The Crane Report

An Investigation into Suicides within the UK Construction

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DSRM Risk & Crisis Management

dsrmrisk.com

Sadako Sasaki
1943~1955

The folded paper crane:
A Symbol of Hope!

"The Orizuru (折鶴)," (the *folded paper crane)*, has become a global symbol of hope and resilience.

It was inspired by Sadako Sasaki, the 12year old girl who folded a thousand cranes while battling leukaemia resulting from the 1945 Hiroshima bombing. Legend has it that the folder of 1,000 cranes would be granted a wish. *Her wish was to live*.

It reminds us that small acts of care can carry profound significance. This report takes its name from that symbol, reflecting a commitment to understanding challenges and fostering meaningful change.

The crane rises above our worksites in steel, and rests in Sadako Sasaki's folded paper. Both carry weight: one of industry, the other of hope.

DSRM Risk & Crisis Management

Anthony Hegarty, MSc

Anthony Hegarty began his career in law enforcement at New Scotland Yard, working as a crime squad officer with a focus on street and major crimes. He later transitioned to the private sector, predominantly in the Far East, where he led operations to combat child and human trafficking linked to the sex tourism industry.

He spent three years training the Japanese police and has provided consultations to both police and prosecutors in South Korea. Anthony has also managed high-profile projects, including crisis management for the G20 Seoul Summit and the PyeongChang Winter Olympic Games. He lectures at multiple universities and corporations on crime and personnel safety; and writes a regular column for the Korean daily newspaper, The Maeil Shinbun, on criminal psychology.

After founding DSRM, he directed the organisation towards understanding how human behaviour intersects with corporate management, particularly in relation to insider crimes and operational disruptions. DSRM also undertakes investigations and reinvestigations into human deaths occurring abroad, especially where families are uncomfortable with local police conclusions.

Anthony holds a BSc in Security & Risk Management and an MSc in Criminal Psychology & Criminology, alongside qualifications in forensic science. He speaks English, Japanese & Korean. He is originally from Swindon, Wiltshire.

Anthony will be representing DSRM in the UK in November 2025. DSRM is eager to engage with members and leaders of the construction industry to support the next stages of this investigation. Please note that schedules are tight and geography is wide: please contact us to arrange a meeting.

Anthony Hegarty MSc is on LinkedIn

Executive Summary

This report represents Stage 1 of a multi-phase investigation into suicide within the UK construction industry. Our inquiry began with an extensive review of existing research, international case studies, cultural and environmental factors, and industry practices.

The evidence to date makes clear that suicide in construction cannot be reduced to a matter of individual vulnerability or personal choice, as industry narratives often seem to suggest. Nor can it be fully explained by the familiar reference points of “macho culture” or “job insecurity.” While these factors may contribute to frustration and strain, they do not in themselves account for the persistently high suicide rates in the sector.

More significantly, our investigation highlights how the framing of the issue by mental health providers has shaped the industry’s response. Well-intentioned programmes have often emphasised awareness and resilience, but these approaches risk oversimplifying the problem and, at times, may inadvertently amplify despair. The presence of unqualified actors in this space raises further questions of accountability and points to potential systemic failures in how this area of risk has been managed.

Our findings also raise a broader concern, that the construction sector may have, *unintentionally*, come to rely on a mental health industry whose business model emphasises the framing of “broken men.” This dynamic could help explain why so many industry campaigns feel relentlessly negative, often rooted in images of rock-bottom situations rather than recovery and hope.

Instead of reducing harm, such narratives may normalise despair and close off alternative approaches. If responses are guided more by the logic of service provision than by the everyday realities of workers’ lives, the sector risks perpetuating, rather than preventing, the crisis.

Stage 1 of our investigation sets out these findings and frames the path ahead. The enquiry is structured into four phases, moving from analysis of existing evidence to direct engagement with workers, employers, and policymakers. The goal is not simply to catalogue risk but to open space for structural change in an industry where lives are clearly at stake.

Introduction: 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

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.

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 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.

How This Investigation Began

This investigation did not begin in a university research centre or government office, but with a mother's question. In October 2024, DSRM was approached by a mother who had lost her son; we will call him Jake; to suicide. She had never understood why.

Jake was a self-employed builder. He faced the usual difficulties of running a small concern in the construction trade, but *unlike* many, he had strong financial backing from his mother, who had considerable means.

He was unmarried, with no dependent children, and on the surface appeared to have fewer of the pressures so often cited in industry suicide cases.

At his mother's request, DSRM investigated his life. What emerged was not a story of debt or marital breakdown, but of childhood trauma, the kind no child should ever endure. Jake had lived with this burden for decades, unable to report it. Several weeks after learning that the individual who had harmed him had died, Jake took his own life. It appeared that his despair stemmed not from the daily struggles of construction work, but from the frustration that justice would never be seen, and that his silence had denied him resolution.

Jake's story was the starting point for this investigation. It revealed how easily assumptions about "typical" construction suicides can mislead us, and how industry campaigns risk oversimplifying the causes. It also underscored the importance of looking beyond immediate circumstances to deeper, often hidden factors.

Jake's story, while deeply personal, illustrates the complex interplay of factors that this investigation seeks to understand. Suicide in the construction industry is rarely the result of a single cause; it emerges from a combination of personal history, workplace pressures, cultural norms, and structural conditions.

