

JULY 2018

# **An evaluation of the effectiveness of the Mates in Construction program: Results of a mixed-method, two- phase study**

Prepared by the:

Australian Institute for Suicide Research and Prevention  
National Centre of Excellence in Suicide Prevention  
World Health Organization Collaborating Centre  
for Research and Training in Suicide Prevention  
Griffith University



**Australian Institute for  
Suicide Research and Prevention**

**National Centre of Excellence  
in Suicide Prevention**



## Executive summary

In 2017 the Australian Institute for Suicide Research and Prevention (AISRAP) was contracted by Mates in Construction (MIC) to conduct an evaluation of their training program. The evaluation was comprised of a mixed-method, two-phase design. Phase 1 was a qualitative study that involved focus groups and individual interviews to examine the motivations, pathways and difficulties in help-seeking and help-offering from the perspectives of both volunteers and clients. Informed by the findings of the first phase, Phase 2 then quantitatively analysed the effectiveness of the Mates in Construction training in a large sample of construction workers from smaller sites across regional and metropolitan Queensland.

The key aims of the Phase 1 research were to identify aspects of MIC program that were, or were not effective in enabling the provision of help-offering and assistance to construction industry workers. A total of 27 MIC volunteers and case management clients were recruited to participate in the study with the assistance of MIC case managers. Qualitative data analysis revealed that MIC volunteers valued the MIC training in terms of removing stigma of suicide; providing awareness and knowledge; skills and confidence; and the flow-on effects of using these suicide-prevention skills outside of their work environment. MIC case management clients described how male attitudes and workplace culture were a strong barrier to help-seeking, but how onsite MIC visibility and motivational presentations from peers had enabled them to move past these traditional barriers to seek help. Clients reported that MIC had assisted them in two significant ways: by providing direct support through case workers, and by referring and connecting clients to mental health professionals.

Key aspects that were considered central to the success of MIC were the simplicity of the MIC model, clear roles for volunteers, and a strong perception of MIC as part of the construction

industry. Clients reported that MIC were effective in delivering prompt service, regular contact and follow-up, although a recommendation was made to reduce the time between contacting MIC and accessing an appointment with a health professional. Other recommended areas for improvement were the provision of ongoing and expanded training (including refresher courses and training targeting newcomers to the industry), more opportunities for volunteers to check-in with field officers, and increased visibility of MIC on building sites.

The aim of Phase 2 research was to apply the findings from Phase 1 to develop a survey to assess changes in suicide awareness and knowledge, help-seeking and help-giving in workers after completion of MIC training. The MIC program has recently expanded from urban into regional Queensland, focussing on connecting with smaller contractors and sites. The research assessed changes in suicide awareness and knowledge, help-seeking and help-giving in this group of workers after completion of Mates in Construction Awareness Training (MAT). A total of 736 construction workers from small businesses and sites from across regional and metropolitan Queensland participated in the study.

Quantitative analysis of data showed positive and statistically significant changes in workers' suicide prevention awareness, knowledge and attitudes (including willingness to seek help themselves and provide help to workmates). Pre-MAT training, less than half of workers said it was likely that they would seek help from a workmate (41.7%) or Mates in Construction worker/Connector (39.6%); however, this proportion increased significantly post-MAT (51.7% and 56.2% respectively). These results not only demonstrate an improvement in help-seeking attitudes in general, but also suggest that the MAT content which promotes looking out for mates/workmates and seeking help from MIC workers has had a significant positive impact on workers. Results also showed a significant increase in self-reported levels of emotional/mental well-being in workers after attending the training.

The combined results of Phase 1 and Phase 2 of this mixed-methods research project provide strong evidence for the effectiveness of MIC. Despite evidence of the positive impact of MAT at post-training, it is also essential to conduct follow-up evaluation in order to assess whether these improvements seen at post-training will remain over time. Follow-up evaluation is critical to determining whether changes in workers' suicide prevention awareness, knowledge and attitudes are retained in the long-term. A follow-up survey is therefore strongly recommended for the same group of participants within 3-6 months' time.

NOVEMBER 2017

# A qualitative evaluation of the effectiveness of the Mates in Construction program: Phase 1 report

---

Prepared by the:

Australian Institute for Suicide Research and Prevention  
National Centre of Excellence in Suicide Prevention  
World Health Organization Collaborating Centre  
for Research and Training in Suicide Prevention  
Griffith University



**Australian Institute for  
Suicide Research and Prevention**



**National Centre of Excellence  
in Suicide Prevention**

Suggested citation: Ross, V. L. (2017) A qualitative evaluation of the effectiveness of the Mates in Construction program. Australian Institute for Suicide Research and Prevention: Brisbane.

**Copyright © Australian Institute for Suicide Research and Prevention, 2017.**

This work is copyrighted. Apart from use under the Copyright Act 1968, no part may be reproduced without prior permission from the Australian Institute for Suicide Research and Prevention.

Inquiries regarding this publication should be directed to:

Australian Institute for Suicide Research and Prevention

Mt Gravatt Campus

Griffith University

Mt Gravatt, QLD, 4122

Phone: (07) 3735 3381

Fax: (07) 3735 3450

Email: [aisrap@griffith.edu.au](mailto:aisrap@griffith.edu.au)

## Contents

Executive summary .....	1
Introduction .....	2
Method .....	2
Results.....	3
Part 1: MIC volunteers' perspectives .....	3
Perceived benefits of MIC.....	3
Awareness and knowledge .....	3
Removing stigma.....	3
Skills and confidence.....	4
Flow-on effects of helping others .....	5
Why MIC works .....	5
Simplicity of the MIC model.....	6
Clear roles .....	6
Understanding the construction industry culture .....	7
Visibility and engagement with workers.....	7
Challenges for MIC volunteers.....	8
Areas for improvement.....	8
Part 2: Case management clients' perspectives .....	10
Problems faced by construction workers .....	10
How these develop into more serious issues/greater difficulties .....	10
Male attitudes and workplace culture.....	11
Barriers to help-seeking .....	11
Why and how they accessed MIC .....	12
How MIC has helped .....	13
Support from MIC .....	13
Referrals to therapy .....	14
Flow-on effects .....	14
Why MIC works.....	15
Understanding the industry .....	15
Prompt service, regular contact and follow-up .....	16
Assists the whole family.....	16
Visibility and promotion of MIC.....	16
Areas for improvement.....	17

Recommendations .....	17
Limitations .....	18
References .....	19

## Executive summary

This report provides a summary of a qualitative evaluation of the effectiveness of the Mates in Construction (MIC) program. Focus groups with MIC volunteers and individual interviews with MIC case management clients examined the motivations, pathways and difficulties in help-seeking and help-offering from the perspectives of both volunteers and clients. The key aims were to identify aspects of MIC program that were, or were not effective in enabling the provision of help-offering and assistance to construction industry workers. A total of 27 MIC volunteers and case management clients were recruited to participate in the study with the assistance of MIC case managers. Qualitative data analysis revealed that MIC volunteers valued the MIC training in terms of removing stigma of suicide; providing awareness and knowledge; skills and confidence; and the flow-on effects of using these suicide-prevention skills outside of their work environment. MIC case management clients described how male attitudes and workplace culture were a strong barrier to help-seeking, but how onsite MIC visibility and motivational presentations from peers had enabled them to move past these traditional barriers to seek help. Clients reported that MIC had assisted them in two significant ways: by providing direct support through case workers, and by referring and connecting clients to mental health professionals. Key aspects that were considered central to the success of MIC were the simplicity of the MIC model, clear roles for volunteers, and a strong perception of MIC as part of the construction industry. Clients reported that MIC were effective in delivering prompt service, regular contact and follow-up, although a recommendation was made to reduce the time between contacting MIC and accessing an appointment with a health professional. Other recommended areas for improvement were the provision of ongoing and expanded training (including refresher courses and training targeting newcomers to the industry), more opportunities for volunteers to check-in with field officers, and increased visibility of MIC on building sites.

## Introduction

The Australian Institute for Suicide Research and Prevention (AISRAP) was commissioned by Mates in Construction (MIC), Queensland, to undertake qualitative research evaluating the effectiveness of the MIC program. The aim of this Phase 1 research was to qualitatively examine current users and volunteers in the MIC program to learn about the motivations, pathways and difficulties in help-seeking and help-offering. A key focus of the research was to examine the perspectives of both volunteers and clients to identify the specific aspects of the MIC program that were, or were not, perceived to be effective in enabling help-offering and providing assistance to workers.

