

# REPORT ON MENTAL HEALTH AND WELLNESS IN THE COLORADO CONSTRUCTION INDUSTRY

Revised February 2023



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## EXECUTIVE SUMMARY

AGC of Colorado convened a mental health task force with the goal of identifying a tool that could support its membership in addressing mental illness and suicide in the industry. The task force was comprised of diverse representation from general contractors and specialty contractors. This report represents the culmination of our comprehensive look at the issue of mental health in the construction industry in Colorado and the task force's recommendations to the Board of AGC of Colorado.

The task force reviewed statistics, survey results and key findings that corroborated the need for the industry to work collectively to address these issues within the construction workforce where, if left unchecked, **people are 5 times more likely to lose their life as a result of suicide than due to a safety incident on the job**. The data suggests that there is a strong desire from both employers and employees to have easily accessible resources to manage mental health and that current benefit packages are inadequate for this purpose.

Several tools were identified that individually treat mental health and wellbeing, substance use, and suicide but only one tool was found that was comprehensive enough to address all three. Youturn Health is an on-line and peer counseling-based tool that is easy to access, meets people where they are through a stress management approach, provides equal support to family members, and has proven success with substance use and suicide management. Youturn Health is a practical tool that can be rolled out to AGC members with minimal effort by AGC of Colorado and its member companies in both English and Spanish, with the ability to support other languages. The task force acknowledges that Youturn Health started primarily as a substance use platform. In addressing substance use, the platform has always included some aspect of total mental wellness and suicide prevention, and these components have grown to provide additional preventative measures to fill a need in the market.

The task force recommends that AGC of Colorado test Youturn Health for full rollout to its members by supporting a one-year pilot program, comprised of a diverse selection of member companies. We further recommend that AGC of Colorado split the cost of annual dues\* with participating companies larger than 250 employees, pro-rate the dues for companies smaller than 250 employees by size, and that pilot companies pay the entire cost of peer-coaching for their employees. Upon completion and analysis of the pilot program, AGC of CO would decide whether to adopt Youturn Health for its entire membership.

\*See appendix for full cost proposal



## METHODOLOGY

In July 2021, AGC of Colorado convened a mental health task force to investigate tools to support mental health for its members. First, the task force needed to better understand mental health issues as it relates to the construction industry and, more specifically, to our Colorado construction workforce. The task force researched both local and national data to identify key mental health issues. A considerable amount of information was found on mental health, substance use, and suicide; however, little information was available specific to the construction industry. In late September 2021, Mental Health and Well-being in the Construction Industry 2021 Pulse Survey (2021 Pulse Survey) was published by the American Psychiatric Association (APA) Foundation's Center for Workplace Mental Health, the Construction Financial Management Association, CSDZ, and Holmes Murphy. The 2021 Pulse Survey was the first known construction-specific study completed in the United States and was subsequently used to inform the task force's work. In the fall of 2021, AGC of Colorado conducted an informal survey amongst its membership to ascertain how construction employers are currently addressing mental health, whether employees could access that help, and what tools were currently being used. The results of the AGC of Colorado survey were analyzed alongside national data and the 2021 Pulse Survey to identify key issues. The task force then researched available tools to address these key issues and recommend a solution to AGC of Colorado members.

# STATISTICS

## Mental Health and Wellbeing



### Colorado - General Statistics:

- In Colorado, 19.55% of residents are currently living with some type of mental illness. This constitutes the third-highest rate in the country (Source: Substance Abuse and Mental Health Services Administration) and Colorado ranks 43<sup>rd</sup> out of 50 states for mental health issues and access to treatment (Source: Mental Health America).
- As of October 2021, 32% of adults in Colorado reported symptoms of anxiety and/or depressive disorder. (Source: <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/colorado/#:~:text=As%20shown%20in%20the%20figure,of%20adults%20in%20the%20U.S.>)
- Mental and behavioral disorders are among the leading causes of disability in the U.S., accounting for 13.6% of all years of life lost to disability and premature death.
- Mental disorders are among the topmost costly health conditions for adults 18 to 64 in the U.S., along with cancer and trauma-related disorders.
- Many individuals reported having a mental illness even before the pandemic. The share of adults in Colorado with any mental illness was 23.2% in 2018-2019, which was higher than the U.S. share of 19.9%. (Source: <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/colorado/#:~:text=As%20shown%20in%20the%20figure,of%20adults%20in%20the%20U.S.>)
- 2020 saw a 93% increase for anxiety and 62% increase for depression over 2019.
- 24% of adults with a mental illness report an unmet need for treatment. This number has not declined since 2011.
- 9.7% of youth in the US have severe major depression, this rate was highest among youth who identify as more than one race at 12.4%.
- **Data Limitations:** data points are not specific to construction industry.

