

The Crane Report



INDUSTRY RESPONSE – SUICIDE PREVENTION MEDIA

Section-3

ABSTRACT

This section established that suicide prevention materials in the construction industry often rely on negative, crisis-driven narratives. Our findings indicate that such approaches risk reinforcing despair, consistent with the Werther Effect and the documented phenomenon of vicarious trauma. In contrast, positive, solution-focused messaging, as demonstrated by the Papageno Effect, has greater potential to divert individuals from crisis and promote recovery. These observations underscore the importance of reframing industry communications to emphasise resilience and constructive outcomes rather than despair.

Anthony Hegarty MSc

DSRM Risk & Crisis Management

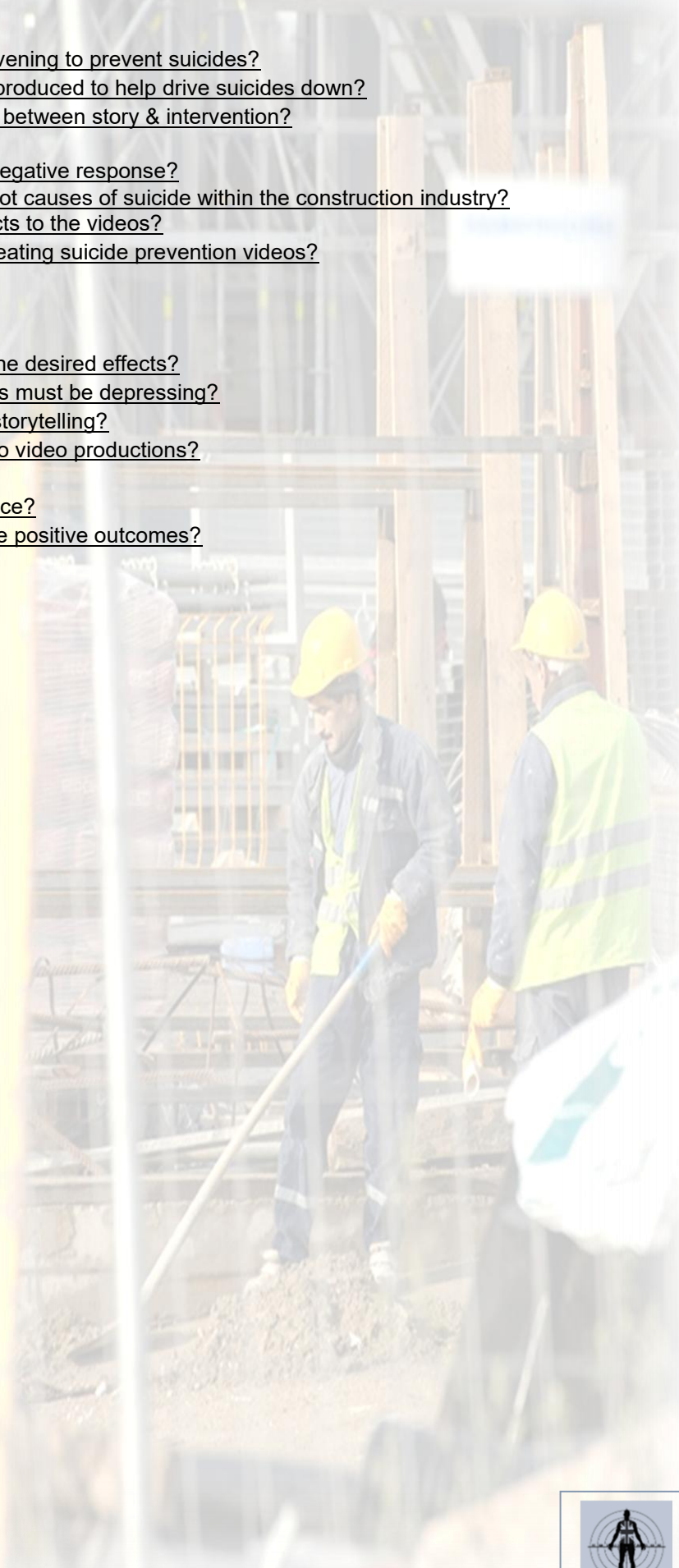
© 2025 Anthony Hegarty / DSRM. All rights reserved.

No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the copyright owner, except in the case of brief quotations embodied in critical reviews or scholarly articles.



Section 3 – Industry Response: Suicide Prevention Media

- How is the construction industry intervening to prevent suicides?
- Are psychoeducational videos being produced to help drive suicides down?
- Do the videos strike the right balance between story & intervention?
 - Video Analysis
 - Could such videos trigger a negative response?
 - Do the videos highlight the root causes of suicide within the construction industry?
 - Are there any sensitive aspects to the videos?
- Are there theoretical guidelines for creating suicide prevention videos?
 - The Papageno Effect
 - The Werther Effect
- What is Vicarious Trauma?
- Can suicide prevention videos have the desired effects?
- Does there exist a belief that materials must be depressing?
- Is there an overreliance on negative storytelling?
- Is the depressing messaging limited to video productions?
- The Rock-Bottom Trend
- The After Service or The Before Service?
- What guidance might provide for more positive outcomes?
- Reviewing the Podcasts
- Emoto's Water Experiments
- Section Conclusion





How is the construction industry intervening to prevent suicides?

