The Crane Report

SUICIDE TYPOLOGIES – CONSTRUCTION INDUSTRY

Section-1

ABSTRACT

This section examines Émile Durkheim's foundational suicide typologies (egoistic, altruistic, anomic, and fatalistic) and evaluates their applicability to the construction sector. Our investigation identifies patterns of occupational risk, social isolation, and structural pressures that align with these categories, providing a theoretical framework to understand the disproportionately high suicide rates in construction. By mapping Durkheim's classifications onto industry-specific stressors, this section establishes a conceptual lens through which subsequent evidence can be interpreted. We examined how suicides are recorded and classified across occupational groups. Our findings highlight limitations in current methodologies, including the exclusion of individuals who leave the industry shortly before their deaths and the potential resulting underrepresentation of construction-related fatalities. The section underscores how classification practices can obscure the true scale of risk within the sector, warranting closer scrutiny of official reporting frameworks.

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DSRM Risk & Crisis Management

Section 1 – Suicide Typologies & The Construction Industry

- Defining Suicide in the Construction Industry
- Suicide according to Émile Durkheim
    - Durkheim's Four Suicide Typologies
- What real world situation would motivate a construction worker to commit suicide?
- Are all construction suicides directly linked to the job?
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Defining Suicide in the Construction Industry: A Framework for Clarity and Action

Suicide among construction workers has become a focal point in discussions of male mental health, with numerous campaigns, studies, and government reports highlighting disproportionately high rates in the industry.

One of DSRM's first concerns, was **the absence of a clear, consistent definition** of what constitutes a "construction industry suicide." This lack of clarity has led to confusion, inconsistent data collection, and potentially misdirected interventions.

We found that whilst there exists widely cited contributing factors, including financial stress, macho culture, job insecurity, and poor mental health, most prevailing data is derived from the Office for National Statistics (ONS) and the Health & Safety Executive (HSE), neither of which delve into the back-stories of the deceased. The result is a flat, two-dimensional picture based on numbers alone, when what is urgently needed is a more three-dimensional understanding: one that includes the personal narratives behind each tragedy.

In this section, we propose a definitional framework to bring clarity to this issue, a step toward improving data accuracy, risk analysis, and the design of effective policy responses.

But we acknowledge that this deeper understanding; the "third dimension," can only be achieved with the insight of those who have **stood on the brink of suicide** and survived, as well as **those who have lost colleagues, friends, or family members**. Their perspectives will be sought through stage two of this investigation: an anonymous online survey designed to explore both the lives that were lost and the moments of intervention that helped others pull back from the edge.

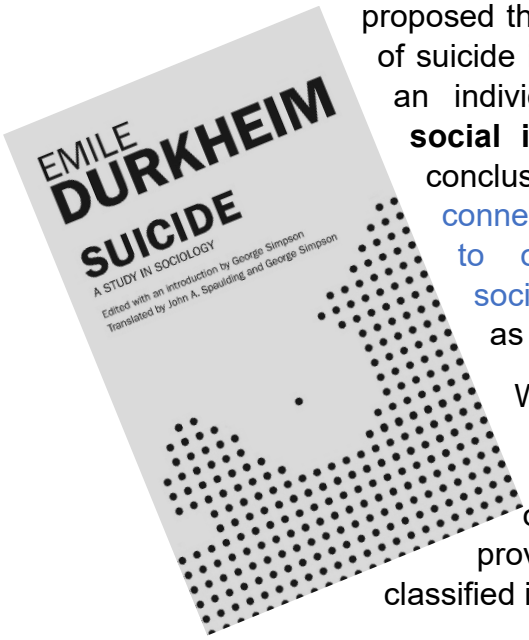
To build an accurate picture of suicide within the construction industry, we need real stories. That is why we are inviting participation in the Stage 2 Investigation; an anonymous survey open to anyone with insights into lives lost or saved. The findings will be made publicly available to support the development of more effective intervention strategies and targeted policies

We hope this also help in shaping more awareness so families, friends, and colleagues might recognise the warning signs and step in sooner.