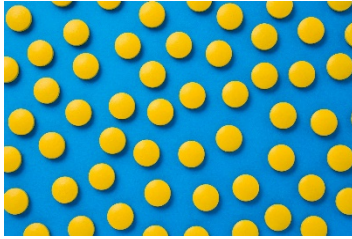
### **AGC of Colorado Member Survey Statistics:**

- 100% of employers surveyed said that it is important to address mental health in the workplace and 68% of employees said that their company prioritizes mental health.
- 87% of employers surveyed said their employees know where to get help with mental and physical health issues and yet 44% of employees stated that they did not know if their employer provided access to personal and family mental health counseling through an Employee Assistance Plan (EAP).
- 30% of employers have legal concerns with rolling out mental health initiatives.
- 65% of employers do not provide other resources than an EAP.
- 83% of employers surveyed are interested in receiving mental health resources to provide to their employees and 50% of employees are interested in having access to more mental health resources.
- 75 employees completed the Employee Mental Health Survey. Of those, 53% work within the Office or Operations, 17% are Skilled Craft, 9% are Field Leadership and 11% work within Human Resources.
- 61% of employees said that stress at work has affected their personal life.
- 53% of employees said that stress within their personal life has affected their work life.
- 68% of respondents feel that they have someone at work to talk to when struggling with mental or physical health.
- Employees surveyed made the following recommendations for desired mental health resources:
  - More easily accessible resources.
  - Gender bias awareness and training needs prioritization.
  - Workload management and burnout.
  - Trainings to coach managers on how to spot and address stress and anxiety, warning signals, etc.
- **Data Limitations:** *small sample size, underrepresentation of craft workers who comprise most of the workforce.*

### **2021 Pulse Survey Statistics:**

- CEO's and Safety/Risk Management prioritized mental health at work the most.
- CFO/Finance respondents were the least likely to prioritize it.
- 94% of respondents recognize the importance of sharing mental health resources with workers to raise mental health awareness, reduce stigma, and encourage people to get help when it is needed.
- 63% of respondents offer an EAP but only 48% find it most helpful.
- 17% would discuss mental health with a supervisor and 18% would discuss mental health with a co-worker.
- Top 4 reasons why workers may not seek care:
  1. Shame and stigma
  2. Fear of judgment by peers
  3. Fear of negative job consequences
  4. Don't know how to access care
- Report areas of focus were:
  - Leadership Engagement
  - Raising Mental Health Awareness – Resources and Strategies
  - Creating a mentally healthy organizational culture
  - Enhancing Access to Services and Supports
- **Data Limitations:** *Underrepresentation of craft workers, underrepresentation from Rocky Mountain Region (7%).*

## Substance Use



- Deaths due to drug overdose have increased in Colorado from 16.8 per 100,000 in 2015 to 26.0 per 100,000 in 2020. (Source: Kaiser Family Foundation)
- In 2020, there were 987 opioid overdose deaths in Colorado, which accounted for 65.3% of all drug overdose deaths in the state. (Source: Kaiser Family Foundation)
- Between 2017 and 2018, 11.9% of people 18 and older in Colorado reported a substance use disorder in the past year, higher than the national rate of 7.7%. Connecting people to treatment is key to addressing drug and alcohol addiction and preventing overdose deaths. (Source: [https://www.coloradohealthinstitute.org/sites/default/files/file\\_attachments/2019%20CHAS%20Substance%20Use%20Brief\\_1.pdf](https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2019%20CHAS%20Substance%20Use%20Brief_1.pdf))

## Suicide



- Within specialties, the numbers of suicide deaths per 100,000 employees in construction are:
  - 62.0 for construction laborers
  - 55.2 for Flooring installers and finishers
  - 54.7 for Carpenters
  - 45.7 for Construction Managers
  - 44.0 for First Line Supervisors
  - 44.0 for Electricians
  - 36.6 for Painters and Paperhangers
  - 35.4 for Plumbers and Pipefitters
- 54.4% suicide deaths where a current diagnosed mental health **problem** was reported, with depression being the most common issue. (Source: 2021 Pulse Survey)
- 29.9% suicide deaths where current mental health **treatment** was reported.
- Construction workers are five times more likely to die by suicide than from a work-related injury.
- Construction ranks 2nd highest in suicide rates among major industries nationwide (Source: 2021 Pulse Survey); however, construction has topped the list of suicide deaths by industry in Colorado 11 of the past 15 years.
- 33% of people who lost their life by suicide in Colorado were reported as recently having disclosed their intent.



## KEY FINDINGS

There is a high prevalence of mental health issues in Colorado and the State has seen the largest increase in substance use in the nation. The State's highest incidence of suicide, by industry, is construction and the problems have only increased during the pandemic. Mental illness is the leading cause of disability and one of the most expensive to treat, and construction workers are **5 times more likely to die by suicide than a work-related injury**. With treatment, the rate of suicide can be cut almost in half. These statistics unequivocally speak to the need to address mental health, substance use, and suicide and to provide tools for our workforce to overcome them. Each of these issues are closely linked and it is likely that mental illness is the problem, substance use disorder is a symptom of the problem, and suicide can be a devastating result of the problem left untreated.

Both employers and employees agree that addressing mental health in the workplace is important, and both seek better resources to do so. While most employers provide an Employee Assistance Program (EAP), a large portion of employees are not aware of this resource. Those that are familiar with their company's EAP, do not seem to find them helpful as a solution. Other, more easily accessible, tools are needed, and better internal communication would raise awareness of available resources. In addition, there is a strong correlation between work and home stress; therefore, tools that provide additional support to family members are preferred. It is important to note that there are several equity considerations such as finances, language/cultural barriers, and transportation that should be considered with any benefits that are offered to employees.

