



THE CRANE REPORT

Key Findings

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The construction industry remains one of the highest-risk sectors for suicide, yet the underlying factors driving these outcomes are complex, multifaceted, and often misunderstood. This report presents an in-depth analysis of suicide risk, mental health challenges, substance use, occupational pressures, and systemic factors affecting construction workers.

Drawing on international comparisons, media analysis, industry data, and high-risk demographic studies, the findings reveal that conventional approaches, such as mental health campaigns or “cultural softening” initiatives, address only part of the problem.

These highlight points distil the most critical insights from nine sections of the full report, structured to provide clarity and actionable understanding.

<u>Section-1: Data Reliability and Definitions</u>	Challenges in official reporting, ambiguity in suicide vs. accidental deaths, and gaps in industry-specific typologies.
<u>Section-2: International Suicide Frameworks</u>	Lessons from South Korea’s legislative approach and contrasts with UK policies.
<u>Section-3: Media Messaging</u>	Risks and benefits of videos, podcasts, and awareness campaigns, including the potential for suggestive messaging to inadvertently increase risk.
<u>Section-4: Mental Health Services: High-Risk Groups</u>	Vulnerabilities linked to ADHD, schizophrenia, and misrepresented qualifications in mental health provision.
<u>Section-5: Prison, Crime, and Construction Parallels</u>	Correlations between criminal history, substance use, occupational risk, and suicide vulnerability.
<u>Section-6: Substance Use and Suicide Risk</u>	The interplay of opioids, stimulants, cannabis, and high-potency synthetics in elevating mental health and suicide risks.
<u>Section-7: Macho Culture</u>	The limits of cultural reform initiatives and how identity, stigma, and occupational expectations shape risk.
<u>Section-8: Data Analysis</u>	Patterns in occupational and regional risk, COVID-19 mortality trends, and systemic pressures.
<u>Section-9: Boxed In</u>	Structural and financial stressors, the limitations of current support frameworks, and opportunities for transformational interventions.





Findings – Section 1: Suicide Typologies - Construction Industry

Data Reliability and Definitions

1. The boundary between suicides and accidental deaths is often unclear.
2. Official data relies heavily on ONS statistics, which reduce complex cases to numbers and overlook underlying motivations.
3. Accepted typologies of suicide motivations are not reflected in official recording practices.
4. ONS-reported suicide data is unreliable due to legal restrictions, evidentiary challenges, and reporting delays.
5. There is no clear definition of a “construction industry suicide,” overlooking:
 - Long-term accumulative issues for individuals who take their own lives after leaving the industry.
 - Pre-existing vulnerabilities among those entering construction after difficulties in other sectors.

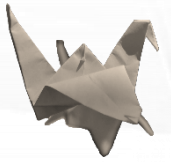
Cultural and Environmental Factors

6. Despite record levels of foreign workers in UK construction, little is known about how cultural factors shape suicide risks and methods.
7. Current discourse neglects how access to means and environmental conditions influence suicide, beyond an individual’s state of mind.
8. There is limited understanding of how to distinguish between overdoses and accidental poisonings.

Awareness Campaigns

9. Campaigns often emphasise generic issues, marital breakdown, alcoholism, financial stress, common across all industries. This dilutes recognition of construction-specific stressors and risks oversimplifying the problem.





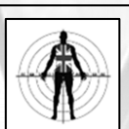
Findings – Section 2: Comparative National Responses

Korean Context

1. South Korea has the highest suicide rate among OECD countries, though rates have declined since the introduction of the 2011 Suicide Prevention Act.
2. Korea's Act mandated both national and local prevention measures, and introduced restrictions on press reporting to reduce contagion effects.
3. Since the Act's implementation, Korea has recorded a clear decline in suicide numbers.

UK Context

4. The UK relies on policy-driven frameworks led by devolved public health bodies and charities.
5. While the UK system benefits from its flexibility, suicide rates continue to rise nationwide.





Findings – Section 3: Suicide Prevention Media

Video Analysis

Effectiveness of Messaging

1. Many psychoeducational videos produced for the construction industry risk being more suggestive of suicide than preventive.
2. They feature prolonged emotional build-ups with late points of intervention.
3. The brief “help arrives” segments are overshadowed by extended depictions of despair.
4. Accepted suicide-prevention standards, such as the Papageno and Werther Effects, appear to have been disregarded.