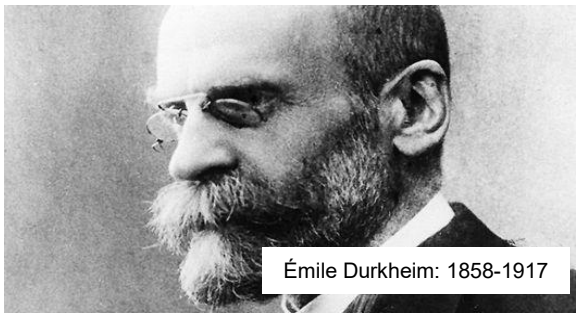
You will see this image and link repeated throughout the report, both as a reminder of the survey's importance and as a gateway to contribute directly to improving how we respond to this crisis.

What is Suicide?

At the outset of this investigation, we recognised the importance of moving beyond numerical data if we are to offer meaningful guidance to employers, families, and friends. To this end, we examined four typologies of suicide which we believe are central to understanding this complex phenomenon.



French sociologist Émile Durkheim proposed that the likelihood of suicide is closely tied to an individual's **level of social integration**. His conclusion: the more connected a person is to others and to society, the less likely they are to take their own life. Conversely, as social bonds weaken, suicide becomes more likely.


Émile Durkheim: 1858-1917

We determined that if we are to categorise a death as a "**construction industry suicide**," that label must be underpinned not only by evidence, but by an understanding of the underlying motivations. Suicide, like homicide, must be proven. Without clear evidence of intent, the death may be classified instead as a misadventure or an accident.

Durkheim's 1897 work identified four distinct suicide typologies that remain highly relevant today. Whilst many people may hold a general sense of what a "construction industry suicide" might look like, we invite readers to picture a case in their minds, and then consider which of the following four categories it would most likely fall into.

Egoistic Isolated and or disconnected from society.	*Such individuals struggle to find their own place in society and might not be comfortable in groups.*
Altruistic They see their self-sacrifice as beneficial to the group or cause.	*During WW2 Japanese Kamikaze pilots gave their lives in the belief that their sacrifice would contribute to winning the war. Those who commit suicide bombings in the misguided belief in something greater would also fall into this category.*
Anomic More evident during periods of social and economic challenges, normality fades and instability sets in.	*Social regulation, to include government policies, leading to higher levels of stress beyond their control, such as financial losses and disappointments.*
Fatalistic Trapped by what they perceive as excessive regulation and controls which denies them hope.	*They feel they are placed under extreme rules with high expectations placed upon them, causing them to lose their sense of self-identity. Slavery (historic and modern) can often fall into this group. A number of high-profile A-list K-pop stars in South Korea have taken their own lives due to the pressures of the performance regimes placed upon them.*

What real world situation would motivate a construction worker to commit suicide?

As part of our investigation into suicides within the construction industry, we began by examining the kinds of real-world situations that might lead a worker to take their own life.

What would be an example of an Altruistic Suicide?

Can someone die by suicide because they believe it will help others?

We came across a tragic incident involving a middle-aged site manager who had taken the fall for a serious safety breach that resulted in a worker's injury. Although investigations later revealed systemic failings beyond his control, he had taken on full blame. In his farewell note, he expressed a desire to "protect the lads" and "keep the reputation of the firm intact." His death may represent Altruistic Suicide, as Durkheim described, where individuals sacrifice themselves for what they see as the greater good of the group, even if that sacrifice is tragically misplaced.

What would be an example of an Egoistic Suicide?

Could isolation on the job site contribute to suicide?

We examined the case of a site worker who had relocated for a major infrastructure project, leaving behind his family and social network. Living in temporary accommodation and working long, unsociable hours, he became increasingly withdrawn. There was little sense of belonging, and no wider emotional support, either on or off site. Durkheim identified this kind of disconnection from social bonds as a key driver of Egoistic Suicide, where individuals feel they exist outside the structures that normally give life meaning.

What would be an example of an Anomic Suicide?

One such scenario involved a subcontractor facing severe financial pressure after being left unpaid due to a dispute between the main contractor and the project owner. Despite completing the work in good faith, the subcontractor was caught in a system that offered no protection. We found that this type of situation aligns with Durkheim's Anomic Suicide, a response to instability, injustice, and the breakdown of the structures that normally regulate and support individuals in times of stress.

What would be an example of a Fatalistic Suicide?

We then turned our attention back to Jake, whose story was introduced earlier (Executive Summary). Jake, a builder, took his own life and now exists only as a statistic within the UK's construction industry suicide data. But the circumstances of his death suggest a very different cause. Jake was burdened by past trauma, possibly marked by shame, powerlessness, and unresolved psychological suffering.