Given the large number of psychoeducational suicide prevention media which has been produced for the construction industry, supported by podcasts and other campaigns, we wanted to understand how this material is being presented, and how it might be being received, particularly by distressed fragile individuals, the said media was designed to support.

Construction industry intervention examples include:

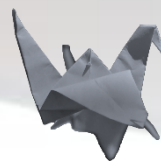
Wates Group	Mental health videos; mental health first aiders; ongoing awareness campaigns.
Willmott Dixon	"All Safe Minds" initiative; regular toolbox talks on mental wellbeing.
Kier Group	Employee Assistance Programmes; visible mental health signage on sites.
Morgan Sindall	"Mental health champions network;" active participation in awareness weeks.
BAM Construct UK	Suicide awareness videos; embedded mental health into H&S strategy.
Laing O'Rourke	Mental health training; publicly supports suicide prevention charities.
Balfour Beatty	Partnered with Samaritans; suicide prevention awareness inductions.
Skanska UK	In-house counselling services / EAP; helplines and support materials on sites.
Costain	Integrated suicide prevention into their <i>People Strategy</i> ; wellbeing campaigns.
Interserve (now Tilbury Douglas)	Funded suicide awareness training for site staff.
Galliford Try	"Start the Conversation" campaign; regular site-wide mental health check-ins.
Mace Group	Manager training on suicide awareness; Mental Health Awareness Week.
Amey	Trains line managers in suicide prevention; Zero Suicide Alliance training.
Bouygues UK	Mental health safety culture; suicide prevention communications.

With such a large-scale, united response, a decline in suicide rates should be visible by now. Instead, the figures appear to be rising. Is this simply the lag before meaningful change, or are some interventions, however well-meaning, missing their mark; *or even causing harm*?

Coordination appears patchy, and the absence of a single, evidence-led strategy leaves the industry vulnerable to fragmented, inconsistent action.

Our investigation reviewed a number of widely promoted suicide prevention videos, and asked, are they truly helping, or are they, *however unintentionally*, planting the very idea they claim to be combatting?





Are psychoeducational videos being produced to help drive suicides down?

Suicide “Prevention” Videos

One popular measure has been **the production of suicide prevention videos** which have been released online via channels such as YouTube, and have probably been shown during in-house training sessions.

However, making a video about such a subject requires a number of careful considerations, some of which appear to have been missed in the three videos we will discuss here, produced by [MIND](#), [AKT & BAM](#), and [WATES](#). These videos were selected based on the high number of views and their seemingly higher-cost professional productions.

Do the videos strike the right balance between story & intervention?

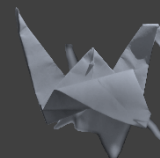
When organisations embark on such projects it is vitally important that they have an understanding not only of the state of mind of the person they are attempting to reach, but also, **in their very fragile states, what could trigger them into the very undesired action we are attempting to prevent?**

We made several observations, first noting the video lengths relative to the intervention points...

Producers	MIND	AKT & BAM	WATES
Video (click title to watch the video)	BRICKWALL	ON THE EDGE	MENTAL HEALTH in CONSTRUCTION
Length Minutes (seconds)	1:55 (115seconds)	5:48 (348seconds)	4:51 (291seconds)
Intervention Point	1:23 (83seconds)	4:36 (276seconds)	3:02 (182seconds)
Length of Intervention	29 seconds	33 seconds	49 seconds
Credits Begin	1:52 (112seconds)	5:23 (323seconds)	4:38 (278seconds)

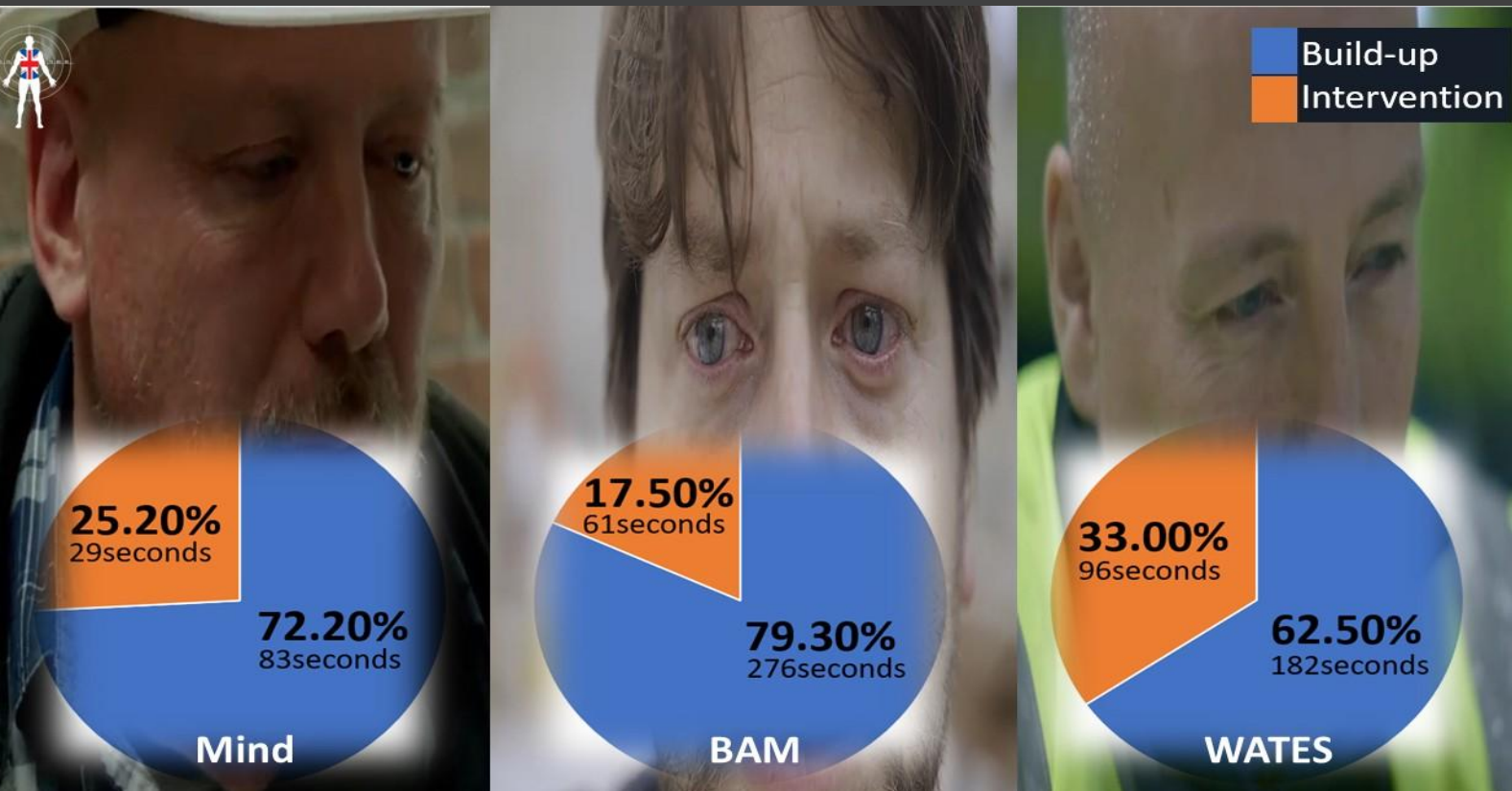
Could these times impact the video's intended outcome?