The data suggests that employees feel they have someone who they can talk to at work about their mental health issues and that 1/3 of those who attempt suicide talk about it prior to the attempt. If employees are having discussions about mental health with their managers or peers, there is a need for training on how to support an individual needing help and how to properly direct them to appropriate resources. However, most employees may not discuss their mental health openly at work, even if they have someone to go to. Shame, stigma, and fear of judgement or negative job consequences remain prevalent and can only be changed through cultural shifts within companies. This requires leadership and change management planning to create safe space to openly discuss mental illness, substance use disorder, and suicide.

Lastly, some employers have legal concerns with addressing mental illness in the workplace and CFOs are less likely to prioritize it than other executives. Education on legal considerations and return on investment could increase internal support for mental health programs. These are opportunities that the Mental Health Working Group could help address through education and training.





## TOOLS TO SUPPORT MENTAL HEALTH, SUBSTANCE USE, AND SUICIDE

The task force researched currently available tools to address mental health and wellness, substance use, and suicide. The tools run the gamut from self-help apps, to training programs, to traditional insurance-led solutions but addressing mental health in the workplace is still a relatively new field with limited options for effective care.

The following table represents a listing of researched tools and resources.

Tool/Resource*	Description	Analysis	Focus:		
			Mental Health (MH), Substance Use (SA), Suicide Prevention (SP)		
<a href="#">Alcoholics Anonymous</a>	An international fellowship of alcoholics dedicated to sobriety and recovery through its spiritually inclined Twelve Steps program.	AA is a universally accessible tool for alcoholics only and does not need additional marketing.	MH	SA	SP
<a href="#">Construction Industry Alliance for Suicide Prevention</a>	National Awareness campaign with tools and resources. Research is provided to associations along with national and state hotlines.	Raises awareness and is posted on AGC's Culture of C.A.R.E. list of resources but does not provide direct support for treatment.		SA	
<a href="#">Face it Together</a>	Assessment and peer counseling that provides coaching by video, phone and text only for drug and alcohol addiction.	Face it Together does not address general mental health or suicide.			SP
<a href="#">Health Links</a>	Company rating system with tools for improvement around wellness, for companies wanting to create a comprehensive wellness program.	Health Links is a tool for corporate policies and practices, not individual wellness. Now in partnership with AGC of Colorado and will be promoted throughout 2022 to members.	MH		
<a href="#">Youturn Health</a>	Behavioral health solution that bridges the gap between inaction and seeking treatment for those struggling with mental health, substance use, or suicidal ideation. Youturn Health is comprised of a video and assessment platform, peer coaching, and a robust family support program.	Comprehensively addresses mental health, substance use, and suicide prevention and is being recommended as a pilot program to be utilized within 2022 and 2023.	MH	SA	SP
<a href="#">Mantherapy</a>	Assessment and educational tool specifically geared toward men and suicide prevention. Provides links to local treatment resources.	Tool is only geared toward men. Can be effective in opening the door to mental health awareness and treatment.			
<a href="#">Mines and Associates</a>	AGC's current Employee Assistance Provider (EAP) provided through the Contractor's Health Trust. Currently intact yet underutilized by AGC members.	EAP's can be difficult to access care and are perceived to be less effective. Can continue to promote to Contractor's Health Trust companies.	MH	SA	SP
<a href="#">NOTICE.TALK.ACT. at Work</a>	Training program to help managers identify mental health needs.	Program could be effective as a training and awareness tool but does not provide treatment of issues.	MH		
<a href="#">TalkSpace and BetterHelp</a>	App-based platform providing individual counseling/behavioral therapy as an Employee Assistance Plan (EAP) alternative.	These are seen as more accessible versions of EAPs and are included in some insurance plans. Tool can work for those ready to initiate counseling but may not be effective for those not ready for therapy.	MH		
<a href="#">UC Denver Johnson Depression Center (JDC)</a>	Provides educational offerings to increase people's understanding of depression, bipolar, anxiety, and related disorders, reduce stigma, prevent suicide, and increase access to quality mental health care.	Contact the Johnson Depression Center educational resources and training offerings if desiring to increase awareness and decrease stigmatization. Does not provide treatment options.	MH		
<a href="#">Vital Cog</a>	Suicide Prevention Program provided in the workplace as well as at AGC of Colorado	This Program provided by the CU Denver Helen and Arthur E. Johnson Depression Center is working in partnership with Health Links and AGC Culture of CARE to provide access to training. Does not provide treatment options.	MH	SA	

\*See appendix for more information on each tool.



## CONCLUSION

The Mental Health Task Force convened to identify a tool to assist AGC of Colorado members with a mental health solution for their employees. While the need to address mental health in construction is warranted to support the workforce, limit risk, and mitigate healthcare costs, there are considerable challenges that will take time to overcome. Cultural shifts are needed to encourage open dialogue on mental health, comprehensive resources are needed so employers can provide effective benefits, and equitable options are needed so all workers can gain access to resources. To comprehensively address mental health in the workplace, companies should adopt a multi-pronged approach, as corroborated by the 2021 Pulse Survey, which includes:

- Leadership support
- Culture shift to normalize dialogue around mental health
- Identifying a mental health champion
- Easily accessible resources for managing mental health
- Training supervisors to support mental health, particularly in the field

## RECOMMENDATION

In terms of an immediate, deployable tool for members, the task force recommends that AGC of Colorado engages with Youturn Health through a pilot program using a selection of member companies that represent the full breadth of the association's membership (small, mid-, and large-scale/GC, Specialty Contractors, Associates). Youturn Health was chosen above other tools for the following reasons:

### **1. Program Components and Tools:**

- a. Resiliency Capital Index provides a personal assessment that analyzes an employees' resiliency, mental health, substance use, and suicide risks. User content is customized

according to the assessment results and help an employee increase their indicators in areas identified for improvement.