When the person responsible for his abuse died, the prospect of justice or closure disappeared with them. His was not a reaction to external instability, but to an internal sentence he could no longer bear. In this case, we classified Jake's death under Durkheim's Fatalistic Suicide, a category defined by oppressive, inescapable psychological conditions.

Are all construction suicides directly linked to the job?

This phase of our investigation made one thing clear: *not all suicides* among construction workers are directly linked to their work. Jake's tragedy had nothing to do with job pressures or economic stress, it was a deeply human crisis. Yet under current reporting systems, his death is grouped with those whose suicides were triggered by workplace-related factors.

How is a construction industry suicide defined?

This raised a critical question in our inquiry: what constitutes a construction industry suicide? At present, the definition appears to rely solely on the individual's occupation at the time of death. But our findings suggest that such a narrow definition can only risk obscuring vital nuances and patterns.

How do suicide patterns differ in other regions?

To build a more complete understanding, we next examined how suicide typologies differ across national and cultural contexts, an increasingly relevant factor given the growing number of foreign-born workers in today's construction workforce.

Region/Context	Top Suicide Methods
Europe/Nordic/UK	Hanging most common, then drug poisoning / malnutrition
Americas (US)	Firearms* (~50 %), hanging (~28 % males), poisoning (~31 % females)
Americas (others)	Hanging / strangulation (~48 %), firearms (~33 %), poisoning (~7 %)
Asia (dense urban areas)	Jumping (e.g., HK ~50 %), charcoal-burning, pesticides
Asia (rural)	Pesticide poisoning, hanging, self-immolation

*Firearm deaths in the US are often cited as indicators of criminal violence, but many are suicides. This distinction matters when considering "access to means," as the widespread availability of firearms in the US plays a significant role in suicide methodology. "Access to means" therefore is central to how an individual selects their suicidal method, and we refer to this throughout this report.

Does culture play a part in Suicide?

As our investigation progressed, we recognised the need to account for the cultural and national diversity within the modern construction workforce. Many worksites today are made up of individuals from a range of backgrounds, each carrying different beliefs, social expectations, and thresholds for seeking help, all of which may influence the risk, nature, and interpretation of suicide.

To explore this, we examined how suicide typologies vary by nationality and culture, using available global research and comparative studies.

We evaluated the 2023 HBF Census Report which provides a clear breakdown of nationalities within the UK construction workforce.

Are any of Durkheim's typologies reflected in the risks being assessed?

We found, for example, that in some cultures, **egoistic suicide**, which Durkheim defined as stemming from a lack of social integration, may be more prevalent among migrant workers who are geographically isolated from family, disconnected from community support systems, or struggling with language and cultural barriers. In such cases, the very act of migration in search of work can inadvertently become a risk factor.

But not all cultures are the same!

In contrast, we found that cultures which place a heavy emphasis on honour, duty, or saving face, may see higher instances of **altruistic suicide**, where the individual perceives their death as serving a greater good, such as relieving their family of financial or reputational burden. This may be particularly relevant in cases where workers send remittances back home and feel they have failed in their provider role. British workers are not excluded from this form of strain.

What about the same typology across different cultures?

We also considered how **fatalistic suicide** may manifest differently across cultures. In rigid, highly controlled environments, particularly where migrant labourers are subject to strict employment or housing rules, the sense of being trapped, powerless, and voiceless can become overwhelming. In these situations, the pressure may build silently until it results in self-destruction.

This cultural lens added a critical new dimension to our investigation. It confirmed that the construction sector cannot afford to view suicide risk through a one-size-fits-all framework. The lived experience of a British-born bricklayer, a South Asian scaffolder, or an Eastern European welder may differ significantly, not only in terms of their personal stressors but also in how they interpret suffering, express distress, or seek support.

In summary, this stage of our inquiry reinforced the need for culturally informed suicide prevention strategies within the construction industry, ones that recognise and respond to the diverse realities of the workforce.

As we delved deeper into the role of culture and environment, we began to observe how suicide methodologies are often shaped not only by individual state of mind, but by access, surroundings, and social influences. This became especially relevant as we prepared to compare suicides in the construction industry with those in other high-pressure sectors, such as nursing, a comparison explored further in the Section-7, Macho Culture.

