportunities to discuss MH, in both formal and informal settings with work colleagues as well as professionals.

Mental health provision provided by SMEs

Half of the SMEs interviewed acknowledged they had no formal support provisions in place for their employees' mental well-being. Only two of the participants said they had offered MH support. This was in the form of informal conversations, rather than a structured response. Both had helped signpost appropriate MH provision for their staff. The one was very proactive and saw his role as much more than an employer. He used the word 'lifeline' to explain how he has supported two of his staff on different occasions. This confirmed that SMEs are slow in the provision of support for MH (Beverly, 2019), although some SMEs are progressive in their attitudes and do foster a supportive culture MH.

One respondent raised concerns that there was a lack of MH provision and support for the owners of the SMEs.

Awareness of mental health campaigns

All those interviewed agreed there has been an improvement in the awareness of mental health over recent years. The participants were asked to explain the different sources that exposed them to MH awareness. All participants identified that social media, in particular Facebook, had played the largest part in raising their awareness of mental health. Other interviewees also identified more traditional outlets such as television, pamphlets and posters in welfare facilities on site. However, it was noted

that these opportunities are limited or non-existent in the small-scale domestic contractor setting. One participant raised concerns over the disparity between those working within the domestic sector and those on commercial construction sites. He explained that as a domestic contractor he simply did not have the same exposure to MH information as would be commonplace a large construction site where posters would be displayed in the canteen, and other staff facilities. He also mentioned that there was a lack of resources for most small SMEs. He mentioned that traditional media, such as magazines was his primary source of information on this topic. Others noted that the awareness of MH has been assisted further by high profile people such as celebrities, sport players and members of the royal family talking openly about their mental health struggles.

The participants were then asked to express their awareness of MH campaigns, in particular those run by Lighthouse Club and Mates in Mind. These two charities' aim to raise the profile of mental health in construction whilst providing ongoing support provision such as counselling. Amongst the participants there was limited awareness of these construction specific MH campaigns, with only two who were aware of them. This highlighted a lack of visibility of these campaigns amongst the SMEs, and supports Ward (2019) who identified there is a need to understand the perceived presence and impact of the current campaigns. By contrast, the remaining participants all had encountered some form of a non-construction mental health campaign. Some interviewees expressed a negative outlook on the impact of these campaigns, with one participant stating that this focus on MH was 'holding industry back'.

SMEs have a duty of care to their employees, and this includes their mental as well as their physical health (TUC, 2019). However, there was a lack of awareness of legislative duties related to MH, amongst the interviewees, although most conceded that MH may be covered under HAWASA 1974 or the Equality Act 2010. There was just one participant that understood their legal duties, explaining this was because of previous experience.

Cost of Mental Health

All participants agreed that staff absenteeism had a significant impact on cost, the ability to deliver projects, and also impacted the rest of the team. They explained that the cost implications of MH on SME's is higher because of the smaller workforce. One small scale SME interviewed noted that 'everyone is considered vital to the business' when there is only a small team. Another identified 'it is too hard to remove anyone to alleviate pressure.' This corroborated the 'presenteeism' phenomenon, where, despite complaints and ill health that should prompt rest and absence, their staff keep turning up to work (Aronsson, Gustafsson, and Dallner, 2000, p. 503). This is further supported by the research of Stevenson and Farmer (p.2017, p.24), and Beverly (2019) that levels of reporting of MH amongst SME's is lower than larger companies.

A number of the participants raised concerns over their own health and wellbeing, with one commenting 'I'm able to get statutory sick pay for my employees, but what about me? There's nothing!' Another identified that even when they were unwell themselves, they felt they had no choice but to continue working. Stevenson and Farmer (2017, p.24) points out that even with more conservative assumptions {regarding costings} to the calculation of presenteeism, the costs to employers are huge. All participants agreed that they have little, or no resources in terms of time and money to address mental health issues. A number of those interviewed said they

would welcome more government support in terms of both financial assistance and access to support services. This reiterated the lack of awareness amongst the participants of the current support mechanisms available. There are charitable organisations operating in construction and the government has announced funding to train persons in MH first aid training (Ward 2019), however the SMEs were unaware of this. This is supports Iacobucci, (2020) comments on the need for substantial and sustained government funding to ensure that there is a mental health system where no one, is unable to access the care they need.

CONCLUSIONS

This pilot study provided an overview into the perception of mental health within the Welsh SME construction sector following on from the "Thriving at Work Review" (Stevenson, Farmer: 2017). The findings of this study indicate that despite MH reporting rates rising, there remains a reluctance within the workplace to openly discuss MH. Within most SME's there remains a workplace culture stigmatizing MH and discussions around it.

Within the study awareness of MH was limited. Whilst there have been a number of high-profile MH awareness campaigns most of the participants were unaware of these. The range of work undertaken by the participants mainly covered private domestic construction. There is high visibility of MH campaigns on large commercial sites with Tier 1 contractors leading the way in providing MH support, however, this study found there was no presence on private domestic projects. MH campaigns should actively target this part of the sector and raise their profile to embed effective support where it is lacking and improve access to these initiatives. There is a need to engage quickly and effectively with SMEs through traditional and social media.

SMEs make up a significant percentage of the Welsh construction sector; the findings show they lack knowledge on accessing, as well as implementing mental health support. The SMEs did not have any framework in place to deliver MH training to their workforce, and there is little evidence that the SME owners focus any attention on this important issue. Provision of free training to empower SMEs to manage the MH of their employees will provide the opportunity to reduce the potential impact of MH, both from a business and personal perspective.

The age groups demonstrating the poorest attitudes towards MH within the study were 19-29 and 60-69. This presented as a twofold issue; outdated societal attitudes of the 60- 69 bracket and machoism in the 19-29 group. However, attitudes are evolving around SME's approach to MH; a positive change was identified over the last 3 to 5 years, with half of the respondents noting that the industry is becoming more tolerant and accepting of MH issues. Attitudes and perception are changing, but at a slow pace and there are still barriers to overcome; fear of stigma, embarrassment and a preference for self-reliance from employees, and a lack of awareness from the SMEs.

Reporting rates of MH issues amongst SME's is 22% below the national average, and this was corroborated by the study which found there was a general lack of discussion about MH between employer and employees. This in turn affected the potential awareness of support mechanisms offered. The study highlighted there was minimal awareness of duty of care or legal duties concerning mental health amongst almost all the interviewees.

Current legislation places the emphasis on duty of care towards physical health. MH requires parity with physical health. Enveloping MH under the HASAWA 1974 and

making work-related MH issues reportable under RIDDOR, would bring the importance of MH to the forefront. Legislative change would force an overhaul of the current education curriculum to accommodate the changes. Education is essential to increase MH awareness to both employers and employees. Enabling MH recognition techniques will foster a culture of social acceptance and understanding, supporting the current subculture of acceptance beginning to emerge.

Poor MH issues have a significant economic impact on the construction industry as well as the wider economy. In an SME business, absenteeism and presenteeism pose significant barriers, with an associated reduction in productivity and an increase in the physical risk on site. Programmes and budgets are often so tight that it's too hard to remove anyone to alleviate pressure. Considering the limited workforce in most SMEs, the impact of presentism and absenteeism with the pressure it creates within the business should be a driving force to address MH at a grassroots level.

Further research needs to be commissioned on a macro scale. This should focus on understanding the challenges SMEs face when supporting mental illness which will enable the development of an improved support mechanism.

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