- b. Digital tools include an online platform on topics such as stress, grief, mindfulness, and recovery first-aid. [YouTurn™](#) videos are easily consumed and engaging to watch. Coaches send applicable content to an employee, based on their assessment, removing the burden of an employee to seek care and resources. Online platform allows users to tailor their education to their individual interests, as well. The platform provides ease of access to communicate with coaches.
- c. Peer Coaching provides on-going individual support where the responsibility of engagement is on the coach, not the employee. In high-risk situations (substance use/suicide), immediate assistance is provided whereas EAP's can take time to access care and do not provide appropriate intervention in emergency situations. Positive psychology and family coaches are also available.
- d. Program is available for family members at no additional cost.

## **2. Scalability and Cultural Adaptability:**

- a. Peer coaches are shared across the nation, enabling a larger pool of available coaches, not tied to a specific geographic location. This allows for scalability of the program and provides confidence that the program will be able to support our members' needs, with limited disruption of services.
- b. Content is available in Spanish and Spanish-speaking coaches are also available. Material can be translated into other languages should a need arise.

## **3. Cost Model, Reporting, and Ease of Implementation:**

- a. Cost model is adaptable to AGC of Colorado's needs.
- b. Regular reporting is available for a company's internal needs and broader, general association use statistics for AGC of Colorado.
- c. Youturn Health executes all marketing and training for companies and employees.

## **4. Proven Success:**

- a. The program is evidence-based and data supported.
- b. The platform and program have been successfully used in large-scale associations for over 8 years and helps get 90% of people, not currently in therapy, into learning and support by targeting stress rather than starting with substance use or mental illness.
- c. The task force acknowledges that the resiliency/mental health component is a new addition to Youturn Health which traditionally only supported substance use disorders. For this reason, the task force recommends a pilot program in lieu of immediate full-scale adoption.

In addition, the task force recognizes other opportunities for AGC of Colorado to assist its members on their journey to robust mental health programming by carrying forth a Mental Health Working Group to support Education & Awareness (ex. return on investment, impact that mental health issues have on the industry), Training Resources (ex. train the trainer, how to identify needs and redirect to resources), and additional tools (ex. HealthLinks).

# Youturn HEALTH

A Virtual Treatment Program for Behavioral Health,  
Substance Use, and Suicidal Ideation

Partnership with:



Youturn Health

Updated: January 2023

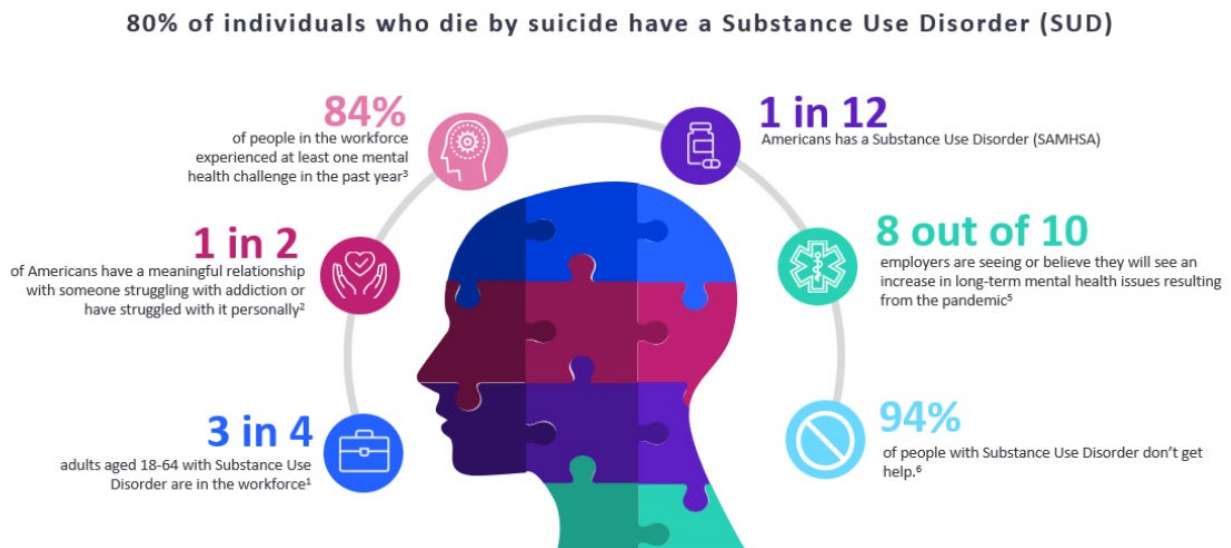


## The Problem

Navigating life's obstacles can be challenging under the best circumstances and can often lead to elevated levels of stress. After an unprecedented three years, more than 8 in 10 people in the workforce have experienced at least one mental health condition in the last year. Contributing in an overall rise in reported stress, substance use disorders (SUD), and loss of life.