A second research phase is also being planned to complement the current study. The Phase 2 study will apply a quantitative approach and statistical analysis to evaluate the effectiveness of MIC. This will complement the current qualitative study under a mixed methods design. The results of the Phase 2 study will be presented in a separate report.

## Method

A total of 27 participants (25 males and two females) took part in the study. Focus groups and interviews were conducted by AISRAP's trained facilitators and interviewers. MIC case managers assisted in the recruitment of volunteers (who had undertaken Connect or ASIST training) for the focus groups. Five focus groups were conducted, each comprising of three to four Connect or ASIST volunteers, with an overall total of 17 participants. The focus groups followed a semi-structured format, where participants were asked about their motivations for becoming volunteers, how they used the skills from the MIC training, barriers and enablers to help-offering and help-seeking, and the positive and negative aspects of their roles as volunteers.

For the individual interviews with case management clients, MIC case managers provided AISRAP researchers with telephone contacts for clients who had indicated their agreement to participate. Given the sensitive nature of the topic, individual interviews were deemed as the most appropriate method to ensure clients' privacy and confidentiality. Of the ten case management clients who participated in the study, there were eight male construction workers who had directly received assistance from MIC and two female partners of construction workers (who had obtained assistance either for their partner or as a couple). Each person completed an individual interview with AISRAP researchers, either in person or over the telephone. During the interviews participants were asked about their motivations for help-seeking, other help-providing services that they were aware of at the time, how they came in contact with MIC, barriers and enablers to help-seeking, and how the MIC program and volunteers were, or were not helpful in providing assistance.

All focus groups and individual interviews were digitally recorded and professionally transcribed. Data was analysed using thematic analysis, a method for identifying and analysing themes within qualitative data. An inductive (or data-driven) approach was applied, where the researchers identified themes emerging naturally from the data, rather than try to fit into a pre-existing coding frame (Braun & Clark, 2006). The study was approved by the Griffith University's Human Research Ethics Committee (GU Reference number 2017/353).

## Results

### Part 1: MIC volunteers' perspectives

During the focus groups, volunteers discussed their experiences with MIC, including their motivations to be involved as volunteers and their insights into how MIC operates. The information arising from discussions fell into the key themes of (1) perceived benefits of MIC; (2) why MIC works; and (3) challenges and areas for improvement. These themes and related sub-themes are described in more detail below.

#### Perceived benefits of MIC

Volunteers spoke very positively overall about the value of their MIC training: in particular on how learning about high construction industry suicide rates was a motivator to continue training, which in turn provided them with the skills and confidence to assist those in need. The sub-themes around the benefits of MIC were awareness and knowledge; removing stigma; skills and confidence; and the flow-on effects of helping others.

#### Awareness and knowledge

During focus group discussions, many volunteers reported being shocked to learn of the high suicide rates in the construction industry and of how they were not aware of the magnitude of the problem before MIC training. They spoke of the impact of being presented with suicide statistics, and of the importance of having awareness of the issue.

*They're talking about stats. They're talking about how it affects our industry and what those stats are. They've got real numbers. Most blokes are blown away, just gone '(expletive)', I didn't know how big the problem was. I knew there was a problem, but I didn't know how big it was'.*

*I didn't realise how bad it was until we had the meetings on-site and they start bringing up the figures and all that sort of stuff.*

*Having that extra bit of knowledge about what potentially could go wrong on a site... the worst possible thing that I could think of happening is something bloody heavy falling on you but now I know what goes on. There's hundreds of guys sometimes on any given day that could be (suffering hardships) - you don't know what they're going through. I think just having that extra bit of knowledge from MATES helps me.*

#### Removing stigma

Volunteers discussed how that they felt MIC training (GAT, Connect and ASIST) for construction workers was effective in gradually removing the stigma of suicide within the industry. Participants described how through the MIC program, talking about suicide had started to become acceptable, whereas in the past this was taboo. Several people also mentioned how it was extremely valuable to

learn that it is beneficial, rather than dangerous to ask a potentially suicidal person if they are considering suicide.

*15 years ago we couldn't have had these discussions. It would have been taboo. You would have been wrapped in cotton wool, thrown in a straightjacket and locked up. Or no-one would have talked to you full stop.*

*I feel like the best part of the whole course was the removing the taboo kind of thing. They did speak about it quite a bit and I often thought that if I'm directly asking the question (are you suicidal?) it would be the wrong thing to do. I thought it would be a terrible thing because it would put it in their head and they might think about it, but I found out it's the best thing to do.*

*I had very old-fashioned views about suicide and people - probably not the most supportive. The training brought me right out of that... and really made me realise how in general terms someone would get to a position like that and how successful help could be at the right times if people were keeping an eye out for each other.*

*We've educated people to the extent that it isn't a weakness. Everybody suffers and they go through problems. It's about solving the problem, not making it worse, and get people talking about it then and say 'do you know what, we're not bulletproof. We like to think we bloody are, but we're not'.*

### **Skills and confidence**

There was a lot of positive feedback from MIC volunteers about the value of learning the skills to identify if someone is experiencing personal difficulties. Participants spoke of how training provided them with the confidence to be able to detect if something is wrong (e.g., picking up on body language; listening carefully, particularly for emotions) and to speak to a suicidal person and offer assistance. A number of participants indicated that prior to training they were concerned that they did not know how to help someone in need.

*If someone's in trouble and you can identify that. We might just keep going 'are you alright, you okay, what can we do to help?', and stuff like that.*

*Being able to deal with those incidents better with a bit more confidence. Getting more of a framework around how you have those conversations and assist people through the relevant steps. ASIST gives you the tools and framework to deal with that process.*

*I had a member one day call me and tell me that he was thinking about jumping off a building that he was working on. I was able to go to the site and spoke with him and connected him up with some help and he got the counselling and moved forward, which was pretty powerful stuff.*

*That concerned me that I didn't know what I was looking for. It made a lot of sense to me after doing the course, especially the ASIST. One of the blokes in particular was showing a lot of those symptoms that they were talking about. We could have quite easily missed it.*

### **Confidence in other volunteers**

When discussing their experiences as MIC volunteers, several participants stressed that they would feel comfortable and confident in turning to other MIC volunteers to seek help if they found themselves in such a situation.

*They're not in that role because they don't care so I'd have confidence in contacting anyone who was (a volunteer for) Mates in Construction to ask them advice.*

*I would have confidence that X or one of the other guys would be there and be able to help me through that.*

*I reckon if I was put into a situation (of needing help) I'd feel confident enough that I've got that option, that I know enough people at MATES that I wouldn't have to be ringing around. I could just ring one person (and say) 'mate not having the best of days'. That's my degree of confidence that someone will look after you. There's always someone there that will be able to help.*

### **Flow-on effects of helping others**

When asked about some of the best aspects of being a MIC volunteer, many participants spoke about the positive effects of knowing they had helped someone. Numerous examples were provided of how volunteers had been able to assist others in need and provide a positive contribution to their workplace. In addition, volunteers spoke about how they were able to use their MIC training to help people outside of their workplace.

*It's when you've heard that the person you managed in some small way to assist - he's on the mend. You can see that he's a lot happier. When they come up and say 'thanks very much, it's exactly what I needed and these people did help me' - so that you get the feedback.*

*He's come back a couple of weeks after that and said that the conversation made a difference and that just being able to share it and then giving him some advice on how to connect to someone to help was the difference for him.*

*The fact that you are actually able to have discussions with people and they feel like you're taking an interest in them as a person more so than there to do a role. It's a two-pronged benefit. The fact that you both walk away from the situation feeling that things are in a better direction and the person's gone 'he cares about me, rather than just the name on the shirt', is the biggest benefit out of it.*

*I've used it both in my personal life with good friends and people at work since. I've used it probably more times than I would have liked to have. So it really does help you deal with that tough conversation and give you a whole new tool bag on how to deal with suicide and suicide awareness and what have you. It's pretty cool.*

### **Why MIC works**

During focus group discussions, volunteers brought up a number of key aspects that they believed were central to the success of MIC. As outlined below, these were the simplicity of the MIC model;

clear roles; understanding the construction industry culture; and visibility and engagement with workers.