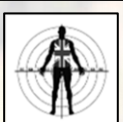
Narrative Risks

5. Prevention messaging is diluted by additional themes such as DEI or social justice, which may disengage or antagonise higher-risk groups.
6. Depictions of means and methods risk normalising suicidal behaviour by suggesting shared hopelessness.
7. Storytelling leans heavily on crisis and trauma, reinforcing a sense of futility.
8. On-site campaigns often present negativity as authenticity, as if pain and failure are the only genuine experiences.
9. Positive and relatable role models are largely absent.

Podcast Analysis

Format and Audience Reach

10. Informal “round-table” formats, while carrying a more negative tone, feel more relatable for frontline workers.
11. Formal interview styles can seem distant for site staff but resonate more with HR and leadership audiences.
12. Both formats add value, but a more balanced approach is needed to engage different at-risk groups.





Findings – Section 4: Construction & Neurodiversity

Framing of Stressors

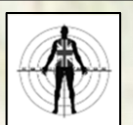
1. The industry often emphasises generic stressors, such as job insecurity, long hours, macho culture, and isolation, while leaving underlying clinical issues unaddressed.

Provider Competence and Regulation

2. The selection of external mental health providers shows limited due diligence, allowing unqualified or misrepresented practitioners to shape policy and practice, potentially misleading the industry.
3. Such misguidance may explain why suicide-suggestive content in videos went unchallenged.
4. Workers who disclose personal issues believing they are speaking to qualified psychologists may feel betrayed / violated when learning that “psychologist” is an unregulated title in the UK.
5. Mental Health First Aiders (MHFAs) raise concerns about overstated competence, especially when trained by *unqualified* providers.
6. An “expectation gap” might exist between what a distressed worker anticipates from an MHFA and what the role can actually deliver, creating risks of further harm.
7. MHFAs may also experience guilt if a worker they supported later dies by suicide, raising questions about training quality, provider credibility, and potential litigation risks for employers.

Clinical Risks

9. High-risk conditions, including Personality Disorder, Bipolar Disorder, Schizophrenia, Obsessive-Compulsive Disorder, and Substance Use Disorder, are prevalent in the UK and strongly linked to suicidal ideation.
10. Misophonia (a strong reaction to everyday sounds), though not formally recognised, frequently co-occurs with high-risk disorders and was depicted in one assessed video.
11. Schizophrenia presents heightened suicide risks, typically emerging in early adulthood, and is often associated with marijuana use. Its (Schizophrenia) prevalence within prison populations may raise challenges for construction recruitment from that estate without adequate due diligence.

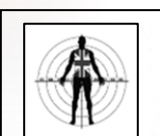


ADHD and Workforce Vulnerabilities

10. Diagnosed ADHD can draw individuals to construction, partly via therapeutic pathways such as building-based activities in childhood.
11. Undiagnosed ADHD individuals are also attracted to hands-on tasks, immediate feedback, and practical work that values skills over academic conformity.
12. Suicide risks for ADHD workers increase when common construction stressors, noise, disrupted routines, or irregular work, overwhelm the original benefits.
13. ADHD's link to low dopamine activity often leads to substance misuse; combining drugs such as marijuana or cocaine with ADHD medications creates highly unpredictable and dangerous (suicidal) outcomes.
14. Current data shows around 730,000 diagnosed ADHD cases among UK under-18s, indicating potential future workforce vulnerabilities.

Unequal Access to Support

15. Larger firms are promoting mental health through peer-support schemes, awareness events, and wellbeing hubs. However, these initiatives are unevenly distributed, leaving many subcontracted or casual workers excluded and potentially reinforcing feelings of neglect.





Findings – Section 5: Construction Industry Recruitment – The Prison Estate

Military Recruitment and Behavioural Risks

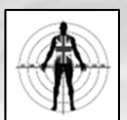
1. During the Iraq War surge (2007–2008), the U.S. Army faced major recruitment shortfalls, lowering enlistment standards to include individuals with criminal convictions.
2. Non-commissioned officers reported issues including:
 - Theft from military property and colleagues.
 - Drug use (cannabis, cocaine, prescription abuse).
 - Sexual assault and harassment, often linked to prior convictions.
 - Disproportionate time spent managing problematic personnel, reducing operational readiness.
 - Morale decline due to perceived “dilution” of the force.
 - Tension and resentment within units from perceived unfit recruits.
3. Soldier arrests were strongly associated with prior criminal history, substance misuse, younger age, and male gender.
4. Like the military, construction workers with serious prior convictions may reoffend without intensive rehabilitation.