Traditionally, there are three gaps in the treatment of behavioral health:

1. **Asking for Help:** Due to fear and stigma, only a small percentage (10-30%) of individuals ever seek help.
2. **Family Support:** The traditional care system focuses primarily on the individual and their diagnosis, not their support system. We know when individuals are supported, they are more likely to succeed on their mental health journey.
3. **Engagement:** People do not remain engaged and committed. We know that 75% of people who remain engaged in any form of treatment are more likely to succeed. Youturn Health's secret sauce is our Assertive Community Engagement (ACE) Peer Coaching. We put the ownership on our team to keep participants engaged leading to higher success rates.



1. Goplerud, E., Hodge, S., & Benham, T. (2017). A Substance Use Cost Calculator for US Employers With an Emphasis on Prescription Pain Medication Misuse. *Journal of occupational and environmental medicine*, 59(11), 1063–1071. <https://doi.org/10.1097/JOM.0000000000001157>.

2. Saad, Lydia, *Substance Abuse Hits Home for Close to Half of Americans*, Gallup News, October 14, 2019. <https://news.gallup.com/poll/267416/substance-abuse-hits-home-close-half-americans.aspx>

3. Lyra Health, *The 2022 State of Workforce Mental Health*, Corporate Wellness Magazine. <https://www.corporatewellnessmagazine.com/article/the-2022-state-of-workforce-mental-health>

4. Han, B., Compton, W. M., Blanco, C., & Colpe, L. J. (2017). Prevalence, Treatment, and Unmet Treatment Needs Of US Adults With Mental Health And Substance Use Disorders. *Health affairs (Project Hope)*, 36(10), 1739–1747. <https://doi.org/10.1377/hlthaff.2017.0584>

5. Business Group on Health, *Cancer Now Top Driver of Employer Health Care Costs, Says Business Group's 2023 Health Care Strategy and Plan Design Survey*, August 23, 2022. <https://www.businessgrouphealth.org/who-we-are/newsroom/press-releases/2023-lehcsps>

6. Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (p. 51) <https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFFRRev010323.pdf>

7. *Mental illness*, National Institute of Mental Health. <https://www.nimh.nih.gov/health/statistics/mental-illness>

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## Program Overview

Youturn Health is a virtual program that bridges the gap between inaction and seeking clinical help by making support accessible to users grappling with any mental or behavioral health condition, including but not limited to stress, anxiety, depression, substance use, grief, or suicidal ideation, wherever they are in their journey.

Our founders, leadership team, and coaches have all lived through these challenges themselves. We understand deeply the difficulties that come with behavioral health challenges from substance use to grief. Our program addresses the three gaps in behavioral health: asking for help, supporting the family, and keeping participants engaged.

Youturn's solution consists of three confidential solutions:



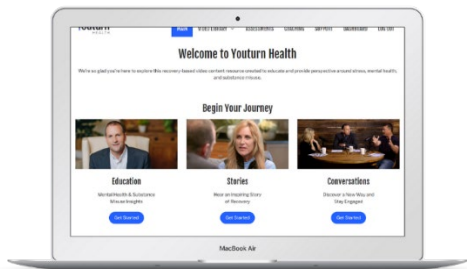
### Peer Support Network

Coaches are both state-certified and National Institute on Drug Abuse (NIDA)-trained and can relate to participants and their families through a mix of lived experience, evidence-based strategies, and education.



### Family Support

Inclusive family support is vital to provide positive, long-term outcomes for addressing behavioral health and throughout the recovery process. Our belief in family support as a pillar of the program allows for individuals to practice self-care in a manner that is sustainable through their own support network.



### Online Learning Platform

We provide access to an extensive virtual library of educational, inspirational, and insightful stories that help your employees understand the nature of addressing behavioral health, substance use, and suicidal ideation, as well as assessments to determine their risk of suicide.



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## Program Implementation, Rollout, and Investment Options

**Program Model:** Youturn and the AGC CO have been engaged in a pilot since June of 2022 across nine (9) organizations with over 800 employees.

As of December 2022, we have achieved the following results:

- 12% engagement in ACE coaching for an average of four (4) months
- 43% engagement on the Youturn online platform

Our program includes then following components to successfully roll out and engage team members and employees in the Youturn Health program:

- Online Learning and Assessment Platform
- Assertive Community Engagement (ACE) Peer Coaching
- Implementation and Integration with complementary solutions for referrals
- Marketing/Engagement Strategy and Supporting Collateral
- Standard Reporting (monthly, quarterly, annually)

## Reporting and Outcomes Data

Youturn Health will provide aggregate level reporting on the following:

- Utilization
- Service Breakdown
- Referral Sources
- Demographics
- Condition/Topics Requested
- Utilization Trends
- Participant Examples

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## Program Participation and Investment

To work with Youturn Health, the Associated General Contractors of Colorado have partnered with Youturn for preferential partner pricing.