Our investigation highlighted several key environmental and societal factors that appear to influence the method chosen:

Access to Means	Easy availability of pharmaceuticals, pesticides or firearms strongly correlates with method choice.
Physical Environment	High-rise urban landscapes increase jumping; rural/agricultural areas lean toward pesticide ingestion.
Cultural Norms & Symbolism	Charcoal-burning perceived as “peaceful” in some Asian cultures; self-immolation tied to protest.
Media & Contagion	Graphic coverage can popularise certain methods (e.g. charcoal-burning, jumping) (See SECTION 2 Suicide Prevention Act 2011)
Policy & Prevention	Bans on pesticides (Sri Lanka) reduced poisoning suicides; installing barriers on bridges (South Korea) dramatically reduced jumping suicides.

Taking these factors into account, we then reviewed the most recent suicide method data from the Office for National Statistics (ONS) for England and Wales (*not limited to construction workers*).

	Hanging / Strangulation / Suffocation			Poisonings		
	% Of Total	Males	Females	% Of Total	Males	Females
2023	58.8	62.6	47.8	19.8	15.0	33.7
2022	59.7	62.7	50.9	19.9	15.4	32.9
2021	58.4	61.3	49.9	20.5	16.3	32.7
2020	58.1	61.1	49.1	19.9	15.8	32.4

The data confirms that hanging, strangulation, and suffocation remain the most common methods of suicide among both men and women, though the gender split is worth noting:

- Men are significantly more likely to choose these physical methods.
- Women, meanwhile, show a higher incidence of poisoning-based suicides.

We revisit this gender disparity in Section-7, Macho Culture, where we compare male-dominated construction suicides with the contrasting patterns seen in the nursing profession, a sector predominantly staffed by women.

Additionally, our review uncovered an important connection between suicide methodology and neurodivergence. Individuals with ADHD, for instance, appear more likely to use poisoning as a method. This is discussed further in Section-6, Construction & Drugs.

Methodology & Confidence in Conclusion

Our findings presented in the previous tables, revealed the leading method of suicide in the UK is by hanging, followed by drug poisoning.

Hanging – Accident or Suicide?

In some cases, it is reasonable to question whether a hanging death was the result of suicide or an accident, particularly when the scene is interpreted by investigators with limited experience in psychological or behavioural forensics.

Distinguishing between suicide and accidental death often depends on subtle details. One such indicator is the presence or absence of a suicide note, which, while not definitive, can be a strong sign of intent. Notes are found in an estimated 15% to 40% of suicide cases and are often left in accessible or symbolic locations, bedside tables, pinned to doors, or saved on digital devices.

By contrast, accidental deaths, whether resulting from misjudged self-harm, substance-induced disorientation, high-risk behaviour, or other non-suicidal actions, generally show no intention to die. These scenes may include signs of precaution or planning for survival, such as safety mechanisms, mirrors, or partially restrained environments.

Another important consideration is location and accessibility. Suicides often occur in places where the individual expects to be found, sometimes even timing their actions to coincide with a loved one's arrival.

Accidental deaths, on the other hand, may occur in private or concealed locations, either out of a desire to avoid discovery or due to the nature of the activity, such as experimentation or isolation during emotional distress.

In the absence of a note or a clear statement of intent, investigators must interpret the contextual clues with care, especially in cultural or familial settings, where stigma, shame, or grief may lead to denial or the concealment of important facts.

Misclassification risks not only skewing suicide data but also overlooking opportunities for prevention, particularly if patterns of impulsivity, trauma, or substance use are missed.

Suicide Notes:
Found in 15–40% of suicides. While not definitive, a note, whether handwritten, printed, or digital, often provides clear intent. Absence of a note does not rule out suicide but raises the importance of scene context.

Planning for Survival:
Accidental deaths (e.g., impulsive acts, substance-related misjudgement, or non-lethal self-harm) may show signs that the individual did not intend to die. These include safety mechanisms, partial suspension, or mirrors used for observation.

Location Matters:
Suicides often occur in areas where the person expects to be discovered, sometimes making calculated choices about timing.

Accidental deaths tend to happen in private or isolated spaces, not necessarily due to intent to hide, but because of shame, habit, or perceived privacy.

Cultural and Familial Pressures:
In some settings, suicide may carry stigma, prompting families to contest the classification or even alter the scene.

Investigators must remain alert to such dynamics when evaluating unclear cases.

Conclusion:
When intent is not explicitly known, every detail matters. Hanging deaths demand careful, contextual evaluation — not assumptions.