Video Analysis:

- A significant portion of each video is spent in the **emotionally heavy** or ambiguous stage, with the viewer left to interpret or absorb “the struggle.”
- The actual “*help arrives*” moment is relatively brief, especially in the *Mind* and *BAM* productions.
- For vulnerable viewers, that heavy **focus could unintentionally reinforce their own suicidal thoughts**, especially if they do not watch to the end.



Credits footage excluded from Intervention footage.

- The Mind (Brickwall) video runs for 83 seconds before the intervention point.
- The AKT/BAM (On the Edge) video runs for 276 seconds before the intervention point.
- The Wates (Mental Health in Construction) video runs for 182 seconds before the intervention point.

Most psychoeducational videos and publications are aimed at both those struggling individuals, and those who could potentially intervene. Those who devote their time and resources to these issues should be commended for their efforts, but at the same time they must recognise that these well-intentioned video productions do *not* appear to have resulted in a drop in incidences of suicide in the construction industry.

We made several further observations...



Could such videos trigger a negative response?

1. When creating such videos, producers need to be sensitive to the fine line that can exist between “**prevention**” and “**suggestion.**” There is a risk that such a fragile individual could perceive the main actor in the film as justification for his own ideations. It could reinforce his feelings that he is not alone and others share his ideas. **He may not need to wait until the end of the video (or the intervention point).**

Do the video formats require the viewers to watch until the end?

2. In each video, the intervention point is a considerable time into the production. Would a desperate person wait that long? Perhaps he is viewing it on his hand-held device while sitting in traffic, or switches off as another person enters his space. Thus, he may not reach the end.

Are the videos well-created, like actual movies?

3. When watching a regular movie, we naturally enjoy a build-up with a twist at the end. These three videos seem to follow that format. **However, one should question whether that format ought to be followed when creating “suicide prevention” psychoeducational videos.**
4. *We played each video in reverse and felt that others might benefit from the same perspective.*

Do the videos highlight the root causes of suicide within the construction industry?

5. There is no evidence from any of the three videos that the construction industry had a causal role in the victims’ distressed states. *The storylines suggested...*

BRICKWALL MIND

- No message on root cause

MENTAL HEALTH in CONSTRUCTION WATES

- Reacting to noise – (misophonia?)
a neurological issue in which every day sounds provoke intense emotional or physical reactions
(We will look at this later in Section-4, Neurodiversity)

ON THE EDGE AKT / BAM

- Marriage breakdown
 - Restricted access to child
 - Alcohol consumption
 - Drug abuse (perhaps anti-depressants)
-



Are there any sensitive aspects to the videos?



6. We acknowledge the following observation might prove to be a sensitive matter for some, and we wish to stress that as investigators our role is to ask questions, *not to make judgements*...

Observations from the Videos:

- All three videos depict the person at risk as a white male; statistically the highest-risk suicidal group in the construction industry.
- In each case, the person providing support or intervention is portrayed by a male from an ethnic minority background.
- The consistency of these portrayals across independently produced videos raises questions about narrative intent.
- There is a risk that the core message, suicide prevention, may be overshadowed by broader themes of social justice or diversity.
- DEI policies are not uncommon, and may be well-intended, but some individuals may perceive them as unfair, particularly if they feel they have missed opportunities as a result.
- Among older white male workers, the most vulnerable suicidal demographic, there may be heightened sensitivity to messaging that appears to prioritise identity over merit, especially when they are already in distress. **Such a circumstance could create a negative trigger...**
- ...we address this point further in Section-7, *Macho Culture*.
- If distressed viewers interpret these videos as politically charged or disconnected from their lived reality, the risk is that the suicide prevention message is not only lost, but is potentially harmful.
- We found similar patterns in other construction industry suicide prevention videos.