Parallels to Construction Industry Risks

5. Tools and materials on construction sites are equivalent to weapons and gear in the military; theft erodes trust, productivity, and mental health.
6. Theft has the highest recidivism rate of all offences.
7. Individuals convicted of theft are more likely to die by suicide or drug poisoning than those convicted of other offences.
8. Victims of tools theft can experience depression and suicidal thoughts due to income loss and inability to work.
9. At least 40% of tools thefts are committed by construction employees, though the true figure is likely higher.

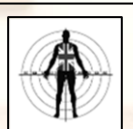
Regional Patterns and Data Gaps

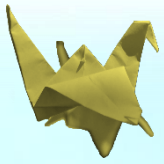
10. The North East of England shows the highest reoffending rates, correlating with the region’s highest suicide and drug poisoning statistics.
11. Multiple flaws exist within police data systems on tools thefts, mirrored in limitations of the pending Equipment Theft (Prevention) Act 2023.



Prisoner Recruitment and Mental Health Concerns

12. Recruiters may be unfamiliar with manipulative individuals exploiting prison (construction) training schemes for personal gain.
13. Schizophrenia is overrepresented in the prison population; within the first-year post-release, suicide rates (156/100,000) are 3–4 times higher than in construction workers.
14. HM Chief Inspector of Prisons (2024–25) reports that drugs destabilise prisons and prevent rehabilitation.
15. Incarceration trauma—such as victimisation or fear of violence—contributes to PTSD, with drugs often used as a coping mechanism.
16. Individuals released from privately operated prisons may face higher risks than those from publicly operated facilities.
17. Individuals recruited after serving time for sexual offences may retain deeply held misogynistic views if abused by a significant female in childhood, posing risks to female leaders in the workplace.





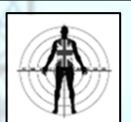
Findings – Section 6: Construction & Drugs – Risks & Mortality

Opioids

1. Substance use, whether for pain relief, stress management, or recreation, often serves as both a coping mechanism and a contributing factor in construction worker suicide and poisoning deaths.
2. Legalisation of medical marijuana (2015) created a positive perception among young people, often unaware of potential links to schizophrenia and later suicidal thoughts.
3. Afghan war surge operations correlated with UK pain management needs (45–55 age group) and heroin-related poisonings.
4. NHS restrictions on opioid prescriptions coincided with rising synthetic opioid deaths, indicating a shift toward higher-risk, often undetectable substances.
5. The highest heroin-related mortality demographic overlaps with the highest male suicide demographic.
6. Drug poisonings are the second most common suicide method.
7. Regional drug-poisoning mortality correlates with both suicide rates and criminal recidivism.
8. Taliban heroin prohibition led to a 90% global supply drop, driving users toward synthetics like fentanyl and nitazenes.
9. Users often unknowingly consume nitazene-laced drugs, increasing risk of poisoning deaths.
10. Between June 2023 and May 2024, all synthetic opioid deaths involved nitazene-class drugs.
11. Ultra-potent synthetics can cause blackouts, memory loss, paranoia, or sudden withdrawal, worsening depression, anxiety, and hopelessness.
12. Distinguishing between accidental poisoning and suicide is often impossible.
13. Regions such as Yorkshire & Humber, East Midlands, South West, and East of England show both elevated suicide rates and high nitazene mortality.
14. Despite global shortages, heroin availability in areas like the North West may persist due to established trafficking routes linked to Pakistan and Iran.

Cocaine

15. Cocaine-related deaths occur primarily through cardiovascular and neurological complications.
16. Mixing stimulants like cocaine with depressants such as alcohol increases cardiovascular strain and impulsivity, heightening suicide risk.
17. Among construction leaders surveyed, 9.1% of 819 respondents believed combining cocaine and alcohol had benefits.
18. Both depressants (heroin, fentanyl, nitazenes) and stimulants (cocaine) increase depression and suicidal ideation.