### **Simplicity of the MIC model**

A number of volunteers highlighted how they particularly liked the simplicity of the MIC model, which they said as a result, made it easier to implement and enable both help-offering and help-seeking.

*(I like) the whole model. The fact that you just train everybody to recognise the signs and the subtle invitations - and that empowers someone to be a better mate. But some people aren't comfortable, and I know that through people coming to me and saying I think so-and-so's in trouble – 'well, have you had a chat to them'? 'Oh no, I can't talk to them about that'. (But) you then know at least there's someone in your workplace, in your community that you can go to and say 'hey, I need you to jump in and have a chat to this bloke, or person'.*

*Once they've got that out in the open, then they've got access to someone who's been trained to that next level who can get into the thick of it. So for me it's about being a good workmate and a good member of the community and it just gives you the tools to do what you should be doing anyway. So yeah, I really like the simple model, it's beautiful.*

*You've got your first aiders on your wall - and your mental health first aiders. They're two different people. You're going to him for a cut on the finger: well you go to him for a cut on your heart. I looked at that and I thought 'Of course. That's just so simple!'*

*I think the message, while it's simple is very strong and it can be contextualised to fit anywhere because again, it's just basically that 'showing up and caring' business.*

### **Clear roles**

In line with the simplicity of the MIC model, participants stressed another effective aspect of MIC was the clearly defined roles for MIC volunteers (i.e., they are not mental health workers and not there to 'fix' the problem). Rather, MIC training provides the skills to recognise when someone needs help, and to be able to connect the person to assistance.

*We're construction workers. We're not trained mental health professionals - we're just connectors and assisters. We'll get you from here to there and keep you safe for that bit, and then you're handing someone over to get the proper help that they need because we can't fix the problems. We can only help them get the help they need to fix the problems.*

*I feel like I'm someone who does that, I'm going to connect this person who's not feeling so great about themselves – 'mate, I'm going to put you in touch with someone that could possibly give you some better options than what you've gone through at the moment'. I feel like I'm the middle man.*

*We're only a very small part of the parcel of helping them solve the problem. Being able to realise that they've got a problem in the first place is the skill set they've given us.*

## Understanding the construction industry culture

Participants also highlighted the point that MIC has been built into the culture of the construction industry, and as such, workers can relate to and identify with MIC, as 'they understand the industry'. This was said to be particularly the case when it comes to help-seeking options. Volunteers described how, as a male-dominated industry, they found that male construction workers were more comfortable talking to other males/workmates than calling a general helpline. Participants also stressed how MIC training was 'pitched at the right level'. One volunteer described attending a training session from a mental health organisation, which he considered this to be 'aimed more for office workers', whereas MIC training and stories were 'at the guys level'. Volunteers also spoke of how MIC was well supported within the construction industry and that MIC had united the construction industry in promoting the mental health of construction workers.

*I know you've got Lifeline and beyondblue and any number of other organisations that do it, but MATES, they're a part of us. They're a part of the construction industry, so there's that connection with them. Blokes will identify with that rather than calling Lifeline or beyondblue - straight to MATES.*

*The stories were at their (construction workers') level. The facts and the figures were at their level. They're not talking about high level psychology or the terms for this, that and the other. They're talking about what's happening on the ground.*

*The whole thing's supported by our industry and it's something that we put together and everyone pays into, and it's represented very well. It's taken off very well.*

*The most rewarding thing that's brought the industry together is this MATES model. Even take out the barriers of employers, unions and employees, all three sit under that actually pretty harmoniously, which you do not get in any other (organisation) - you don't even get that from a safety point of view, but from a mental health point of view it's the only thing I've ever seen that's actually united all three.*

## Visibility and engagement with workers

During the focus group discussions, a number of MIC volunteers talked about MIC's high visibility on sites, as well as their passion and engagement with workers. Volunteers spoke of what they saw as 'a huge camaraderie around MATES', and described how MIC representatives were very popular with workers on site (thus making them more approachable). It was generally expressed by participants that all of these factors were integral to MIC's success.

*It's the one thing that MATES have done by doing that model is with construction workers if it's in front of you, you tend to rely on it more so. The fact that the field officers are around the projects and drop in quite frequently, it's front of centre, front of mind. That reference point is always there.*

*They're coming from a place of - we can tell they're not just a contract trainer in to deliver something that they couldn't give two (expletive)s about. It's a passion and it comes across in their delivery. People can't not pay attention when someone is delivering like that.*

*I think what they're doing there as far as starting at the grassroots and then after they've attracted the Connectors and trained those, then they (ask) if you're interested in going further. Everyone is always a volunteer and not a captive audience, so it works well to make sure you've got engaged people that are there because they want to help and not forced to.*

*I had City Council (visit the site) at 7.30 this morning and the guys avoided them like the plague. Then I had (representatives) from MATES come in and they all rushed down. Then workplace health and safety came at 8.30 and they all disappeared again. There is a huge camaraderie, I suppose around that.*

## **Challenges for MIC volunteers**

When asked about the negative aspects of being a Connect or ASIST volunteer, several participants reported some frustration that workers were not always receptive to help-offering. Participants described construction workers as usually guarded and unwilling to talk about their problems, although consistent contact and 'checking up' usually overcame these barriers. In addition, some volunteers expressed concerns when they were unable to help someone in need, although this was reported to be rare, and usually the case when the worker was using drugs. Some volunteers also reported that it can sometimes be difficult to 'switch off' – instead, continuing to worry about whether the person may still harm them-self. Although it was also pointed out that MIC training emphasises that volunteers should not feel guilty if unable to help someone, it was suggested that there was a need for more opportunities to 'debrief' with other MIC volunteers.

*The hardest part for me is trying to help someone that doesn't want to be helped. That gets hard. You'd get him on the right course and within no time at all he was straight back doing the same thing.*

*There's only so much effort you can put into someone before you start thinking it's taking its toll on yourself. You've almost just got to let go. That's hard, to let go, because you don't know - you're going to be the one that last spoke to him or - you don't want to put that on your own shoulders but, at the same time, you can't keep doing what you're doing if you're not getting anything back.*

*You can lead a horse to water but you can't make it drink. So you can help somebody and you can provide all the support systems there but they've got to be prepared also to take up on some of those things. So I suppose having the field officers there if you're in any doubt about the advice that you've given or your capability as a person is to provide support - to say 'hey you've done everything that can be reasonably done here; thanks a lot; now you've got to hand it over'. So there's that real line there about 'hey you've got to hand it over; you can't become everyone's hero'.*

## **Areas for improvement**

In general, the areas for improvement raised by volunteers were in relation to the need for ongoing and expanded MIC training. The need for refresher courses and training to target newcomers to the industry was also highlighted. As mentioned above, more opportunities for Connect or ASIST volunteers to debrief were also raised, although participants recognised the need for care in maintaining client confidentiality issues. Despite the reported high visibility of MIC, several

participants suggested a need for more MIC signage on sites, with greater visibility of MIC contact phone numbers. Several participants also suggested that it would be useful to develop a MIC App for mobile phones in order to make MIC more accessible for construction workers.

*That continuing ability to ensure that people are getting trained and made aware. Because the strength of being able to assist someone starts with the awareness down the bottom doesn't work unless you've got a stack of people trained in awareness. Once that happens the rest is easy for the Connectors.*

*Look I think Mates In Construction having field officers accessible to bounce things off, to get some support from if you need it, or to attend certain things that as an assistor you're not confident or comfortable doing, then that's really the key.*

*I think (a MIC) app's a good idea because everyone's always got their phones.*

## Part 2: Case management clients' perspectives

During the course of the individual interviews with case management clients, the key themes to evolve from these discussions were (1) the problems faced by construction workers; (2) male attitudes and workplace culture; (3) why and how they accessed MIC; (4) how MIC has helped; (5) flow-on effects; (6) why MIC works, and (7) areas for improvement. The following sections discuss these themes and sub-themes in more detail.

### Problems faced by construction workers

Clients described a clear picture of the types of problems and stressors they faced working in their industry. Key workplace stressors cited were time pressures (e.g., starting construction jobs that were already significantly behind schedule and being pressured to catch up) and lack of job security. Family and personal problems were also described, as well as the widespread use of alcohol and drugs (including ICE) as a coping strategy. The problem of bullying was also raised, particularly for young apprentices, and concerns were expressed for their welfare.

