



Galliford Try - Next Steps of Mental Health support

As a framework, where can we do more?













Agenda





- > Introductions
- Current Status
- ➤ What have we achieved so far?
- ➤ What difference has it made?
- > OK, so how do we do more....?
- > Q&A











Current Status

Statistics taken from

Mental Health In The Construction Industry – The Holistic Health Care Group

What's happening to our workforce?

Suicide 3 x more likely

Kills more construction workers than falls

73% feel employers don't offer any support



But why is this happening?

The industry is very good at focusing on *physical* health, safety and wellbeing but it's time to broaden that to include *mental* health as well

Workwear Guru

Construction is the industry with the highest level of death rate, where it makes up for nearly 27% of the total workplace deaths in 2021. It also has a suicide rate three times higher than the national average for a male worker.





Source: Centers for Disease Control and Prevention

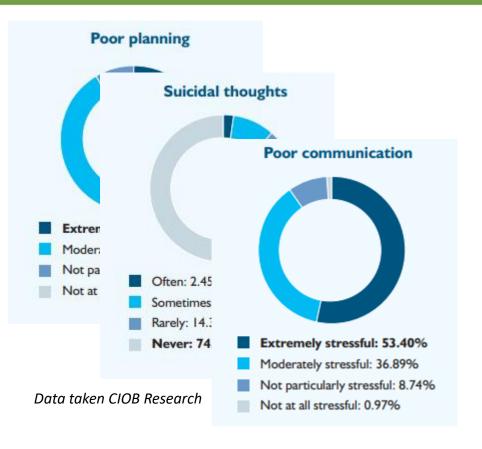


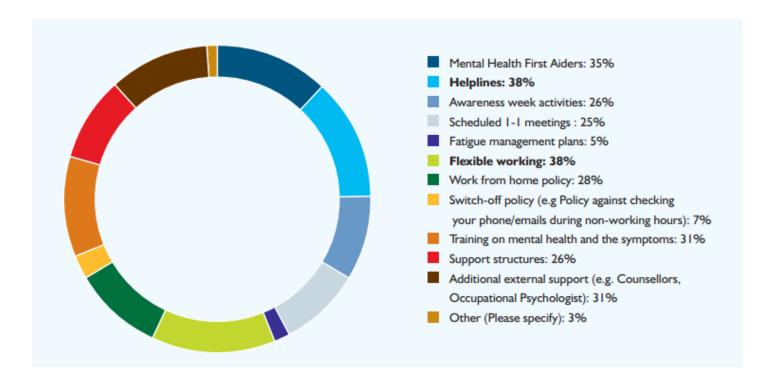




Current Status

















What have we achieved so far?

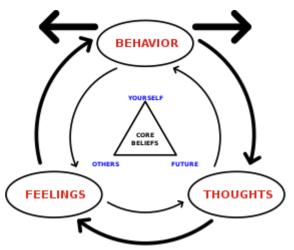


What is CBT?

CBT is based on the idea that how we think about situations can affect the way we feel and behave. For example, if you interpret a situation negatively, you might experience negative emotions. And those bad feelings might lead you to behave in a certain way.

CBT combines two types of therapy to help you deal with these thoughts and behaviours:

- •cognitive therapy, examining the things you think
- •behaviour therapy, examining the things you do.



"It got me through a really tough time, from being suicidal and off work on long-term sick leave, to fully functioning again and now in a successful career. It pulled me back from a very dark place and reintroduced structure to my life when I'd given up.

"











Body / Physical sensations

What did I notice in my body? What did I feel? Where did

What have we achieved so far?



Firstly, we stepped in when needed....

thinking

Sometimes called 'black

Moods / Emotions

What emotion did I feel at that time? What else?

How intense was that feeling? (0 - 100%)

Padesky 5 Aspects. 1986

generalizing

eeing a pattern based upon a single event, or being overly broad in the

Discounting the good things that have happened or that you have done for some reason or another

That doesn't count



Blowing things out of proportion (catastrophizing), or inappropriately shrinking something to make it seem

less important



Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed



f we apply 'shoulds' to other people the result is

Blaming yourself or taking

lization

responsibility for something that wasn't completely your fault

Conversely, blaming other people for something that was your fault

Pilot planned to focus on:-

- worry/anxiety management
- managing anxiety in social situations
- managing anxiety about health/illness
- overcoming fears and phobias
- lifting low mood and improving motivation
- improving sleep
- improving self-esteem

Behaviours / What I did or didn't do

Situation

Where? When? Who with? What happened? How?

Thoughts & Images

What went through my mind at that time? What disturbed me? If I had those

thoughts/images/memories - what did that say or mean about me or the situation?

What helped me cope and get through it? What didn't I do or what did I avoid doing? What automatic reactions did I have? What would other people have seen me doing?

www.getselfhelp.co.uk

www.get.gg











What have we achieved so far?





Work thus far recognised by Construction News, British Construction Industry Awards, ICE, Considerate Constructors & other bodies

Success of the pilot

45 minute sessions extended and numbers of sessions increased

"Really useful workshop - good to get people talking about mental health reduce the taboo"

"These sessions are an eye opener, having these more frequently would be great"

"I thought it was really useful, I'd definitely do something like this again"

Requests for more topics to be covered

Strong supply chain uptake













OK, so what do we do now...?

- ➤ Challenge What can we do that is different and enhances support?
- Mental Health first aiders now a standard
- Mates in Mind now a standard
- Aimed at people helping people
- > Our goal is look within
- Now enhancing the CBT pilot
- More sessions, more topics, more invites
- Good start....

















OK, so what do we do now...?



Accessible

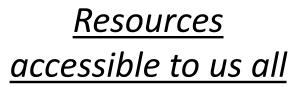
Needs led

Inclusive

Signposting

Evidence based treatment





| w | Who is responsible for care? | | What is the focus? | What do they do? |
|---------|------------------------------|--|---|---|
| | Step 5: | Inpatient care, crisis teams | Risk to life, severe self-neglect | Medication, combined treatments, ECT |
| S | tep 4: | Mental health specialists, including crisis teams | Treatment-resistant, recurrent, atypical and psychotic depression, and those at significant risk | Medication, complex psychological interventions, combined treatments |
| Step | 3: | Primary care team, primary care mental health worker | Moderate or severe depression | Medication, psychological interventions, social support |
| Step 2: | | Primary care team, primary care mental health worker | Mild depression | Watchful waiting, guided self-help, computerised CBT, exercise, brief psychological interventions |
| p 1: | | GP, practice nurse | Recognition | Assessment |

*source ONS











OK, so what do we do now...?



- > Started as a Mental Health Stand Down event
- > CBT is a tool, started as the stand alone focus
- Not E-Learning, not stand down days
- ➤ Face to Face project to project, office to office
- Supported with engagement footage
- > Still development
- Framework wide opportunity maximise our reach, maximise our impact







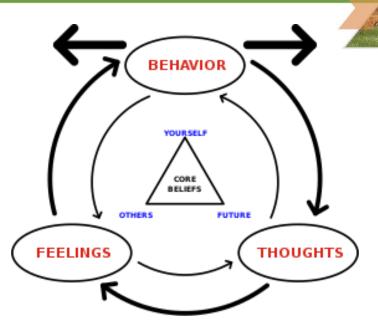












Thank you for listening