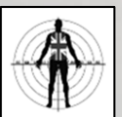


Marijuana and High-Potency Variants

19. Marijuana produces depressant, stimulant, and hallucinogenic effects; it is closely linked to psychosis and suicide, making it a high-risk substance in construction.
20. “Skunk,” a high-potency marijuana with THC up to 30%, comprised 94% of police-seized marijuana by 2016.

Occupational and Mental Health Vulnerabilities

21. Individuals with schizophrenia may enter construction due to economic pressure or social expectations, gravitating to unskilled roles like labouring, clean-up, or security.
22. Occupational mismatch can contribute to suicidal ideation when:
 - Individuals feel incapable but cannot leave due to financial or familial pressures.
 - They doubt their own sanity or feel burdensome.
 - They internalise failure in environments where vulnerability is unsafe.
 - They lack diagnosis, medication, or support.
23. Cannabis can worsen psychotic symptoms in undiagnosed schizophrenic workers, destabilising mood and increasing suicide risk.
24. ADHD individuals are drawn to construction and may use marijuana to cope, increasing already elevated suicide risks.
25. Mixing stimulants (e.g., methylphenidate, amphetamines) with marijuana, alcohol, or synthetic opioids can mask intoxication or trigger severe “crash” effects.
26. ADHD medication increases suicide risk when combined with comorbid substance use.
27. Danish and Swedish studies confirm significantly elevated suicidal behaviour in ADHD when comorbidity, especially Substance Use Disorder (SUD), exists.
28. Swedish data shows 56.5% of ADHD suicides involved drug poisoning, departing from the most common method, hanging.
29. Both ADHD and schizophrenia elevate suicide risk in environments of isolation, stigma, or lack of support.
30. Social disconnection, substance misuse, and unmanaged mental illness increase engagement in risky behaviours and suicidal ideation.
31. Shifting perceptions, inadequate medical alternatives, and the influx of synthetic substances have intensified dependency, depression, and suicide risks.
32. Drug testing alone cannot solve these issues; leadership knowledge remains limited.





Findings – Section 7: The Macho Culture – Cultural Softening

Historical Context of Macho Culture

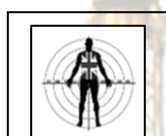
1. The construction industry's masculine identity is rooted in its early reliance on physically demanding labour, historically dominated by men.
2. Even with mechanisation, new tools, and improved safety standards, this culture has persisted.

Cultural Softening Initiatives

3. UK construction companies have engaged in “cultural softening” policies, increasing female participation in the industry.
4. Despite these reforms, suicide rates have not decreased, paralleling trends in Nordic countries where softening policies date back to 1972.
5. A Swedish study attributes male suicides to macho culture, yet female construction workers are largely unaffected, suggesting gender-specific factors.
6. UK nurses, a non-macho workforce, demonstrate a 23% higher suicide risk, concentrated in the 45–54 age group, with high rates of drug poisonings, highlighting access to means as a contributing factor.
7. Cultural reforms in construction, policing, and the military often fail to reduce suicide risk, indicating deeper structural and occupational issues.

Unintended Consequences of Softening

8. Cultural softening can create stress, identity loss, and demoralisation for core workforce members, leading to anxiety and the adoption of coping mechanisms.
9. Police softening policies have sometimes had negative effects on frontline officers, leading to poor relationships with managers and increased resignations (~6%).
10. Reforms—around inclusion, anti-racism, or mental health—are often designed by individuals without lived experience of the target workforce.
11. Workers may resist or resent initiatives perceived as “tick-box exercises,” viewing messaging like “open up” as irrelevant to their realities.
12. For men born in the 1970s and 1980s, the term “mental” still carries stigma, limiting engagement with mental health initiatives.
13. Softening policies can inadvertently alienate the demographic most at risk, challenging the assumption that dismantling macho culture alone will reduce suicides.





Findings – Section 8: Data Analysis

Height Work and Occupational Risk

1. Workers employed at height face a significantly higher suicide risk.
2. This raises a critical question: in cases recorded as “accidental death falls,” how was suicide definitively excluded as a cause?