Overdose

How do you determine an overdose is not an accidental poisoning?

From considerable experience in this area, we understand that differentiating an intentional overdose from an accidental poisoning presents significant challenges for scene investigators, particularly when toxicological levels alone are inconclusive.

Intentional overdoses typically involve the consumption of lethal drug quantities, often with multiple substances known to increase lethality, and may be accompanied by a suicide note, farewell communications, or efforts to ensure privacy and avoid discovery until death is certain.

In contrast, **accidental poisonings** often involve therapeutic or near-therapeutic doses taken in error, poor understanding of drug interactions, or unintentional misuse.

What about clues from the scene?

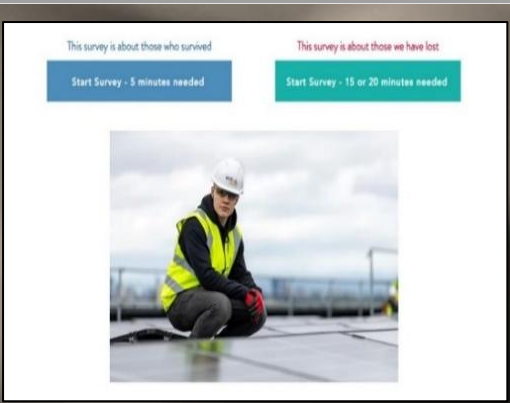
Scene evidence is also critical: a methodically arranged environment with pill containers opened and no attempts to seek help leans toward suicide, whereas disorder, evidence of normal routines, or messages seeking assistance suggest an unintended event.

What about illicit drugs?

The use of illicit drugs leading to overdose is often related to accidental deaths, although a thorough review of the individual's psychological history, recent stressors, and behavioural indicators is essential to forming a reliable conclusion.

Extracted from Section-6: Drugs
From Dependency to Despair: The Overlap with Mental Health and Suicide

In this context, the line between accidental poisoning and suicide is often indistinguishable. A worker self-medicating to survive the week may not be intending to die, but with these drugs, a single misjudged dose, or contaminated pill can have the same result. And in some cases, especially where physical pain and emotional distress co-exist, a fatal dose may be taken deliberately, although without the intention to die.



This reinforces the need to create a deeper understanding of events which led up to the suicide event, and those interventions which turned the situation around.

In our anonymous survey's collated results, we hope to provide that understanding.

Stage 2 Investigation

Caution Over the Data: Hidden Suicides in the System

Does the suicide data provide a reliable picture of events?

Our investigation studied the latest available suicide statistics, but we recognised that these figures were far from complete. Suicide is not always officially recorded as such; not because the death was not deliberate, but because of the legal and evidentiary constraints placed on coroners.

When is a suicide, not a suicide?

A suicide conclusion requires **clear evidence of intent**. In many cases, particularly involving hanging or drug poisoning, *this is not available*. Coroners may instead return an open, accidental, or narrative verdict, even when the circumstances strongly suggest suicide. In 2023 alone, we found that the Office for National Statistics (ONS) recorded…

- 56 accidental hangings, and
- 302 accidental poisonings

...that were supported by narrative conclusions, but could not be coded as suicide or undetermined intent. These cases are excluded from official suicide figures.

Are deaths recorded accurately?

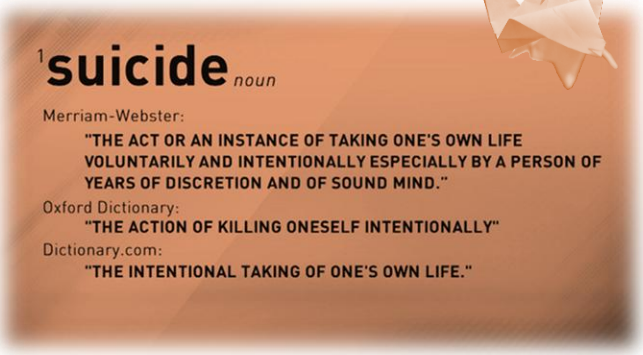
Compounding this problem is the time lag in verdicts. Suicide data can take up to two or three years to finalise due to delays in coroners' inquests. By the time these deaths are officially recognised, the industry, the employer, and even the family may have already moved on, with the true cause of death quietly entered into a database, often far too late to trigger any meaningful response.

Are construction industry suicide numbers accurate?