To learn more about getting your organization involved, contact us today:

**Bridget Kelly**

**VP of Growth & Strategic Partnerships**

**Phone: 978-328-8787**

**Email: [bkelly@youturnhealth.com](mailto:bkelly@youturnhealth.com)**

*Please mention AGC CO membership.*

## Appendix B: Researched Tools

### B.1 Health Links

**Description:** Corporate rating system for safety & health programs, including mental health with actionable advising on how to make improvements. Health Links helps you support a holistic Total Worker Health® approach in your workplace by using evidence-based strategies to help improve employee health, safety and well-being. Through the Health Links assessment and goal-setting process in one-on-one advising, organizations can achieve a variety of levels of becoming a Certified Healthy Workplace™.

**Website** <https://www.healthlinkscertified.org/>

**What tool(s) do they have available?** A research-based online organizational assessment, report card, and personalized advising sessions with dedicated health and safety experts. This is a total worker wellness planning system which includes a Mental Health Wellbeing assessment and personal advising as well as various other resources provided by CU Denver and Anschutz

**Is this tool built through credible resources:** Health Links is the signature public health outreach program at the Center for Health, Work & Environment. The Center is based at the Colorado School of Public Health and is one of ten Centers of Excellence for Total Worker Health® supported by the National Institute for Occupational Safety and Health (NIOSH). University of Colorado Anschutz's Hellen and Arthur E Johnson Depression Center<sup>[SH14]</sup> partnered with Health Links to develop the Workplace Mental Health Module (survey, training, and advising).

**Do they tie to construction?** Yes.

**What languages is it available in?** English.

**Do they provide "train the trainer" resources?** The Center provides online and in-person Total Worker Health leadership training for all supervisors/managers.

**Sustainability/ability for this organization to last.** Yes, and reasonable fees are associated.

**Other important notes:**

- AGC has become a partner and is Health Links Certified as of January 2022
- Cost: 3 plan price options between \$180/year and \$450/year
- ASAC, CSA and AGC are currently Health Links associations
- Companies any size are welcome to join Health Links
- Need Champions from companies (Human Resources, Operations Directors, Culture of CARE Leads)
- Health Links has close ties to Colorado School of Public Health at the University of Colorado Anschutz's Hellen and Arthur E Johnson Depression Center tools and resources.
- AGC would get to better understand what Total Worker Health® and Recovery Friendly Workplaces are along with how to discuss/promote these concepts with your members.
- Health Links has issued an access code to AGC members to enroll in the Health Links Plus Plan. This will allow the AGC to be able to track and report on AGC member data in our system and provide detailed reports to the Mental Health Committee
- Access Code: AGCCARES will allow Health Links to perform an industry study.
- There is up to \$10k in scholarships available for the construction industry in the case that a member cannot afford to access this tool.

**RECOMMENDATION:** Companies consider using Health Links if they want to create a comprehensive wellness plan and/or want to beef up their current plan, without reinventing the wheel.

## B.2 Youturn Health

**Description:** Individual employee engagement tool for assessment, education, and peer coaching on stress management, emotional health, mental health, substance use, suicide prevention, and grief. Including a Mental health assessment using a mental-health version of the Resilient Capital Index (RCI) + education through videos on a Netflix-type platform + peer coaching, using a text-based system.

**Website:** [www.youturnhealth.com](http://www.youturnhealth.com)

**What tool(s) do they have available:** Youturn Health offers a video and assessment platform, remote peer coaching, and family support. They also offer access to the Recovery Capital Index as a way to track and communicate about total worker health and employee well-being with teams.

**How do you access the tool?** Youturn Health is accessed via online platform, email, or phone. To enroll in coaching an individual, referring team member, or family support person can reach out. Youtun is 100% confidential.

### Other important notes:

- Uses Youturn - a Learning Management system on topics like stress, grief, mindfulness, and recovery first-aid. About 50% of the content is focused on the family and is set-up like Netflix. Includes an intervention series for family members. Videos include education, stories, and conversations.
- The program helps get the 90% of people, who are not going to go to therapy, into learning and support.
- Targets stress first, and transitions to support for other issues like substance use and suicide, as needed. Ultimate goal is to treat pre-substance use/suicide symptoms helping users develop new behaviors and increase their social support and overall well-being/quality of life.
- After assessment, the Youturn team pushes out helpful videos to address areas in need. Users opt-in to the options they want.
  - Details surrounding Peer coaching:
    - Meets people where they're at.
    - Coach can re-direct clients to more advanced care, if needed.
    - Coaches are trained in stress management, behavior modification, etc but are not therapists - they're engagement specialists that utilize positive psychology coaching techniques.
    - Onus is on the coach to keep user engaged, and getting the client "there," versus placing responsibility on the client to reach out.
    - Three types of coaches: positive psychology, peer coach, and family coach.
    - Coaches are paired according to their background (ex. Construction to construction).
    - All coaches are state-certified and nationally certified (NADAC) and receive an additional 40 hours of Youturn Health Assertive Community Engagement (ACE) training.
- Program can be customized to our membership (stress, mental health, pain management, etc.), as well as customizing entry point.
- AGC of CO will receive regular reporting from the Youturn team.