*It's just the pressure that some of these guys get into because a lot of these jobs in construction get miles behind. The job - it's big. You can't control the situation you're in because it's there when you arrive. We've still got to make up that three months we're behind and still hand over the job. Then it becomes pressure on us.*

*It's the long hours, the pressure of finishing projects or even doing different tasks on a project to get it in time. Oh, the drugs and alcohol are pretty common.*

*It did (become a concern), drinking for the wrong reason. Yeah, (I drank) just to shut everything out, not for the enjoyment of it.*

*Because the guys look and think there's nothing (to turn to for help). So that's when they turn to alcohol or drugs to sort of fix the illness. It's just a temporary band aid.*

*I remember this one apprentice in particular whose boss used to yell and scream at him and he was having a mental breakdown and he was only two years into his apprenticeship. There's a lot of pressure on the young fellows that are coming up nowadays...*

### How these develop into more serious issues/greater difficulties

Clients shared their own stories and described how easily having a combination of a number of stressors that lead to problems spiralling out of control, where a person may end up having suicidal thoughts and desperately needing help.

*The constant worry. Constantly criticising yourself. Fatigued and lethargic all the time even though, you know, I was going to the gym three or four days a week and doing my own things at home as well but you're just struggling all the time. You have dark thoughts. Even on the small end of the scale it starts, to the deeper end of the scale once you - and a constant thought of how the hell am I going to get through this?*

*So it builds up and gets to you and then your wife leaves you because you're at work for 60 or 70 hours a week and they never see you and ... when you're home you're too tired. You're always sleeping and you're drinking (alcohol).*

*I just wasn't coping. Yeah, I was arguing with my ex a lot, we were arguing, so work stress and home stress and... I just didn't know how to deal with things and thought I'd better go and see someone and find control measures to put in place.*

*I think they (other construction workers) reflect on their lives and see how they're going and then if they're not going as good as the person they perceive they wanted to be at that age then they really throw themselves into something. Or they do the opposite and give up and just let it all go.*

*There's definitely - I think in the construction industry, especially I'd say, because a lot of young people will turn to the wrong people, they get involved in drugs, and once you go down that road ... It's not a good end for a lot of people.*

## **Male attitudes and workplace culture**

Several interviewees raised the issue of male attitudes and workplace culture, such as traditional views of the importance males placed on being the 'provider', being successful and 'knowing how to fix things'.

*R U OK day is a great idea for construction workers in general and men in general. We tend to just soldier on like it's going out of fashion.*

*Men have this attachment to work. I'm having trouble letting go of it at the moment. I suppose it's the worry about 'providing'. It's very important that I work. It's been half the battle of me getting well - is actually having a job that I can go to and work.*

*It's hard for a person like me who works in the building game where we fix things and we can't fix it (problems). We just can't work at it and knock away the situation then try to build it.*

*The whole way of thinking learnt from family and just growing up - this whole idea that you must succeed in every situation you're in, that you must be earning X amount of dollars to be able to say that you are succeeding and all this.*

## **Barriers to help-seeking**

During these discussions, interviewees described these male attitudes and culture as the main barriers to male help-seeking, including difficulties in talking to others about problems. Construction workers described how they (or in the case of the female interviewees, their male partners) viewed asking for help as a weakness. Several clients also highlighted their extreme reluctance to visit a doctor or health practitioner.

*I know with a lot of men - particularly in that sort of industry - they've got a macho image, so to speak, that they're supposed to uphold. They do find it very difficult to ask for help. They think it's a*

*weakness and people are going to judge them and all the rest of it, which is quite sad. [Female partner of a construction worker].*

*I think it's very hard, maybe it's just males in general, I don't know. It's very hard talking...*

*Men have to learn - I had to learn that it's okay to admit that you're having trouble and it's okay to ask for help. That's an attitude. An attitude stopped me from doing it earlier. A change in attitude helped me get there.*

*Pride, especially a lot of men, like, pride is a big thing, and if they know that they've got, like a boys' club that they can go to like MIC and that, and they can actually sit at the pub and have a beer, and actually talk to someone where they're in their comfort zone, rather than go and sit in a bloody clinical office.*

*The only way I'm going to go to the doctor's unless I'm about to die or my leg's fallen off. I'm not the only one. They're all like that on job sites.*

## **Why and how they accessed MIC**

When asked about their motivations to first seek help from MIC, clients described a range of experiences. Some workers spoke of how they had contacted MIC themselves while others were approached with help-offering from MIC workers on site. Significantly, several interviewees spoke of how they were able to relate to stories from their male peers about the importance of seeking help, which enabled them to move past traditional barriers to reach out for help from MIC. In describing their experiences with MIC, clients generally expressed both surprise and relief that help was so easily and quickly accessible. Clients also spoke of the feeling of comfort from knowing that there were people available to help.

*When we were on site our delegate got up and spoke to a whole lot of us that day... explaining how he was in a bad situation when he was younger, and it was him and two other mates, and one of his mates isn't with us anymore. Just that he ended up reaching out, and if he never reached out, who knows where he would have been. I was already in a really bad situation by that point, and especially having a delegate, someone that you look up to, talk about his own experience... it makes you feel a lot more comfortable. It wasn't long after that, probably didn't react on it straightway but probably about a month or so later, I ended up reaching out, which was a good thing. At the time as well... that's what I needed; I needed someone to talk to then and there.*

*I went to a friend's funeral... we were at the wake afterwards and one of the toughest guys I've ever met spoke to me about his experience with suicidal thoughts. That was not too long after the (GAT) training. I just went wow, okay, so it doesn't matter how tough you are on the exterior, everyone's got feelings and emotions and if you don't deal with them they'll deal with you. There's people out there that can help you deal with them.*

*I literally - I just called up... told him my name, told him all my information and that was basically where it went. Told him what my problem was and from there yeah basically they helped me the rest of the way.*

*Yeah. I just called up, and I spoke to someone over the phone, and, yeah, she was quite good ... Made me feel a lot more eased at the time, yeah, I was a lot better. They ended up making me an appointment, booking in a counselling appointment.*

*He said 'mate, you can call this number 24 hours a day'. That gave me the feeling that if I'm having trouble at that moment and that's - I don't know it could be three o'clock in the morning, I've got someone to call. That made me feel good. I reckon that's a real bonus. You just want someone to talk to when you're upset. I reckon that's gold. I reckon that's a bonus.*

*They just organised it and organised me as well. It was quite easy. It was a lot easier than I thought it was going to be.*

*I've got him in my phone ...it's fantastic to know that there are people there that will actually help you instead of just shoving you on the shelf and brushing you away.*

## **How MIC has helped**

Clients provided a range of descriptions about how they felt that MIC had been effective in helping them. These accounts indicated that MIC had been of assistance in two significant ways: (1) by providing direct support through case workers, and (2) by referring and connecting clients to professional help (e.g., clinicians, therapists).

## **Support from MIC**

When discussing their initial and ongoing contact with MIC volunteers, participants described feeling supported, as well as their relief in discovering that they were not alone and that others are going through/have been through similar situations. Clients described having highly valued relationships with their case managers; with trust, and being able 'to relate to' their case managers as fundamental to relationships.

*Mates in Construction has been this fall back that's always been there that hasn't been supplied by the boss' company. I feel without them I would not have any support.*

*Just knowing that someone that you're talking to has gone through the same thing that you're going through at the time or have gone through and that you're not the only person - because that's the way you think, you're the only person in the world that feels that way. I've spoken to a lot of other people who have gone through different ups and downs and they say the same thing. Just knowing that there is a relationship out there and you've got the people that have gone through the same thing, you're not the only one suffering, that gave me a big sense of relief to know that it wasn't just me. Those people speak your language and it becomes even more and more real and more understandable.*

*The way he comes across - it's just here to help you. Straight away there was that connection with X... I don't know but he was just so helpful. I was pretty stressed the first time I made contact and straight away he calmed me down. Whatever method he's got it works really good short term and*

*then long term you feel like ringing back as well. I'd really like to sit down and have a beer with him. He's just - it's like he cares. He was a listener.*

*The more I got to know him and got his trust, when I was going through my very down spot, yeah, I rang and spoke to X, and he was always there.*

*You can relate to him (case manager), he can relate to us.*

*But yeah, I've always had this bond and trust with X. I actually look up to him, like a father figure, and what he's actually taught me through the MIC programs and that is, it doesn't matter how hard things get, there's always someone there that's willing to help.*

### **Referrals to therapy**

Clients described how, after being connected via MIC, they believed therapists had been able to help them. Being non-judgemental and having an honest approach were identified as highly valued features of therapists. In addition, the features of therapy that clients described as most helpful to them were practical approaches such as being given tools and taught coping skills, and training in problem-solving approaches. It also appears that the 'practical' terminology used to describe these approaches ('tools', 'problem-solving' etc) also fit comfortably within male construction industry culture and is therefore more acceptable to clients.