Skilled vs. Unskilled Workers

3. Both skilled and unskilled workers share common vulnerability clusters, exposing structural weaknesses across the industry.
4. Suicide risk tables now show skilled trades, rather than unskilled labourers, at the highest risk.
5. Road Construction Operatives appear among top-risk roles, though less consistently than Scaffolders and Roofers, warranting further examination.
6. Elementary Construction Occupations experienced the highest male death rate (25.9 per 100,000 men aged 20–64) during the COVID-19 pandemic, reflecting the physical exposure and economic precarity of these workers.
7. Unskilled workers face acute risks of a different nature, highlighting systemic, cultural, and economic pressures that manifest in multiple harmful ways.

COVID-19 Pandemic Observations

8. COVID-19 mortality patterns align closely with suicide trends in the sector.
9. Substantial job losses across multiple trades created additional financial, social, and psychological pressures.
10. Despite workforce disruption, suicide numbers in the years immediately before, during, and after the pandemic were not dramatically different.
11. While industry voices highlighted increased suicides during the pandemic, contemporaneous ONS data indicate registered suicide counts from April–July 2020 were lower than the same period in previous years.
12. These findings suggest that misclassified self-employment and insecure payment systems may not exert the acute influence on suicide trends previously assumed.

Complex Web of Contributing Factors

13. Construction industry suicide results from a combination of long-term industry pressures, cumulative mental health strain, cultural factors, and personal vulnerabilities.
14. The absence of a pandemic-era spike indicates that systemic supports like the Construction Industry Scheme (CIS) may mitigate some acute risks, even under extreme stress.





Findings – Section 9: Boxed In

Construction Industry Scheme (CIS) and Worker Flexibility

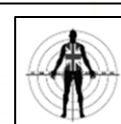
1. The CIS and prevalence of misclassified self-employment are frequently criticised for fostering insecurity, limiting protections, and contributing to mental health challenges. Yet, the same system provides many workers valued flexibility, autonomy, and potential for higher short-term earnings.
2. Constant criticism of the CIS can create negative perceptions, even among workers previously unaffected.
3. Full-time employment, as advocated by some suicide prevention campaigns, does not guarantee job security, as demonstrated during the COVID-19 pandemic.
4. Financial insecurity remains a persistent challenge for many construction workers.

Stress, Mental Health, and Perception

5. Figures highlighting stress and anxiety are often used to demonstrate a mental health epidemic, but they fail to differentiate between situational distress and clinical mental illness.
6. Merging financial strain with clinical mental health risks alienating those in need of support.
7. Higher-risk demographic workers (e.g., 45–55-year-old white males) may not respond well to wellness apps, breathing exercises, or discussions with young social workers.
8. Stress may indicate life circumstances needing change rather than a mental disorder.
9. The term “mental” carries derogatory undertones for many older workers, reducing engagement with services.

Charity Support Systems and Messaging

10. Construction charities emphasise mental health counselling; however, assuming individuals are mentally unwell may deter those facing situational stress from seeking help.
11. Workers contacting charities for urgent financial assistance may encounter confusion or irrelevant advice, rather than actionable support.
12. Overemphasis on “mental” health messaging risks alienating workers who do not identify as mentally unwell, limiting engagement and potentially increasing vulnerability to suicide.
13. Mental health posters are ubiquitous on construction sites, yet posters highlighting hardship cash support are almost absent.
14. Negative messaging appears across construction industry charities, with the Papageno Effect seemingly ignored.



Financial Hardship and Structural Solutions

15. In 2023, Lighthouse allocated ~£1.65 million to counselling and £2.28 million to other issues, including emergency financial aid. Many workers are “boxed in” by debt, downtime, and a system that over-prescribes therapy for what is essentially financial hardship or lack of direction.
16. The current system often treats sadness as sickness, stress as disorder, and temporary hardship as mental illness, reinforcing a narrative of brokenness rather than proactive support.
17. Seeking financial help can feel like a personal defeat, deterring engagement and potentially contributing to suicidal ideation.
18. One-off hardship payments provide temporary relief but rarely address root causes; repeated support pathways are unclear.
19. During site closures or between jobs, no clear system guides workers into temporary roles that maintain finances and personal identity.
20. Charities could adopt a more transformational approach: underwriting short-term training (plant machinery, HGV), negotiating discounted courses, and brokering employment pathways with contractors seeking licensed operators.

Industry Outlook

21. Reports indicate slowing construction output, declining investment confidence, and uncertainty over government housing pledges, which could exacerbate worker insecurity and risk of self-harm.