Consequences of Suicide Prevention Campaigns?

Are there theoretical guidelines for creating suicide prevention videos?

Several established effects have been recorded by researchers examining suicide prevention videos:

The Papageno Effect (Positive).

- This describes videos which focus on hope, healing, and recovery from crises in which the distressed individual receives a positive message.
- They help reduce suicidal thoughts and increase the intent to seek assistance.
- This effect is most pronounced in those individuals who are facing severe risks.

The Werther Effect (Negative).

- This suggests that detailed media portrayals of suicide can increase the risks of imitation or copying.
- Younger people are likely to be more at risk from this effect.
- Some research suggests that the Papageno Effect is more likely to occur than the Werther Effect, so positive stories of hope would be more beneficial.

Dual Impact Effect.

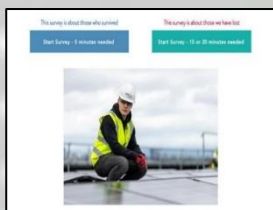
- Short video productions can have dual impact on suicidal ideation and self-harm, because some aspects might reduce the risks, whilst others increase it.

Could someone already suffering a pre-existing vulnerability have their suicidal thoughts exacerbated from prevention videos?

Those suffering with a pre-existing vulnerability could have any suicidal thoughts exacerbated by exposure to graphic content or narratives about suicide. Furthermore, the exposure to someone else's trauma or death can lead to *negative psychological impacts...*

What is Vicarious Trauma?

...this is known as **Vicarious Trauma**; hence the Suicide Prevention Act (South Korea) 2011 limits press freedoms on the reporting of suicide, which may have contributed to the country's declining suicide rates.



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





Can suicide prevention videos have the desired effects?

Suicide prevention videos do have the potential to have a positive benefit; however, such productions are not without inherent risks. It is therefore important to:

Avoid sensationalism	Avoid suicide locations or methods	(BAM video – rooftop / intent to jump).
Promote hope & recovery	Highlight stories of individuals who have come back from the brink.	Assessed videos end at intervention.
Focus	What turned them around; as this could be exploited to help others.	Nothing shown.
Anticipate	Common struggles – create videos with subtle messages.	See The Before Service – Later in this section



Does there exist a belief that materials must be depressing?



Our investigation took us to another video titled [Kirk's Story – Mental Health at Work](#), produced by Mace Construction in partnership with mentalhealthatwork.org. While Mr Kirk Robinson's story is clearly heartfelt and personal, it raises a broader question about how mental health narratives are being shaped, and whether there is an emerging tendency to lean heavily into emotional despair in order to connect with audiences.

Observations:

- Mr Robinson describes the emotional toll he experienced because of his daughter being bullied at school, and how this impacted *his* own mental wellbeing.
- He appears to take on some personal responsibility for her situation, *perhaps through not being there to protect her*.
- No direct connection is made between his mental health struggles and his workplace.
- He praises his employer and line managers for their flexibility and support; noting that they encouraged him to simply send a text if he needed time off.
- Despite this support, he states:

"If I hadn't had that support network, I swear, as God is my witness, I would have done something ridiculous; and ended up, as a statistic."

- The video then shifts quickly to his delivery of mental health toolbox talks across the company, without explaining what it was that ultimately rescued him from the brink.

The phrase "something ridiculous" seems intended to suggest suicidal ideation, though it is expressed in vague terms. We have *not* spoken to Mr Robinson and do not question the sincerity of his experience; any good father, which Mr Robinson clearly appears to be, would be distraught at their child being bullied at school.

However, his account does reflect the overwhelmingly negative tone that now characterises much suicide-prevention material, a tone that may stem from a belief that *emotional intensity is necessary to reach those in distress*.

- Has the trend towards darker, more dramatic storytelling unintentionally created pressure to present one's experience in the most extreme possible terms?
- Could this style of messaging blur the distinction between genuine crisis and the very real, but non-clinical, struggles many people face?

These questions are not aimed at Mr Robinson personally, but reflect a wider issue in how mental health materials are both produced and consumed.





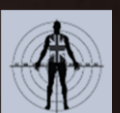
Overall, did the Mace video deliver a positive or negative message?

The video ultimately closes on a more hopeful note. While more negative than positive in tone due to Mr Robinson's deeply personal and painful experience, the overall message does move towards empowerment and hope, not despair. It walks a fine line but ends constructively as Mr Robinson describes his role in helping others.

Video Tone Balance Analysis (Estimated)

Negativity	Positivity
55%	45%

Mr Robinson appears to have made a full recovery; we hope his daughter has too.





Is there an overreliance on negative storytelling?

A Depressing Trend

Having observed multiple videos focusing on mental health challenges in the construction industry, we concluded that there does appear to exist a clear pattern in the mental health content which is **an overreliance on negative storytelling that centres on crisis, trauma, and breakdown.**

The industry seems to have adopted the belief, almost like an unspoken rule, that:

“If we want men to take mental health seriously, we have to show how bad it gets first.”