*(The therapist) didn't judge, sat there and listened and gave me tools to help myself and be a better person.*

*The brutal honesty of saying 'look you're just mucking it all up for yourself'. Then they basically sat down and said 'why don't you try doing it like this. Wouldn't it be better to do it like this? What about like this?' You're, 'yeah that actually makes sense. Why wasn't I doing that?' They basically just said 'let's train you up. We'll give you a hand'. That's what I was most appreciative (of).*

*He said 'you're not - you haven't got mental issues. You're tired and stressed' and he goes 'it doesn't sound like you've got a mental problem or anything like that or you've got issues. It's just you're tired and you don't have the skills to actually be able to deal with the problem'... Then they'd go 'hey, why don't you try this mate?'*

### **Flow-on effects**

During their interviews, clients spoke of their positive outcomes from receiving assistance from MIC volunteers. They described the flow-on effects from their own experiences in increasing their openness to help-seeking, as well as having more awareness of other peoples' problems and openness to helping others.

*I'm personally probably a lot more open these days to talking about things and I suppose reaching out to people who might be able to help if I think that's what I need - so I'm a lot more open to that; a lot more open-minded to the fact that it doesn't make you any less of a person... it doesn't - all that stuff - 'the big tough man'.*

*He talks highly about them now and always when he has a mate in trouble at work he always goes give these guys a call, even if you just need a chat.*[Female partner of a construction worker].

*I know that feeling and I know when you need help and - that's what I've done with a couple of mates since (point them in the right direction for help).*

*I've had a couple of mates go through relationship breakups recently. Yeah, I had a go at that. I hope that I'm there to listen. I mean I'm as supportive as I can be. I'm sure I say to them all 'how are you going? Do you need to speak to someone on a professional basis because I'm seeing (a counsellor). I'm getting it a bit more.*

## Why MIC works

### Understanding the industry

Clients' insights into the success of MIC echoed those of volunteers, in terms of having a strong perception of MIC as having an understanding of, and being a part of the construction industry. Also echoing the opinions of volunteers, clients clearly expressed their preference to seek help from someone from within the construction industry who was preferably male.

*So they (MIC) have actually got an understanding of the trade. But if you go somewhere like beyondblue and that, all you're dealing with is somebody who's been off to Uni and done a psychological degree. Like, a degree is - it's worth (expletive)-all compared to experience, when someone's been in the industry, and they realise how hard the construction industry is.*

*Because construction workers, we're quite a funny group. We always stick together. But yeah, I never really heard of beyondblue, or Lifeline, or Salvos, or anything. I knew they'd been around, but I didn't know the actual support that they actually put together until I did the MIC, and I thought, what a great course, you know? They're actually looking after, like, a brotherhood, you know?*

*I think that for people in that industry, knowing that that service is available, that they would be more willing to access their services through them, as opposed to any of the other organisations.*

*Yeah, I thought of them (other available services) I suppose. Yeah, I felt more comfortable going through my trading stream.*

*Because if you call Lifeline or anything like that, you can request a male but it's not necessarily going to be a male that answers the phone. I think that makes men feel more comfortable if it's a male there. I think if you ring Lifeline or anything like that and a female answered the phone, I don't think it would be as successful as what it was with MATES in Construction. [Female partner of a construction worker].*

*I probably think because I am in construction, and it's a counselling service that is designed and set up for men (well, women too these days), but which has always been a primarily male-dominated industry.*

### **Prompt service, regular contact and follow-up**

Consistent themes throughout the client interviews were an appreciation of MIC's prompt process for connecting clients to help, availability, regular contact, and call-back and follow-up services. These services were described as excellent.

*MATES in Construction did follow up straightaway and say 'hey, have you made the appointment?' Everything has been done by phone, but that's a lot more convenient for people these days, so it's a good service.*

*I think the first contact from the counsellor was quick. It was 'Mates in Construction have rung us. We're going to organise an appointment for you'. That was pretty quick.*

*They were very prompt with their service and they did make the effort to do the follow-up.*

*Their phone services, they're doing exceptionally well. Their call-back services are fantastic as well, and even though it's been a year since it happened, I still get follow-up phone calls, which is great as well. Yeah, it's good to have someone by your side and it's good to have a follow-up.*

*It was really good that I could speak to someone, and they always rang back when they said they would and they always researched stuff and tried to get in contact with my partner a couple of times. I even still receive phone calls now, offering – 'how's everything going?' and at the moment I've turned around and said 'yeah, we're still a bit low'. So he was going to try and contact X again. So the follow-up service has been really good as well.*

*I'm still in contact with him (case manager) - talk to him about every week. Either through a message or phone call, always keeping in touch with him.*

*So they're constantly keeping on track of me and seeing how I'm going, which is good.*

### **Assists the whole family**

Several clients also highlighted the important point that MIC provides assistance not only to individuals, but to whole families of construction workers.

*...Individual counselling, also family counselling, because we have children as well, and it was a lot for them to go through as well. So they've looked after the whole family, it hasn't just been my partner, it's been all of us and they spoke to us all the way along.*

*It's for families as well, they're the people that are suffering. Because that was a big thing for me; they were a big help for (my family) as well pulling me back into line.*

### **Visibility and promotion of MIC**

Similarly to volunteers, clients reported that MIC's high visibility was fundamental to their success.

*The thing about it is that as long as Mates in Construction still keep coming to the job site - so offer a cheap barbecue - sausage and bread barbecue they throw on all the time, guys like me are always going to remember the number. They go to the sticker. The sticker is on our hard hats. We see it all*

*the time around the job sites. Because, if something goes wrong we're always going to call. That's the thing, at least they're out there promoting it and helping the guys.*

*I only know of Mates in Construction because the signs are up on the job site everywhere. They do come out - I've been to a few jobs over the years where they do come out and do like they did for R U OK day and have a chat to everybody and stand there while you have a bacon and egg sandwich and just have a chinwag to everybody on site and check on everybody.*

*You see all their stuff on sites, all their posters and things like that.*

## Areas for improvement

Generally the clients spoke very positively about their experiences of assistance from MIC. There were only a few suggestions for areas for improvement. One participant said he received immediate help from MIC but it took some time to organise an appointment with a counsellor. He emphasised the importance of being able to access help without delay, and the need for a quick intervention 'before things go bad'.

*The ball got rolling quickly, but it's just that... time lag between when you ring and when you get access to someone. Just say it's two weeks. You're freaking out at the moment. You're having the trouble now. That time delay is the thing. I reckon with blokes if blokes were accessing an issue about something super serious like (family) relationship... so often that goes bad. Having a quick intervention, regardless of what type of intervention I think it would be so important because I don't think you've got time a lot of the time (to mess) around.*

Several other participants were concerned about the welfare of young apprentices and suggested the need for more monitoring of their welfare and to they were coping with the pressures of the job.

*Maybe keep a better eye on what these young blokes (and how they are coping). They should be some sort of system (where they can be monitored)...*

## Recommendations

The results of this qualitative study provide strong support for the MIC model, MIC's strong connection to the construction industry, and high visibility and engagement with construction workers as fundamental to the effectiveness of MIC. It is therefore strongly recommended that MIC continue to maintain and build on these strengths. General recommendations based on the research findings are also presented below.

- Investigate opportunities to further extend the provision of ongoing and expanded training (including refresher courses and training targeting newcomers, especially apprentices, to the industry).