**RECOMMENDATION:** Start a pilot program with a few companies. If successful, roll out to full AGC membership.

### B.3 - UC Denver Anschutz - Johnson Depression Center (JDC)

#### Description

The mission of the Helen and Arthur E. Johnson Depression Center (JDC) is to improve the lives of people with depression, bipolar, anxiety, and related disorders through clinical excellence, innovative care models, community engagement, research, and workforce development. ([www.coloradodepressioncenter.org](http://www.coloradodepressioncenter.org)). The three primary goals of the JDC are to: 1) Promote mental health as key to healthy living for all Coloradans, 2) Develop, provide, and disseminate effective care for people with depression and bipolar disorder, and 3) Eliminate barriers to quality care and healthy communities. The JDC meets this mission through the provision of excellent clinical services, conducting research into innovative care modalities, and providing community- and organization-based training.

**Website:** <https://www.coloradodepressioncenter.org/>

#### What tool(s) do you have available?

The JDC's community and education programs are designed to extend the reach of the Center to communities and organizations across the state (and nationally) through diverse educational offerings to increase people's understanding of depression, bipolar, anxiety, and related disorders, reduce stigma, prevent suicide, and increase access to quality mental health care. Educational offerings are delivered to communities, in schools, businesses and to professional groups including first responders, health care professionals, and University faculty, staff, and students. The JDC offers 14 training and education programs, each that can be tailored to different audiences. There are two programs specific for suicide prevention in the workplace: Vital Cog and Vital Cog for Construction.

#### Cost

Reasonable fees associated to training as AGC and JDC are partnering to provide cost-effective training and development opportunities.

**RECOMMENDATION:** Contact Maddy Smith, AGC Culture of C.A.R.E Coordinator at [Maddy@agccolorado.org](mailto:Maddy@agccolorado.org) to identify how the JDC and AGC are partnering to provide related training and development programming. Additionally contact JDC staff members directly. Alex Yannacone, MA, serves as Director of Education and Community Programs and can be reached at [alexandra.yannacone@cuanschutz.edu](mailto:alexandra.yannacone@cuanschutz.edu). Matt Mishkind, PhD, SHRM-SCP, serves as Deputy Director and can be reached at [matthew.mishkind@cuanschutz.edu](mailto:matthew.mishkind@cuanschutz.edu).

### B.4 – Vial Cog

**Description:** Vital Cog: Suicide Prevention in the Workplace is a training program and tool designed to train organizations to proactively address the early warning signs of suicide in the workplace. "Vital Cog for Construction" was developed with recognition of a need to provide an abbreviated and practical suicide prevention training in the construction industry. It is an interactive tool and was developed through modifications to the original Working Minds program to be delivered on job sites within 60 minutes, if necessary, and to:

- Educate and create awareness of suicide prevention in the construction industry
- Create a forum for dialogue and critical thinking about construction mental health challenges
- Promote help-seeking and help-giving behaviors within the construction industry

All Vital Cog trainers are certified through an intensive one-day train-the-trainer program and agree to maintain program standards by conducting a minimum set of trainings each year and obtaining participant feedback

**Website:** <https://www.coloradodepressioncenter.org/vitalcog/>

**Cost:** \$350 for up to 30 students, includes workbooks, wallet cards, and hard hat stickers. \$400.00 Per Train the Trainer or \$5,000 for up to 15 participants.

**RECOMMENDATION:** Vital Cog: Suicide Prevention in the Workplace Classes and Train the Trainers will be provided through the AGC of Colorado in 2023. If you'd like to offer internal trainings for your teams you can contact Maddy Smith, Culture of C.A.R.E. Coordinator at [Maddy@agccolorado.org](mailto:Maddy@agccolorado.org) or Alex Yannacone, MA, who serves as Director of Education and Community Programs. Alex can be reached at [alexandra.yannacone@cuanschutz.edu](mailto:alexandra.yannacone@cuanschutz.edu).

# CONSIDERATIONS FOR PROVIDING EQUITY IN MENTAL HEALTH

***"The goal is not to diagnose anyone, but to create a framework so that people can recognize when a colleague or co-worker is in distress and connect them with the right resources," - Dave Pawlowski, senior vice president of operations for Curalinc Healthcare in Chicago***

### Availability of Alternative Resources

Provide different levels of resources - 1st contact (how are you doing), 2nd contact, etc. and tools that allow employees to provide support while not becoming a counselor for that person. Think of this as TRIAGE. \*See Prioritization Plan below. Examples - coping mechanisms vs therapy vs checking into clinic.

### Communication from Office to the Field

Barriers exist in communication of mental health resources in that the office sometimes hears this information first, and in isolation. Attention to communication with the field is necessary and should be prioritized.

### Computer/Internet Access

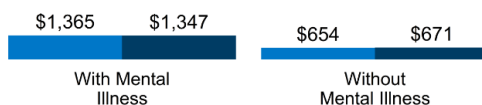
When it comes to access to technology, keep in mind that some employees may not have access to computers (ie: taking advantage of telehealth sessions provided by PC) at work or at home.

### Finances

Mental health services add another cost to a household that can already be under financial stress. One study performed by KFF in 2018 reported that the average adult enrolled in large employer health plans with mental health illness paid approximately double in out-of-pocket costs than those without illness. Note: HSA's can be used to pay for therapy sessions and EAP's cover employees who are not part of the company's healthcare plan.