The following section overviews summarise the nine key areas explored in *this* Stage 1 of this investigation, each offering a lens through which to view risk factors, prevention strategies, and insights from both research and lived experience. Together, they provide a foundation for the subsequent stages, where personal testimonies, industry collaboration, and expanded data will further enrich our understanding.

(*Jake's mother has viewed this part of the report and has approved of its content presentation* (stock images used)).

We dedicate this report to Jake.

Statement of Independence

Whilst Jake's mother commissioned and funded the initial investigation into her son's death, DSRM has not been remunerated for the broader follow-up enquiry. The subsequent work has therefore been undertaken independently, reflecting our commitment to pursuing the facts without incentive or influence.

Section Overviews

1. **Suicide Typologies – Construction Industry**

We examined how construction suicides are defined and recorded, finding inconsistency and underreporting due to legal and evidentiary constraints. We introduced French sociologist Émile Durkheim's typologies to provide a useful framework for understanding the range of suicides in the industry, but this also revealed that not all deaths are work-related. Regional differences in suicide methods, cultural influences, and the challenges of distinguishing accidents from intentional acts complicate interpretation. Furthermore, we found the absence of a standard definition of construction industry suicide is obscuring the true picture of these risks.

2. **South Korea's Suicide Prevention Act (2011)**

Using South Korea as a case study, we observed how comprehensive legal frameworks can shape suicide prevention. Korea has the highest suicide rates within the OECD nations, although nothing remarkable within the construction industry. However, suicide numbers have been falling since the introduction of the Suicide Prevention Act in 2011, legislation the UK does not currently have, relying instead on a non-legislative approach, with continuing rising suicide numbers. We compare the two nations' approaches to this issue; is one better than the other?

3. **Media Analysis**

Our review of industry campaigns found a reliance on "rock-bottom" narratives, which risk reinforcing hopelessness (The Werther Effect). More constructive storytelling (The Papageno Effect) could be protective. We found that psychoeducational videos produced and promoted by the industry might be more suggestive (of suicide) than preventive, and our assessment of construction industry podcasts discussing suicide measured the volume of positive and negative content.

4. **Neurodiversity in Construction**

This section highlights the challenges neurodiverse individuals face in construction workplaces, particularly in relation to communication, sensory environments, and stigma. These issues are compounded when inadequate or unregulated mental health support is offered; exaggerated qualifications and misguided advice. We looked at those vulnerable to mental health challenges who are attracted to the construction industry, as oppose to other occupations. Whilst one mentally challenged group might appear manageable, related behaviours might increase downstream risks.

5. **Recruitment from the Prison Estate**

While inclusive hiring can support rehabilitation, significant risks exist when recruiting from prison estate. Theft-related offences, substance dependency, and early-life trauma are linked both to reoffending and elevated suicide risk. Employers must weigh opportunity against vulnerability, with careful safeguarding measures.

6. **Construction and Drugs**

Drug use, sometimes originating during incarceration or reinforced by site culture, poses a significant risk factor for both mental health deterioration and suicide. This section explores patterns of use, their connection to coping strategies, their impact on safety, and their direct links to mental health and suicide. We also demonstrate the concerning levels of knowledge amongst industry leaders about this core threat to site safety.

7. **Macho Culture**

High suicide rates in construction are often blamed on macho culture, but decades of reforms in the UK and Nordics have not reduced suicidal risk, with Swedish data showing persistently high levels. Nursing, a non-macho field, also shows high suicide prevalence, suggesting culture is not the main driver. Instead, financial insecurity, physical strain, risk exposure, and poor service engagement play stronger roles. Cultural reforms can also backfire, alienating older men and eroding trust. Overall, suicide in construction stems more from structural conditions and unintended reform effects than from culture alone.

8. **Data Analysis**

Suicide data from 2015–2024 show scaffolders, roofers, and steel erectors at highest risk, raising concerns that some suicides may be misclassified as falls. Wider pressures; austerity, housing crises, Brexit, and especially COVID-19, worsened financial strain and health risks, with unskilled workers hit hardest. Yet patterns varied across trades, challenging claims that job insecurity or CIS status alone explain suicides. Instead, financial precarity, poor service access, and shared vulnerabilities appear more consistent drivers, with COVID-19 acting as an intensifier rather than sole cause.

9. **Boxed In**

Construction often frames suicide as a “mental health” issue, neglecting drivers like income insecurity, debt, and weak safety nets. While CIS is frequently blamed, many value its autonomy; the sharper risks come from sudden cash-flow shocks, unpaid invoices, illness, or job gaps. Charities have filled gaps with helplines and campaigns, but by medicalising financial stress they blur the line between illness and crisis, keeping responses reactive. Prevention requires practical safety nets, emergency funds, debt support, retraining, yet reliance on unqualified wellbeing providers risks repeating past failures. Without structural change, prevention will keep mistaking economic despair for mental illness.

Next Steps

The construction industry cannot address suicide through surface-level awareness campaigns alone. The evidence shows that causes are multifaceted: cultural, systemic, individual, and social. Efforts must extend beyond slogans to measurable actions with accountable outcomes, professionalised mental health support, and targeted interventions for high-risk groups.

The next stages of this investigation will bring voices of lived experience and industry stakeholders into the analysis, while broadening the data to all parts of the UK. The ultimate goal is to produce recommendations that are not only evidence-based but also realistic, culturally sensitive, and actionable by the industry itself.