- Consider avenues to further increase MIC visibility and engagement with the construction industry; including motivational presentations from industry peers on the importance of male help-seeking.
- Investigate the possibility of developing a MIC App for mobile phones, if this has not already been considered.
- Investigate the potential to provide more opportunities for Connect or ASIST volunteers to check-in with field officers, while maintaining client confidentiality issues.
- While the majority of clients reported prompt service, regular contact and follow-up; there is a need to examine the current lag time between contacting MIC and accessing an appointment with a health professional.

## Limitations

Although qualitative research has the advantage of providing rich descriptive data, disadvantages are small sample size and lack of generalisability to the wider population (Rahman, 2016). As outlined in the Introduction, Phase 2 of the research will apply a quantitative approach to a large sample to complement the current study under a mixed methods design. The results of the Phase 2 study will be presented in a separate report.

## References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

Rahman, M. S. (2016). The Advantages and Disadvantages of Using Qualitative and Quantitative Approaches and Methods in Language “Testing and Assessment” Research: A Literature Review. *Journal of Education and Learning*, 6(1), 102.

JULY 2018

# A quantitative evaluation of the effectiveness of Mates in Construction training: Phase 2 report

Prepared by the:

Australian Institute for Suicide Research and Prevention  
National Centre of Excellence in Suicide Prevention  
World Health Organization Collaborating Centre  
for Research and Training in Suicide Prevention  
Griffith University



**Australian Institute for  
Suicide Research and Prevention**



**National Centre of Excellence  
in Suicide Prevention**

Suggested citation: Ross, V. L. & Caton, N. (2018) A quantitative evaluation of the effectiveness of Mates in Construction training. Australian Institute for Suicide Research and Prevention: Brisbane.

**COPYRIGHT © AUSTRALIAN INSTITUTE FOR SUICIDE RESEARCH AND PREVENTION, 2018.**

This work is copyrighted. Apart from use under the Copyright Act 1968, no part may be reproduced without prior permission from the Australian Institute for Suicide Research and Prevention.

Inquiries regarding this publication should be directed to:

Australian Institute for Suicide Research and Prevention  
Mt Gravatt Campus  
Griffith University  
Mt Gravatt, QLD, 4122  
Phone: (07) 3735 3381  
Fax: (07) 3735 3450  
Email: [aisrap@griffith.edu.au](mailto:aisrap@griffith.edu.au)

## Contents

Introduction .....	1
Method .....	2
Results.....	2
Pre-MAT measures: suicide and prevention awareness, help-seeking and help-offering .....	2
Post-MAT measures: suicide and prevention awareness, help-seeking and help-offering .....	3
Pre-MAT measures: help-seeking intentions.....	5
Post-MAT measures: help-seeking intentions.....	6
Emotional/mental well-being .....	8
Discussion.....	9

## Introduction

In 2017 the Australian Institute for Suicide Research and Prevention (AISRAP) was contracted by Mates in Construction to conduct an evaluation of their training program. The evaluation was comprised of a mixed-method, two-phase design. Phase 1 was a qualitative study that involved focus groups and individual interviews with current to examine the motivations, pathways and difficulties in help-seeking and help-offering from the perspectives of both volunteers and clients. The aim of the current study (Phase 2) was to build on the findings of Phase 1, and assess changes in suicide awareness and knowledge, help-seeking and help-giving in workers after completion of MIC training.

This report presents the results of an evaluation of the effectiveness of the Mates in Construction Awareness Training (MAT). This core training is similar to Mates in Construction General Awareness training (GAT), but differs in that it is of shorter duration (about 15-20 minutes), and is delivered using an informal, conversational structure. Both MAT and GAT have similar content, which introduces workers to the problem of suicide in the construction industry, and provides practical guidance on how they can assist co-workers in need. After completing MAT/GAT training, workers can choose to undertake further training to become a Connector or ASIST worker so they can provide assistance and referrals to workers who are at-risk.

The MIC program has recently expanded from urban into regional Queensland, focussing on connecting with smaller contractors and sites. The current study assessed changes in suicide awareness and knowledge, help-seeking and help-giving in this group of workers after completion of MAT training. The study assessed changes in these variables immediately after training. However, to evaluate the long-term impact of MAT, a follow-up survey (Phase 3) is proposed for the same workers in 6-12 months' time.

## Method

The evaluation was conducted using a survey designed collaboratively by AISRAP researchers and MIC staff, and informed by the results from the Phase 1 research. (See Appendix A). The survey consisted of questions on suicide prevention awareness and knowledge, help-seeking, help-giving, and emotional well-being. These were completed by workers both before and after completing their MAT training. The question *I am familiar with Mates in Construction and the work that they do* was included in the initial set of items to gauge level of familiarity with MIC, but was not repeated in the post-training items. The majority of items required responses on a five point likert scale from 1= strongly agree, to 5= strongly disagree. MIC staff administered the surveys, and collected and entered the results into a data file, which was then de-identified and provided to AISRAP researchers for analysis. The study was approved by the Griffith University's Human Research Ethics Committee (GU Reference number 2017/353).

The data was collected from a total of 736 construction workers from small businesses and sites across regional and metropolitan Queensland between January and June 2018. All data was analysed using the SPSS 22 statistical package.

## Results

### Pre-MAT measures: suicide and prevention awareness, help-seeking and help-offering

The majority of MAT participants either agreed or strongly agreed with each of the statements *I am familiar with MATES in Construction and the work that they do* (54.2%), *Talking openly about suicide can prevent suicide* (78.3%), *If my workmate was going through a difficult time, feeling upset or thinking about suicide, I think I would notice* (60.5%), *If my mate was going through a difficult time, feeling upset or was thinking about suicide, I would be willing to offer help* (91.2%), *If my workmate*

*was going through a difficult time, feeling upset or thinking about suicide, I would know how to connect him/her to appropriate help (63.4%), My current worksite supports good mental health and well-being (67.3%), and If I was going through a difficult time, feeling upset, or was thinking about suicide, I would be willing to seek help (67.6%). (See Table 1).*

**Table 1. Pre-MAT responses: suicide and prevention awareness, help-seeking and help-offering**

Question	Response option					Missing values
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	
1. I am familiar with MATES in Construction and the work that they do	107 (15.0%)	79 (11.1%)	139 (19.5%)	188 (26.4%)	198 (27.8%)	25 (3.4%)
2. Talking openly about suicide can prevent suicide	12 (1.7%)	16 (2.3%)	126 (17.7%)	243 (34.2%)	313 (44.1%)	26 (3.5%)
3. If my workmate was going through a difficult time feeling upset or thinking about suicide, I think I would notice	10 (1.4%)	50 (7.1%)	219 (31.1%)	274 (38.9%)	152 (21.6%)	31 (4.2%)
4. If my mate was going through a difficult time feeling upset or was thinking about suicide, I would be willing to offer help	8 (1.1%)	1 (0.1%)	53 (7.5%)	226 (32.1%)	416 (59.1%)	32 (4.3%)
5. If my workmate was going through a difficult time feeling upset or thinking about suicide, I would know how to connect him/her to appropriate help	10 (1.4%)	56 (8.0%)	192 (27.3%)	273 (38.8%)	173 (24.6%)	32 (4.3%)
6. My current worksite supports good mental health and well-being	12 (1.7%)	34 (4.9%)	180 (26.0%)	257 (37.2%)	208 (30.1%)	45 (6.1%)
7. If I was going through a difficult time, feeling upset, or was thinking about suicide, I would be willing to seek help	17 (2.4%)	31 (4.4%)	181 (25.6%)	247 (35.0%)	230 (32.6%)	30 (4.1%)

## Post-MAT measures: suicide and prevention awareness, help-seeking and help-offering

After MAT training, a greater proportion of MAT participants either agreed or strongly agreed with each of the statements: *Talking openly about suicide can prevent suicide (84.0%), If my workmate*

*was going through a difficult time feeling upset or thinking about suicide, I think I would notice (70.7%), If my mate was going through a difficult time feeling upset or was thinking about suicide, I would be willing to offer help (93.3%), If my workmate was going through a difficult time feeling upset or thinking about suicide, I would know how to connect him/her to appropriate help (82.5%), My current worksite supports good mental health and well-being (75.4%), and If I was going through a difficult time, feeling upset, or was thinking about suicide, I would be willing to seek help (77.9%).*

