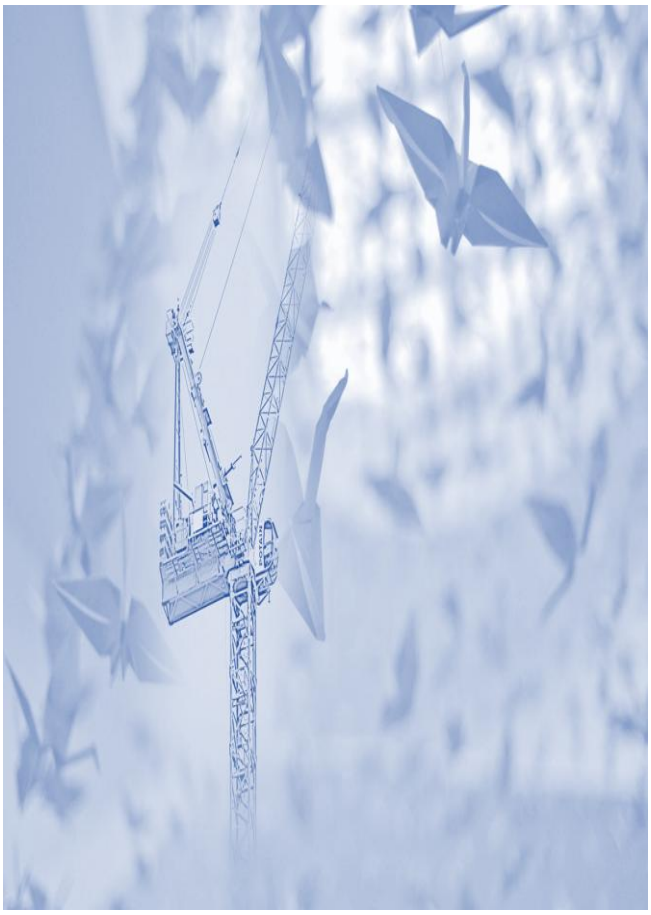
The Crane Report



CONSTRUCTION & NEURODIVERSITY - MENTAL HEALTH GUIDANCE

Section-4-SUMMARY

ABSTRACT

This section explores the intersection of neurodiversity, mental health, and suicide risk in construction. Our investigation highlights how neurodivergent traits may influence susceptibility to psychological distress and examines the prevalence of unqualified advisors providing mental health guidance. The findings identify systemic vulnerabilities, emphasise the importance of professional standards, and frame the risks posed by insufficient or inappropriate support.

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DSRM Risk & Crisis Management

Section 4 – Construction & Neurodiversity

Content links of Full Section-4 Report

Section 4 Summary –
Neurodiversity, Mental Health & Suicide Risk in Construction

This section examines the complex intersection between neurodiversity, psychiatric illness, and suicide risk in construction. While the industry has embraced mental health awareness and peer-support initiatives, there is little recognition of how serious psychiatric conditions — often undiagnosed — shape vulnerability on site. Disorders such as personality disorder, bipolar disorder, schizophrenia, and substance misuse are strongly linked with elevated suicide risk, yet are seldom addressed in current industry wellbeing strategies.

Our investigation also exposed a gap between qualified clinical expertise and the providers shaping workplace mental health policy. Some consultants use unprotected titles such as “Business Psychologist” or package limited training (e.g. Mental Health First Aid) as professional authority. This creates risks for both employees and employers, as well-meaning interventions may overstep competence, miss clinical warning signs, or even lead to legal liability, as highlighted by the France Télécom precedent.

At the workforce level, many unskilled or neurodiverse workers are naturally drawn to construction. ADHD, autism spectrum traits, or early-life adversities can make the structured, tangible nature of building work attractive. But without diagnosis or support, these traits may compound site risks, especially when combined with substance use, noise sensitivities (e.g. misophonia), or inconsistent employment. ADHD itself may carry moderate suicide risk, but the downstream dangers of impulsivity, frustration, and self-medication are significant.

Crucially, the most vulnerable groups — subcontractors, self-employed tradesmen, and low-skilled workers — rarely benefit from corporate wellbeing campaigns. These workers face isolation, financial strain, and lack of HR protections, leaving them exposed to both psychiatric and occupational hazards.

The section concludes that while corporate efforts mark progress, the visibility gap between large firms and the fragmented workforce undermines their impact. Without greater clinical oversight, due diligence in provider selection, and realistic support structures for smaller employers, suicide prevention strategies risk being more about branding than genuine safety.

Investigation Stage 2 / Stage 3 - We Request Your Support

Roadmap of the Investigation

Stage 1 – Desk-Based Investigation

Analysis of existing literature, statistics, international models, cultural influences, and industry narratives. (*This document*.)

Stage 2 – Survey of Experiences

In an online survey we are asking you to promote across the sector, designed to capture personal testimonies: what contributed to lives lost, and what brought others back from the brink. https://www.dsrmrisk.com/survey

Stage 3 – Industry Collaboration

Structured dialogues with construction firms, unions, and industry bodies to explore their views on root causes and the adequacy of current responses. We invite your input, thoughts, ideas, and what you see as solutions…***just a few lines*** - "*What do you think is the problem?*" (This phase is currently running in parallel with Stage 2)

Please send your thoughts to: contact@dsrmrisk.com (Anonymous is Okay)

Stage 4 – Expanded Data

Incorporation of data from Scotland and Northern Ireland (*not currently included in official ONS reporting*), alongside further refinement of UK-wide analysis.

Together, these stages aim to provide both evidence and lived experience, enabling a clearer understanding of risk and more effective prevention strategies.

Stage 4 will be the Final Crane Report.