This approach appears to have created a standard template:

- A man suffers in silence.
- Something traumatic pushes him to the edge.
- He breaks down.
- A support network intervenes.
- He recovers and tells his story
(*this aspect was missing from the assessed videos*).

While this narrative can be genuinely powerful and resonant for some, if someone is already depressed, do they really need another video confirming that life is dark?

On Reflection

What is noticeably absent across the reviewed videos is balance. While the intention to provoke empathy and awareness is clear, **the repetitive focus on breakdown over recovery** risks reinforcing a sense of hopelessness rather than inspiring action. Without more time given to showing realistic, relatable paths to support and recovery, these videos may unintentionally alienate the very individuals they aim to reach.

Going forward, a shift toward narratives that highlight early intervention, peer support, and manageable first steps could provide a more constructive and empowering message, one that not only acknowledges the darkness, but also lights a way out of it.



Is the depressing messaging limited to video productions?

Continuing the *Depressing* Messaging!



In this image workers have been requested to hold up Hi-Viz jackets, each emblazoned with a *negative* message.

This campaign is bold, raw, and intentionally unsettling. It cuts straight through the *macho silence* that is so often woven into the culture of construction work. Each phrase printed on the Hi-Viz jackets is a direct challenge to the stigma around mental health. Some would understandably view this as “*just what is needed.*”

However, others might view the messages as too intense or triggering, especially for workers currently going through something similar. But perhaps that is part of the point: *to make hidden pain visible.*

Is there a risk the negative messaging could fuel the problems through vicarious trauma?

But given that virtually every other message is carrying the same or similar tones, there is a risk of fuelling the problem through the vicarious emotional toll of constant exposure to distressing content.

This campaign will start a conversation, but whether it fosters a healthy culture depends on what follows. Could positive messaging be a more sustainable way to build the required change over time.



We used an AI programme and asked it to reproduce the same image with a more positive tone...



Here we place the two tones side by side...

I'm too tired for this tough guy act.	Tough guys talk too.
My debt keeps me awake at night.	Debt's tough. Silence is tougher.
My mum just died and I'm struggling.	I opened up after losing Mum. I didn't have to cope alone.
I lied about why I was off sick.	I stopped lying. It was the best thing I did.
No-one will miss me when I'm gone.	I thought no one would miss me, then someone listened.

Has authenticity been conflated with negativity, as if the only way to appear "real" is to show pain, failure, or near-death moments?

Suicide prevention content does not need to be depressing.	A fine line exists between raising awareness and re-traumatising the audience.
Relatable	Stories do not have to involve psychological collapse to be "authentic."
There is a gap in proactive, strength-based messaging.	Where are the stories of preventive habits, or early help-seeking?
Uplifting stories are not inherently "less real."	There is a lack of success stories that start well and stay well, rather than collapse (<i>and recovery</i>).

What is wrong with this rock-bottom model?

This repetitive "rock-bottom-first" model creates the need to at least explore a more positive approach, because the current model...

- ...waits too long.
- It centres collapse, not continuity.
- It might be normalising emotional silence until crisis.

The construction industry is clearly grappling with a real crisis, but its efforts to raise awareness often lean heavily into bleak, emotionally intense content. Suicide-focused campaigns, tragic reconstructions, and despair-laden messages have become the norm. While well-intentioned, this relentless emotional tone may backfire, leading to vicarious trauma among workers and desensitisation among viewers.

Is this emotional overload limited to the construction sector?

Not at all. It reflects a broader societal trend, one that increasingly recasts ordinary emotional experiences as signs of mental illness. This "**Rock Bottom**" narrative, the idea that everyone must hit an emotional wall or reveal private turmoil to be taken seriously, is becoming pervasive. And it is shaping how stories are told in media, education, and even sport...





The Rock-Bottom Trend

Does this rock-bottom trend reflect wider society's drift into the belief that mental illness is now normal?

There is now a danger that individuals might seek justification to label themselves as mentally ill when in fact there is nothing wrong with them. This could be being driven by the mass media?



The 14th July 2025 coverage of Jannik Sinner's Wimbledon victory illustrates a growing trend in how elite performance and emotional expression are too often being portrayed. A headline in the [Daily Express](#) proclaimed, "**Jannik Sinner emotionally opens up on mental struggles after clinching Wimbledon title.**"

Yet, a closer reading of the article reveals no reference to mental illness or diagnosed difficulties, rather, it discusses his motivation, focus, and response to pressure. This type of headline inflation reflects a wider cultural pattern in which even ordinary emotions, resilience, or temporary self-doubt are framed as "mental health struggles."

While this may attract clicks or align with trending conversations, it risks distorting public understanding of mental illness and contributes to a kind of performative vulnerability. **More critically, is this wider media narrative shaping the construction industry's own messaging around mental health?**

Our own observations revealed that within the sector, where genuine mental health issues and suicide rates are pressing concerns, this broad and often superficial portrayal of "mental struggle" may diminish the seriousness with which real cases are treated, or **blur the line between emotional discomfort and clinical need.**

Headlines such as the one referencing Jannik Sinner create a confusing narrative in which the line between emotional stress and clinical mental illness becomes blurred. In industries like construction, where workers already face real barriers to disclosing genuine mental health concerns, this media trend risks trivialising or even undermining the seriousness of actual conditions.