Paired-sample t-tests were then performed to test for differences in responses to pre- and post-training questions. For these analyses, listwise deletion was employed to remove cases that did not provide both pre- and post-data. Results showed statistically significant increases in agreement from pre- to post- training responses on five of the six MAT questions. These were *Talking openly about suicide can prevent suicide*,  $t(675) = -3.94$ ,  $p < .001$ , Cohen's  $d = .14$ , 95% CI  $[-.20, -.07]$ , *If my workmate was going through a difficult time, feeling upset or thinking about suicide, I think I would notice*,  $t(664) = -6.33$ ,  $p < .001$ , Cohen's  $d = .24$ , 95% CI  $[-.29, -.15]$ , *If my workmate was going through a difficult time, feeling upset or thinking about suicide, I would know how to connect him/her to appropriate help*,  $t(662) = -11.54$ ,  $p < .001$ , Cohen's  $d = .42$ , 95% CI  $[-.50, -.36]$ , *My current worksite supports good mental health and well-being*,  $t(646) = -6.103$ ,  $p < .001$ , Cohen's  $d = .23$ , 95% CI  $[-.25, -.13]$ , and *If I was going through a difficult time, feeling upset, or was thinking about suicide, I would be willing to seek help*,  $t(664) = -7.41$ ,  $p < .001$ , Cohen's  $d = .28$ , 95% CI  $[-.31, -.18]$ .

There was no significant difference in responses for the item, *If my mate was going through a difficult time feeling upset or was thinking about suicide, I would be willing to offer help*,  $t(664) = -1.36$ ,  $p = .174$ , Cohen's  $d = .04$ , 95% CI  $[-.09, .02]$ . These results are presented in Table 2.

**Table 2.** Differences in pre-and post-MAT responses

Question		Pre-MAT			Post-MAT			P
		N	Mean	SD	N	Mean	SD	
1.	I am familiar with MATES in Construction and the work that they do	711	3.41	1.39	-	-	-	-
2.	Talking openly about suicide can prevent suicide	676	4.16	.92	676	4.29	.84	< .001
3.	If my workmate was going through a difficult time feeling upset or thinking about suicide, I think I would notice	665	3.71	.94	665	3.93	.86	< .001
4.	If my mate was going through a difficult time feeling upset or was thinking about suicide, I would be willing to offer help	665	4.48	.75	665	4.51	.66	.174
5.	If my workmate was going through a difficult time feeling upset or thinking about suicide, I would know how to connect him/her to appropriate help	663	3.77	.96	663	4.20	.83	< .001
6.	My current worksite supports good mental health and well-being	647	3.89	.96	647	4.10	.92	< .001
7.	If I was going through a difficult time, feeling upset, or was thinking about suicide, I would be willing to seek help	665	3.88	.99	665	4.13	.92	< .001

### Pre-MAT measures: help-seeking intentions

On the pre-MAT measure of help-seeking intentions (Cronbach's  $\alpha = .84$ ), the majority of MAT participants stated that it was likely or extremely likely that they would seek help from their intimate partner (80.4%), close family (76.2%), friend (70.3%), doctor (60.6%), mental health professional (55.5%), Only 41.7% said it was likely or extremely likely that they would seek help from a supervisor (30.9%), or telephone helpline (36.1%), MATES in Construction worker/Connector (39.6%) or workmate (41.7%). The majority of MAT participants indicated that it was unlikely or extremely unlikely that they would seek help from a minister or religious leader (63.3%) or not seek help from anyone at all (57%). (See Table 3).

**Table 3. Pre-MAT responses: help-seeking intentions**

Question	Response option					Missing values
	Extremely unlikely	Unlikely	Neutral	Likely	Extremely likely	
8. Intimate partner	19 (2.8%)	32 (4.8%)	80 (11.9%)	177 (26.4%)	362 (54.0%)	66 (9.0%)
9. Close family	18 (2.7%)	40 (5.9%)	103 (15.2%)	220 (32.4%)	297 (43.8%)	58 (7.9%)
10. Friend	23 (3.4%)	41 (6.1%)	136 (20.2%)	249 (37.0%)	224 (33.3%)	63 (8.6%)
11. Workmate	55 (8.6%)	116 (18.2%)	201 (31.5%)	178 (27.9%)	88 (13.8%)	98 (13.3%)
12. A supervisor	96 (15.1%)	158 (24.8%)	186 (29.2%)	132 (20.7%)	65 (10.2%)	99 (13.5%)
13. My doctor	53 (8.3%)	64 (10.0%)	136 (21.2%)	212 (33.1%)	176 (27.5%)	95 (12.9%)
14. Mental health professional (psychologist, social worker, counsellor)	54 (8.4%)	74 (11.5%)	159 (24.7%)	185 (28.7%)	173 (26.8%)	91 (12.4%)
15. A telephone helpline (e.g., Lifeline)	85 (13.2%)	131 (20.3%)	196 (30.4%)	142 (22.0%)	91 (14.1%)	91 (12.4%)
16. MATES in Construction worker/Connector	61 (9.7%)	88 (13.9%)	232 (36.8%)	163 (25.8%)	87 (13.8%)	105 (14.3%)
17. Minister or religious leader	261 (41.4%)	138 (21.9%)	119 (18.9%)	68 (10.8%)	45 (7.1%)	105 (14.3%)
18. I would not seek help from anyone	221 (34.9%)	140 (22.1%)	181 (28.5%)	51 (8.0%)	41 (6.5%)	102 (13.9%)
19. I would seek help from another (please list <sup>1</sup> )	131 (26.8%)	69 (14.1%)	181 (37.0%)	58 (11.9%)	50 (10.2%)	247 (33.6%)

## Post-MAT measures: help-seeking intentions

After MAT training, a greater proportion of participants stated that it was either likely or extremely likely that they would seek help from their intimate partner (84.4%), close family (79%), friend (76.3%), doctor (62.1%), and mental health professional (59.7%). **In contrast to pre-training responses, a much larger proportion of participants now stated that it was likely or extremely likely that they would seek help from a workmate (51.7%) or a MATES in Construction worker/Connector (56.2%).**

<sup>1</sup> Only 16 participants listed another service.

Paired-sample t-tests were performed to test for differences in responses to pre- and post-responses. Listwise deletion was again employed to remove cases that did not provide both pre- and post-data. Results showed statistically significant increases in intended help-seeking from pre- to post-training responses on five of the six MAT questions. These were intimate partner,  $t(619) = -4.44$ ,  $p < .001$ , Cohen's  $d = 0.18$ , 95% CI  $[-.16, -.06]$ , close family,  $t(625) = -4.91$ ,  $p < .001$ , Cohen's  $d = 0.19$ , 95% CI  $[-.17, -.07]$ , friend,  $t(612) = -5.21$ ,  $p < .001$ , Cohen's  $d = .20$ , 95% CI  $[-.21, -.10]$ , workmate,  $t(585) = -7.25$ ,  $p < .001$ , Cohen's  $d = .30$ , 95% CI  $[-.33, -.19]$ , supervisor,  $t(579) = -5.36$ ,  $p < .001$ , Cohen's  $d = .22$ , 95% CI  $[-.28, -.13]$ , mental health professional,  $t(586) = -2.08$ ,  $p = .04$ , Cohen's  $d = .09$ , 95% CI  $[-.16, -.01]$ , telephone helpline,  $t(587) = -6.19$ ,  $p < .001$ , Cohen's  $d = .26$ , 95% CI  $[-.34, -.18]$ , MATES in Construction worker/Connector,  $t(571) = -8.20$ ,  $p < .001$ , Cohen's  $d = .34$ , 95% CI  $[-.43, -.26]$ , minister or religious leader,  $t(566) = -3.61$ ,  $p < .001$ , Cohen's  $d = .16$ , 95% CI  $[-.21, -.06]$ , or another service,  $t(415) = -2.39$ ,  $p = .02$ , Cohen's  $d = .12$ , 95% CI  $[-.24, -.02]$ .

There were no significant differences between pre- and post-MAT for intentions to seek help from a doctor,  $t(565) = -1.76$ ,  $p = .08$ , Cohen's  $d = .08$ , 95% CI  $[-.12, .01]$ , or not seek help from anyone at all,  $t(567) = .15$ ,  $p = .88$ , Cohen's  $d = .00$ , 95% CI  $[-.09, .10]$ . The results are presented in Table 4.