We found that for a high-risk industry such as construction, a significant blind spot appears to have been created. The true scale of suicides could be higher than reported, but equally, some deaths currently counted as suicide, may ultimately be reclassified under a different cause. Either way, **efforts to understand the risks, or to prevent further deaths, are being made with partial, and often delayed, information.**

The Problem: Absence of a Standard Definition

Currently, no universally accepted criteria exist to define when a suicide qualifies as "construction industry-related." We noted some ambiguities:



- Does the individual need to be employed in construction at the time of death?
- Are subcontractors, temporary workers, or those on leave included?
- Do we accept that the stressors facing a currently unemployed construction worker differ from one who is employed?
- What about those who left the industry shortly before their death?
- Should we consider the role of long-term exposure to construction-related stressors?

Without clear boundaries, suicide statistics become unreliable, industry responses become inconsistent, and root causes may be overlooked.

Current Industry Focus: Generic Stressors Over Specific Risks

We found that many construction-related suicide awareness campaigns highlight issues like marital breakdown, alcoholism, and financial stress. *While relevant*, these factors are common across all industries. Framing the issues in this way risks:

- Diluting any unique occupational stressors which may exist in construction.
- Obscuring systemic issues such as job insecurity, injury, pain, isolation, and stigma.
- Over-relying on generic mental health messaging rather than industry-specific reform.

The Challenge of Former Workers

We found ourselves confronted by a major question regarding an individual who spends 20 years in construction, retires or switches industries, and dies by suicide shortly thereafter. If in his final days he worked as a taxi driver, is his death counted as a suicide in the taxi industry or construction?

Current classification practices, such as those used by the UK Office for National Statistics (ONS), categorise suicides based on *current occupation*. This approach:

- Ignores cumulative occupational trauma or chronic stress.
- Fails to capture delayed effects of job-related injuries or mental health deterioration.

Are accidents & deaths recorded accurately?

Our investigation then turned to how accidents and deaths were being recorded. The 2024 Safety Report of the National Access & Scaffolding Confederation (NASC) reflects a commendably high level of safety within the industry.

Accidents are recorded through the RIDDOR system (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations), and reported to the Health & Safety Executive.

What happens when accidents occur involving multiple trades?

Several questions arose regarding accidents which highlighted the lack of clarity with suicides in the broader construction industry.

- If a bricklayer falls from a scaffold frame, installed by a scaffold firm, is this a bricklaying accident, or a scaffold accident? Where is this recorded?
    a. DSRM understands that if the scaffold was deemed safe and the incident was due to user error (i.e., the bricklayer's actions), it is unlikely to be recorded in the NASC annual Safety Report. This led us to a broader question on suicides…
- The report groups various injuries, one of which is Leg, Hip and Groin, in which they recorded five cases in this (2024) publication.

However,

- In cases where an individual who is 60years of age or above, suffers a hip fracture, there is a 22% risk of that individual dying within 12 months of sustaining that injury.
- What follow-ups are made by the employer, the NASC, and or the HSE over that 12-month period (*at least*) to assess the injury status and welfare of that worker?
- Our understanding is that there are no official follow-ups, and nor does the RIDDOR report require it.
- If the individual eventually died of his injury, or took his own life because of it, would it be recorded within the construction industry data?
- This official information gap can challenge the efficacy of the system.
- We have reached out to the NASC to help clarify this point.

We considered therefore if some form of post-construction industry follow-up should be created over a defined period?

Let us consider criminal law for a moment, as it intersects with common law…

Criminal Law Act 1967 – GBH: 1 year & 1 day.

Most people have some understanding of the crimes Actual Bodily Harm (ABH (Assault)), and Grievous Bodily Harm (GBH (serious assault)).

What is less well known is where this (Criminal Law) act intersects with common law (UK) and murder. Murder does not fall under criminal law, but the more traditional common form.

Common law *allows for an already dealt with assailant to be re-tried for murder, if the victim dies of their injuries within one year and one day of the assault.*

But why is this an important analogy / consideration for the construction industry as it seeks a definition for suicide by its members?

This would cover the commission of suicide by those who have exited the industry, but remained affected by it.

The example of the construction industry worker who leaves to become a taxi driver and dies by suicide two weeks later would not only clarify the correct conclusion, but in reverse, the taxi driver who joins the construction industry and takes his own life, may not need to be classified as a construction industry suicide.