Is it now time to draw clearer distinctions between mental illness and normal emotional experiences or difficult life events? Should greater effort be made to prevent the over-amplification of everyday struggles into dramatic narratives that distort public understanding of mental health? In a field like construction, this trend can:

- Overshadow real clinical cases with sensational yet superficial coverage
- Encourage performative disclosures over meaningful support
- Undermine nuanced understanding of genuine mental illness among workers
- Lead some to misinterpret ordinary challenges as signs of illness, or feel pressured to share personal struggles just to fit in



The After Service or The Before Service?



How can we pivot to positive suicide prevention videos?

The current trend appears to be on crisis response – **The After Service**. This appears to follow the traditional suicide prevention measures which have attempted to support people once they are in significant distress, and or have attempted suicide. Should there not be more focus on how things go wrong in the first place, and the implementation of Risk Management into daily lives – **The Before Service**?

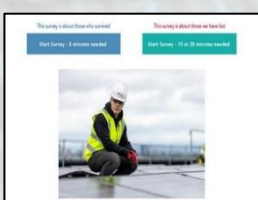
Risk Management in Everyday Life

Risk management should not feel foreign to anyone. We wear seatbelts, not because we expect a crash, but because we understand the value of preparing for what might happen. The same mindset can, and should, apply to our personal lives. Simple as that may sound, it is often overlooked.

With that in mind, we created two short “**Before Service**” scripts for a suicide prevention video aimed at the construction industry. Using a free AI tool, we developed relatable characters and realistic scenarios that reflect everyday struggles, without sensationalism or dramatic twists.

As you read the scripts, consider the indirect approach they offer. In a sector often shaped by macho culture (see Section-7), many in distress are reluctant to ask for help. But if a video like this allows someone to seek advice “*on behalf of a mate*,” it might just open a door, without requiring them to drop their guard.

The scripts avoid triggering language like “suicide” or “depression,” instead leaning into positive, relatable messaging. Though they may seem unremarkable, they reflect common personal issues that, left unspoken, can escalate. Our aim is to support early intervention, and encourage help-seeking before a crisis point is reached, in line with the **Papageno Effect**.



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.



Video Script: The Garden Chat

[Scene: A quiet, sunny England afternoon. A modest garden. A man and woman sit with mugs of tea. Birds chirping faintly in the background.]

MAN:
(smiling slightly, relaxed) *"We've been married nineteen years now. Two teenage boys. Who, y'know... don't really want to hang out with us anymore." (chuckles softly) "Fair enough, I suppose."*

WOMAN:
(nods, smiles knowingly)

MAN:
(grows thoughtful): *"I think it was about five years ago we realised... we'd stopped really talking. Not arguing or anything, just...co-existing. Talking about the house, the kids, bills... but not really each other."*

MAN:
"I'm in construction and I'd seen a few mates go through break-ups. One minute they thought everything was fine, the next, they're moving out, living in some tiny flat, trying to split Christmas and weekends." (pause) "It was rough."

MAN:
"I didn't want that. Neither of us did. So we talked about it. About that slow drift. We made a plan."

WOMAN:
(Softly, warmly) *"Date night. Once a week. Doesn't have to be fancy."*

MAN:
(nods): *"And once a month, if we can afford it, we get away. Even just a night in a B&B. And we sit together on the sofa, without phones, enjoy a movie together."*

WOMAN
"We remembered we like each other. That was the thing."

MAN:
(smiling) *We never stopped loving each other. Just forgot to show it."*

ON SCREEN TEXT: *"Before things break, talk. Make the effort. You're worth it."*

The Garden Chat script is *not* exciting, but it is a positive storyline which most people could identify with, particularly those within the higher-risk demographic we have been discussing. **The Before Service** focuses on life issues that many people experience, but manage (*or struggle to manage*) in different ways. It does not attempt to solve all the problems and there are clear limitations.



But how about a script where the construction working husband could not turn his marriage around.

Video Script: “Not the End”

[Scene: A guy in his late-30s working on a house-build. He's relaxed but sincere. Speaking directly to camera.]

“I thought it was the end of my world, to be honest.

When the marriage broke down, I remember just sitting there thinking — this wasn't how it was meant to go. I'd built everything around that life.

But slowly, I realised... it wasn't the end. It was just the start of a new chapter. Not one I had planned, for sure — but one I always knew could happen. I'd seen mates go through it, some not so well.

I told myself — I'm not going down that road. I've got a job I love; I've got a little bit put aside now, and a few B-plans if work ever dries up.

Funny thing is... the more I planned for life going sideways, the better I felt. More grounded. Happier even.

I've got two kids. They live with their mum, but I see them all the time. And weirdly enough, me and their mum? We get on better now than we ever did when we were married. No more rows in front of the kids — they just see two calm adults who care about them. That's better for everyone.

It's not the life I imagined — but it's life. Still full of good things. And still mine to build. Because I'm a builder, and I don't just build for other people, I build for me.”



“**Not the End**” is another short video script that would not win an award for excitement or suspense. But it tells a story so many can relate to, and that a marriage breakdown can be managed. It can also be the beginning of something better.



What guidance might provide for more positive outcomes?



Non-Sensationalist Stories

The common trend running through the two scripts we have suggested:

- Do NOT use emotive headlines implying intense mental health crises.
- Anchor instead on motivation, recovery, or resilience, not clinical diagnosis.
- Do NOT leverage the “mental health” cue as clickbait.

As you read through the following common issues, your own imagination will probably see similar scenes to our two sample scripts. What is more, AI programmes are now sufficiently advanced that high quality videos can be produced for tens of pounds, not thousands. Nothing flashy, low cost, but potentially high impact.