**Table 4:** Differences in pre-and post-MAT responses: help-seeking intentions

Question	<i>N</i>	Pre-MAT		<i>N</i>	Post-MAT		<i>p</i>
		Mean	<i>SD</i>		Mean	<i>SD</i>	
1. Intimate partner	620	4.22	1.03	620	4.33	1.00	< .001
2. Close family	626	4.09	1.03	626	4.21	.99	< .001
3. Friend	613	3.90	1.04	613	4.05	1.00	< .001
4. Workmate	586	3.18	1.15	586	3.44	1.12	< .001
5. A supervisor	580	2.83	1.20	580	3.03	1.23	< .001
6. My doctor	566	3.60	1.23	566	3.66	1.30	.08
7. Mental health professional	587	3.52	1.24	587	3.60	1.24	.04
8. A telephone helpline	588	3.01	1.23	588	3.27	1.26	< .001
9. MATES in Construction worker/Connector	572	3.19	1.13	572	3.53	1.16	< .001
10. Minister or religious leader	567	2.20	1.29	567	2.34	1.39	< .001
11. I would not seek help from anyone	568	2.32	1.21	568	2.32	1.28	.88
12. I would seek help from another	416	2.64	1.27	416	2.77	1.36	.02

## Emotional/mental well-being

On the pre-MAT measure of participants' current emotional/mental well-being, the majority of participants (74.2%) indicated that they felt "good" or "very good" (see Table 5).

**Table 5:** Emotional and mental well-being responses Pre-MAT

Question	Response option					Missing values
	Very poor	Poor	OK	Good	Very Good	
1. So far today, the best way to describe how I'm feeling emotionally/mentally is...	4 (0.5%)	8 (1.1%)	113 (15.4%)	311 (42.3%)	235 (31.9%)	65 (8.8%)

Following training, 80.3% of participants indicated that they felt *good* or *very good*.

Paired-sample t-tests were performed to test for differences in responses to pre- and post-responses. Listwise deletion was employed to remove cases without both pre- and post-data. Results showed statistically significant increases in the number of participants who said they felt *good* or *very good* at post-MAT,  $t(594) = -2.64$ ,  $p < .008$ , Cohen's  $d = 0.09$ , 95% CI [-.06, -.01].

**Table 6: Differences in pre-and post-MAT responses: emotional and mental well-being**

Question	Pre-MAT			Post-MAT			$p$
	$N$	Mean	$SD$	$N$	Mean	$SD$	
1. So far today, the best way to describe how I'm feeling emotionally/mentally is...	595	4.13	.79	595	4.16	.78	.008

## Discussion

Overall, these results clearly demonstrate the effectiveness of MAT by showing positive and statistically significant changes in workers' suicide prevention awareness, knowledge and attitudes. It should be noted that pre-training data indicated that a relatively large proportion of this group of workers were already familiar with Mates in Construction and the work that they do (54.2%), knew that talking openly about suicide can prevent suicide (78.3%) and said they were willing to seek help if upset, thinking about suicide or going through a difficult time (67.6%). Nevertheless, after completing training, significantly more participants agreed or strongly agreed to all of these questions (except for willingness to offer help which had similar pre-and post-MAT scores - likely due to ceiling effects) indicating that MAT had an overall positive impact on workers' awareness, knowledge and attitudes.

After completing MAT, significantly more participants said they were likely or extremely likely to seek help from their intimate partner, close family, friend, supervisor, helpline, and minister or religious leader. Most importantly, less than half of workers said they would seek help from a workmate (41.7%) or Mates in Construction worker/Connector (39.6%) before MAT training; however this proportion increased significantly post-MAT. These results not only demonstrate an improvement in help-seeking attitudes in general, but also suggest that the MAT content which promotes looking out for mates/workmates and seeking help from MIC workers has had a significant impact on workers.

An additional insight provided by this research was the significant increase in self-reported emotional/mental well-being in workers post-MAT. This rationale for including this question in the survey was to gain an indication of general levels of emotional well-being among construction workers. Given that MAT was designed as suicide prevention awareness training and not necessarily to improve emotional well-being, these results are surprising. It is possible that the process of attending the training, learning that help is readily available and interacting positively with other workers and MIC staff may have contributed to increased feelings of well-being.

Despite evidence of the positive impact of MAT at post-training, it is also essential to conduct follow-up evaluation in order to assess whether these improvements seen at post-training will remain over time. Follow-up evaluation is critical to determining whether changes in workers' suicide prevention awareness, knowledge and attitudes are retained in the long-term. Therefore, a follow-up survey is strongly recommended for the same participants within 3-6 months' time.

# FEEDBACK FORM



Please provide your details and respond to these statements **BEFORE** completing General Awareness Training (GAT).

## YOUR DETAILS

Gender: ☐ Male ☐ Female D.O.B. \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Site \_\_\_\_\_

Have you had previous training by MATES in Construction?

☐ GAT ☐ Connector ☐ A.S.I.S.T.

**MATES in Construction may send you important information about your health and wellbeing by email or post**

☐ Please tick here if you do not want to receive any MATES in Construction information or material

Please note: under no circumstances will MATES in Construction provide personal information to third persons without your express consent.

**Please tick the number to indicate your level of agreement with each of the statements below:**

	1 = Strongly Disagree	2 = Disagree	3 = Neither agree nor disagree	4 = Agree	5 = Strongly Agree
	1	2	3	4	5
1. I am familiar with MATES in Construction and the work that they do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Talking openly about suicide can prevent suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If my workmate was going through a difficult time feeling upset or thinking about suicide, I think I would notice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. If my mate was going through a difficult time feeling upset or was thinking about suicide, I would be willing to offer help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. If my workmate was going through a difficult time feeling upset or thinking about suicide I would know how to connect him/her to appropriate help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My current worksite supports good mental health and well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. If I was going through a difficult time, feeling upset, or was thinking about suicide, I would be willing to seek help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## I WOULD SEEK HELP FROM:

**Please tick the number to indicate how likely you would be to seek help from the options listed.**

	1 = Extremely Unlikely	2 = Unlikely	3 = Neutral	4 = Likely	5 = Extremely Likely
	1	2	3	4	5
Intimate partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Close family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workmate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health professional (Psychologist, social worker, counsellor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A telephone helpline (e.g. Lifeline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MATES in Construction worker/Connector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minister or religious leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would not seek help from anyone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would seek help from another (please list)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**So far today, the best way to describe how I'm feeling emotionally/mentally is ...**

Very Poor ☐ Poor ☐ OK ☐ Good ☐ Very Good ☐

Please provide your details and respond to these statements **AFTER** completing General Awareness Training (GAT).

**Please tick the number to indicate your level of agreement with each of the statements below:**

1 = Strongly Disagree

2 = Disagree

3 = Neither agree nor disagree

4 = Agree

5 = Strongly Agree

	1	2	3	4	5
1. Talking openly about suicide can prevent suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If my workmate was going through a difficult time feeling upset or thinking about suicide, I think I would notice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If my mate was going through a difficult time feeling upset or was thinking about suicide, I would be willing to offer help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. If my workmate was going through a difficult time feeling upset or thinking about suicide I would know how to connect him/her to appropriate help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My current worksite supports good mental health and well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. If I was going through a difficult time, feeling upset, or was thinking about suicide, I would be willing to seek help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### I WOULD SEEK HELP FROM:

**Please tick the number to indicate how likely you would be to seek help from the options listed.**

1 = Extremely Unlikely

2 = Unlikely

3 = Neutral

4 = Likely

5 = Extremely Likely

	1	2	3	4	5
Intimate partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Close family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workmate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health professional (Psychologist, social worker, counsellor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A telephone helpline (e.g. Lifeline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MATES in Construction worker/Connector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minister or religious leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would not seek help from anyone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would seek help from another (please list)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**So far today, the best way to describe how I'm feeling emotionally/mentally is ...**

Very Poor ☐

Poor ☐

OK ☐

Good ☐

Very Good ☐

**Would you like a follow up call from a MATES in Construction Field Officer?**

☐ Yes ☐ No

**Are you interested in being involved in the project as a Connector?**

☐ Yes ☐ No

**SUPPORTED BY:**