Hair & Beauty Charity

We wanted to see if organisations outside construction have established regulated time-frames. The UK's Hair & Beauty Charity, has several time critical criteria for applicants of financial support:

- Are currently working in the hair and beauty industries (for a minimum of 3 years); OR
- Have previously worked in the hair and beauty industries (for a minimum of 5 years, not longer than 10 years ago).

Here, they have employed a time-frame for what constitutes "working in the hair and beauty industry," in order to receive "financial support." Such a time-frame appears to be lacking in the construction industry, as it pertains to the recording of suicide, or other mental and physical challenges.

As we understand the Lighthouse Charity, they have no such limitations on who they are willing to help; but here we refer only to time frames surrounding the recording of suicide.

International Research – Work Related Suicides

Are there any international studies on work related suicides?

We looked at international research on work-related suicides, including a major review by the Centre for Health Equity in Australia, which highlighted the difficulty in determining whether a suicide is genuinely work-related. While coronial investigations and police reports often document extensive detail, there remains no consistent or standardised method for attributing work as a contributing cause.

What criteria do they propose?

Several studies have proposed criteria such as:

- the suicide occurring in the workplace
- a note referencing job stress
- wearing work clothes at the time of death (even if not at work)
- testimony from family or co-workers implicating work

Yet even with these indicators, estimates of work-related suicides vary widely, from 10% to 17% of cases in Australian and French samples, and up to 13.5% in the US. In Japan, while thousands of suicides are recorded annually, fewer than a fifth of work-related claims are officially compensated under occupational health frameworks.

Are there limitations to the criteria?

This variation underscores a critical limitation: work-relatedness is often under-identified, particularly where evidence is circumstantial, or investigators prioritise medical over psychosocial explanations.

What are the challenges for the UK?

These challenges parallel those faced in the UK, where suicides among construction workers may reflect both work and non-work drivers, yet are grouped by occupation alone. The blurred boundary between personal suffering and professional stress complicates attribution, and reinforces the need for both industry-specific insights and broader systemic reform in how we classify and respond to suicide.

Proposed Typology of Construction-Related Suicides

To better capture the full scope of construction-linked suicides, the following definitional framework is put forward as a consideration for those within the industry to build upon:

Current Industry Suicide

- Suicide by an individual currently employed in the construction industry, including contractors, subcontractors, apprentices, and temporary labour.
- Suicide by an individual no longer employed in construction but who had a significant work history (e.g., 5+ years), with death occurring within a defined timeframe post-employment (e.g., within 1–2 years of leaving).

Also, should consideration be given to extending mental health care to those who have exited the construction industry, over an agreed period, perhaps in line with a post-employment suicide definition, if the mental health challenges can be directly attributed to the industry?

Industry-Linked Suicide

- Suicide by an individual where evidence (e.g., coroner's reports, family testimony, medical history) indicates that construction-related stressors (e.g., injury, redundancy, bullying, job insecurity) were significant contributing factors, regardless of current occupation.

This typology allows for a more nuanced understanding of causality, enabling targeted mental health support, improved occupational practices, and more reliable trend analysis.

Implications for Data, Prevention, and Policy

Adopting this framework would:

- Enhance the accuracy of suicide statistics within construction.
- Allow better allocation of mental health resources.
- Foster more accurate, evidence-based industry dialogue.
- Support advocacy for structural change (e.g., injury support, exit planning).

Recommendations

- Industry bodies and researchers should adopt a tiered typology in suicide reporting.
- Policymakers should require coroner data to record occupational history, not just current job title.
- Mental health campaigns should differentiate between universal and industry-specific stressors.
- Post-exit support programmes should be developed for long-term construction workers.

Section Conclusion

Our investigation showed that without a clear definition of what constitutes a construction-related suicide, official data will continue to understate the scale of the problem.

By applying Durkheim's typology, we demonstrated that suicides linked to the industry are varied, shaped not only by workplace pressures but also by culture, environment, and method.

We also found that classification remains inconsistent and often unreliable: coroners face legal and evidentiary limits, while investigators struggle to distinguish intentional acts from accidents in cases such as overdoses or hangings.

International research confirms this challenge, underscoring the difficulty of establishing work as a direct cause.

We concluded that existing campaigns risk oversimplifying the issue by focusing on common stressors, while overlooking the definitional and methodological barriers that obscure the true picture. A more robust framework is therefore needed if the industry is to properly understand and address the suicides connected to its workforce.

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.