Common Social Issues / Challenges

Root Cause	
Family Breakdown and Divorce	One of the top triggers for depression, anxiety, and even suicide.
Debt and Financial Stress	A leading cause of chronic stress, poor sleep, and even workplace accidents.
Grief and Bereavement	The death of a loved one profoundly affects mental health.
Chronic Illness in the Family	Caring for a sick relative can lead to burnout, especially when combined with full-time work.
Domestic Abuse	Victims often face severe mental health consequences. (Victims are Male & Female)
Custody Battles and Child Access Disputes	Often a hidden source of distress among male workers, including in construction.
Pain	Often resulting from years in a tough industry such as construction. Misguided pain management can lead to substance abuse...
Substance Use Originating Outside Work	Addiction may start as a coping mechanism for personal trauma or long-term physical pain.





Reviewing the Podcasts

Do construction industry podcasts follow the same negative messaging?

There is also a growing number of podcasts focusing on mental health issues in the construction industry. We asked if there was a risk that these were following the same negative line as the video productions. We reviewed multiple productions and selected two for this report.

PODCASTS' ANALYSES

The Site Cabin Podcast (864 subscribers)

Why are suicide rates so alarmingly high among construction? [Part 1](#)

Tackling the Suicide Epidemic in the Construction Industry [Part 2](#)

Tone Assessment: [Negativity vs Positivity](#)

Category	Instances	The Discussion
Negative Framing	High (P1 dominant)	Part 1 focused on stark stats and grief; Part 2 reduced negativity.
Positive framing	1 (Praise of Martin)	Part 2 includes metaphors of fixing the mind, affirming therapy, peer encouragement.
Hopeful Messaging	Moderate (P2)	"Fix your brain," "talking helps," "meds help" themes in Part 2.
Empowerment Language	Moderate (P2)	Encouragement to seek help, break negative patterns, and self-care.
Emotional Disclosure	Low (P1), Higher (P2)	Part 2 featured personal admissions and vulnerability, Part 1 mostly factual.
Practical Suggestions	Low (P1), Moderate (P2)	Therapy, counselling, medication suggestions mainly in Part 2.

Assessment

This two-part podcast offers a candid and emotionally charged look at suicide in the UK construction industry. [Part 1](#) leans heavily on hard statistics, grief, and trade-specific risk factors, creating a tone of fatalism and emotional weight. For vulnerable listeners, this podcast **risks reinforcing a belief that suicide is common, inevitable, and unavoidable** in the construction industry.

[Part 2](#), in contrast, provides a refreshing shift toward openness, healing, and practical strategies: speakers disclose their own use of counselling and medication, encourage honest conversations, and reframe mental health as a fixable part of life, much like a job site. It leaves the listener with **a sense of community, potential for change, and hope**.



This narrative shift is vital, but also problematic in its accessibility. While Part 1 was easy to find on YouTube, Part 2 required a separate search on the podcast platform. We did search for Part 2 within YouTube but there was no trace. This is because, as we discovered, **Part 2 has a different title**.

This presents a risk: those most in need of the hopeful (Part 2) content may never hear it. From a mental health communication standpoint, this fragmented delivery undermines the power of the message. When the emotional journey is left incomplete, the listener may walk away with reinforced despair rather than the intended uplift.

Ultimately, while the podcast should be commended for its openness and honesty, its structure highlights a broader issue in mental health messaging: **awareness is not enough without access**, balance, and a clearly guided path to recovery.





Dan MacPherson [Ep. 4](#)

Assessment:

This podcast presents a rich, emotionally candid, and highly constructive exploration of mental health in the construction sector, particularly as it intersects with neurodiversity and family legacy. Dan McPherson's openness in sharing the impact of his mother's schizophrenia, the harsh realities of outdated psychiatric treatment, and his own recent ADHD self-discovery offers listeners a powerful model of reflective leadership.

Category	Instances	The Discussion
Negative Framing	Light use only	Suicide risk is acknowledged (e.g. "5 times more likely" for ADHD), but not dramatised. No graphic detail. Negative framing is softened by calm tone and matter-of-fact delivery. Mentions of system failure (e.g. education system, toxic friendships) are framed as fixable, not fatalistic.
Positive Framing	Strong and sustained	Mr McPherson frequently reframes potential struggles as opportunities for growth or learning (e.g., "you can thrive in the right environment"). Also reinforces how cultural change in companies is happening and possible. He views innovation (AI, carbon, diversity) as part of a better future.
Hopeful Messaging	Very strong	From neurodivergent children thriving, to culture change, to tools for better measurement, hope is a dominant tone. Even personal stories of kids calling themselves "stupid" are met with relentless reassurance and correction: "You're clever, you're kind." Mr McPherson conveys the belief that all individuals — even those struggling — can succeed if supported.
Empowerment Language	High	Mr McPherson avoids victim language and frequently uses agency-driven phrasing: "you need to find your people," "ditch them sooner rather than later," "focus on being happy." Emphasises autonomy in parenting, leadership, career paths. Refuses the "university = success" narrative. Ends on a call for simple acts of kindness as transformative tools.
Emotional Disclosure	Moderate-to-Strong	Mr McPherson references his grandfather's impact, his children's neurodiversity, and openly reflects on friendships he had to walk away from. Speaks candidly about emotional support systems and loneliness while travelling. But he does not dive deeply into personal mental health struggles (e.g., suicidal ideation), so it is vulnerable, but not raw.
Practical Suggestions	Very high	Offers specific advice across multiple levels: • Parenting: reinforce positive identity, watch for toxic peer groups. • Workplace: create open forums, listen before reacting, build psychologically safe environments. • Industry-wide: adopt collaborative communication, invest in carbon literacy, use measurement tools, train people properly.





While there are moderate levels of negative framing, particularly when describing past trauma and systemic failures in historical mental health treatment, these are balanced and eventually reframed in a positive and forward-looking light. Mr McPherson does not dwell in pain, he uses it as a platform for understanding, empathy, and progress.

**Thrive In
Construction**
PODCAST

His message of resilience, self-awareness, and kindness is empowering, especially when grounded in real-world work-life dynamics, including leadership and parenthood. His decision to use his ADHD “label” as a communication tool, rather than a personal crutch, reflects a mature and hopeful framing of diagnosis, an excellent contrast to common stigma.

Compared to other suicide awareness media in the construction field, this podcast is subtle yet potent in its prevention message: it shows how personal insight, family support, and work culture can combine to protect mental wellbeing, without sensationalism. Its biggest strength lies in its tone of calm, intelligent vulnerability, ideal for helping break down stigma among senior professionals and younger workers alike.





Are podcast styles suited to different audiences?

Looking at the two podcasts:

Style and Setting Influence Tone and Appeal

- The "guys around a table" format mirrors the real-world site environment, raw, emotionally honest, and relatable for the average worker.
- The Dan McPherson podcast is more polished and reflective, perhaps aimed at leaders and culture-setters. It scores higher on positivity and hope but may lack the emotional rawness needed to reach a worker in crisis.
- Professionally produced podcasts often score higher on positive framing and empowerment language, but this can reflect polished communication rather than greater emotional impact.
- Messier, emotionally raw conversations tend to resonate more with frontline workers, who may trust peer-led discussions over polished leadership messaging.

Closing – Podcast Review

This review looked at two styles: casual, peer-group discussions on mental health, and more formal, one-on-one interviews.

Though the informal style scores higher in negativity, it likely connects more deeply with frontline workers due to its authenticity and emotional honesty. These conversations often include practical advice grounded in real experience, building trust and engagement.

By contrast, the formal interviews, though articulate and well-intentioned, can feel distant or managerial, making them less engaging for those on the ground.

For suicide prevention content to truly reach construction workers, informal, emotionally honest formats may be more effective and "clickable," even if they carry a heavier emotional tone.

Both formats have value, one better suited to HR professionals and leadership, the other more aligned with the lived experience of site workers. The challenge lies in striking the right balance, ensuring positive framing while maintaining authenticity.

*This leads to a final, **non-scientific** but important observation, the power of language.*





The Emotional Impact of Words – Emoto's Water Experiments

Japanese researcher Dr. Masaru Emoto became known for his experiments suggesting that words and emotional tone could influence the structure of water crystals. According to Emoto, water exposed to kind, hopeful, or loving words formed beautiful, symmetrical crystals when frozen, while water exposed to hateful or aggressive words formed distorted, chaotic shapes.



These experiments have been widely critiqued for their lack of scientific rigor, and should **not be viewed as evidence-based findings**. However, they continue to be referenced for their **symbolic implications**, especially in emotionally charged environments, perhaps not unlike the construction sector.

One reason this symbolism resonates is that the human body is composed of around 70% water. If water, in theory, can be shaped by words and intent, what might that suggest about how human beings, especially those under stress, absorb the emotional tone of their environment?

Whether or not the science holds, the metaphor is striking. For construction workers experiencing isolation, stress, or suicidal ideation, the language used in psychoeducational videos, podcasts, training materials, conversations, and even safety briefings can act like emotional currents, either reinforcing despair or offering moments of stability and hope.

Final Thought

If we accept that words carry emotional weight, capable of building trust, diffusing shame, or planting the seed of hope, then we must treat them as tools, not just expressions. Language is not just how we inform people; it is how we reach them.



Section Conclusion



During the course of this investigation, we examined the prevailing approaches to suicide prevention messaging within the construction industry. It is my professional observation that a significant proportion of these materials, including videos, public campaigns, and podcasts, adopt what can be described as a “rock-bottom” narrative. This approach consistently focuses on the most severe and distressing outcomes of suicidal crises.

The evidence reviewed suggests that such messaging carries the potential to yield the opposite of its intended result, reinforcing hopelessness rather than alleviating it. This conclusion is supported by established research, specifically the Werther Effect, which documents the increased risk of suicide following exposure to negative or sensationalised accounts.

In contrast, our findings show that the Papageno Effect, a phenomenon in which exposure to constructive, solution-focused stories reduces suicide risk, may offer a more effective framework. While certain associated theories, such as Masaru Emoto’s water experiments, lack robust scientific validation, the core principle of embedding positive reinforcement in communications should not be dismissed.

Further examination into the relationship between mental health disorders, neurodiversity, and suicidal ideation within the sector revealed an additional concern: a measurable incidence of unqualified individuals offering mental health guidance to construction companies. This raises questions of professional competence, duty of care, and potential harm.

These matters will be addressed in detail in Section 4 – Construction & Neurodiversity, where the investigative findings are presented alongside supporting evidence.





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](https://www.dsrmrisk.com/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.