Average Out-of-Pocket Spending for  
Adults in Large Employer Health Plans,  
by Mental Illness Status, 2018

■ Colorado ■ United States



NOTE: Out-of-pocket amounts are only for covered services. Data is among those below age 65. Disease definitions developed by the Healthcare Cost and Utilization Project were used to identify claims associated with mental health conditions.  
SOURCE: KFF analysis of 2018 IBM MarketScan Commercial Claims and Encounters Database.



<https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/colorado/>



### Generational Barriers

Younger employees may not be savvy about insurance and resources available to them, and may not prioritize it.

### Language/Cultural Barriers

Cultural barriers around “mental health” exist including stigma and avoidance. Resources with lack of culturally and linguistically competent personnel among mental health providers creates communication barriers between the health care centers and limited English proficiency (LEP) individuals. Resources should be available in multiple languages.

### Prioritization Plan

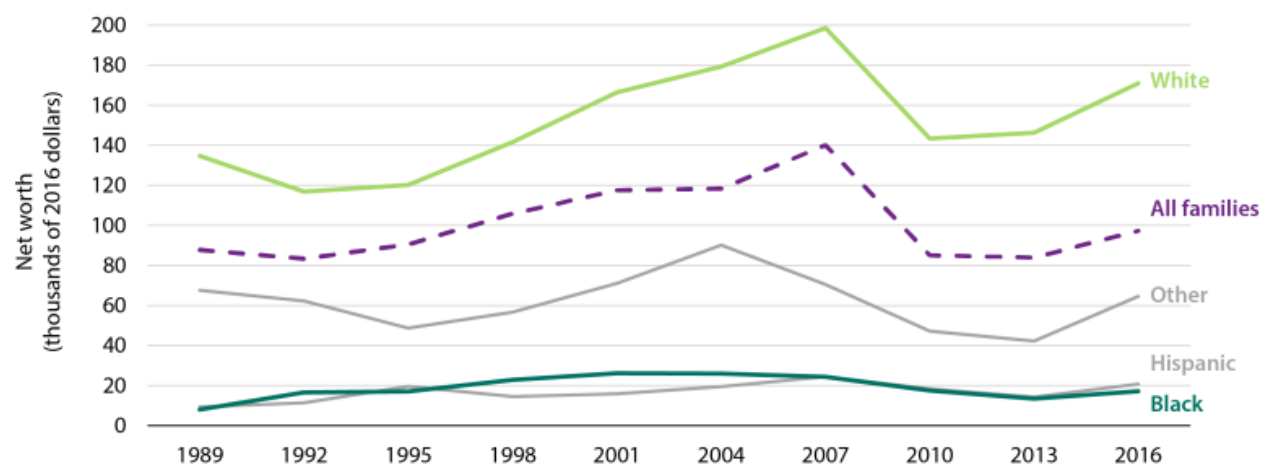
In most cases, the average adult can make a clear choice on a specific treatment of a list of physical symptoms that they or another person is experiencing as well as knowing what options exist and how to find them, even if they do not have a specific hospital, doctor, or pharmacy in mind. This does not exist for mental health treatment. Appropriate treatments or resources for a given set of symptoms is not common knowledge for the average adult.

### Racial Equity in Mental Health Care

In addition to all other barriers, mental health access is rooted into wealth and status quo. Without considerable wealth, access is limited. But even if Medicaid is obtained, the number of mental health care providers who accept insurance becomes extremely limited. Within the United States there is a significant disparity between the median household income by race. This disparity of income directly results in a disparity of mental health access by race.

FIGURE 1.

Median Net Worth by Race/Ethnicity, 1989–2016



Source: Survey of Consumer Finances 1989–2016.

Note: Net worth refers to the difference between assets and debt for a household head. Race and ethnicity are those of the survey respondent.

THE HAMILTON  
PROJECT  
BROOKINGS

<https://www.brookings.edu/blog/up-front/2020/02/27/examining-the-black-white-wealth-gap/>

Even when mental health care is found, many mental health professionals find topics around the discussion of race uncomfortable. If discussed, they approach with severe caution out of fear of being labeled as racist. This proceed-with-caution thought process limits the mental health professionals' behaviors to avoiding participation through silence, defensiveness, or labeling racial perspectives as bias, rather than acknowledging their patient's experiences. Over 30% of Black people, 20% of Latinx

people, and 23% of Indigenous people report avoiding medical care because of experiences of personal discrimination due to their race or ethnicity in health care settings. Additionally, the determination and application of treatment can often dismiss the patient's race and the myriad of factors that are influenced by their race.

For American Indians and Alaska Natives, these factors include historical trauma, a range of social, policy, and economic conditions such as poverty, under-employment, lack of access to health care, lower educational attainment, housing problems, and violence. Suicide is the second leading cause of death among American Indian and Alaska Native youth ages 8 to 24.

For Asian Americans, the pressure to excel academically places Asian American teens under great stress and may put them at risk of suicide. Cultural practices typically involve decision-making by family and community regarding health care decisions or using traditional Eastern-based practices to treat mental illness such as herbal medicine and spiritual healing. Straying from this brings great stigma and shame to the individual. Asian Americans are more prone to slower metabolisms and may require a need for lower doses but are improperly prescribed the wrong dosage of psychopharmacotherapies.

For Latinx/Hispanic individuals, the prevalence of mental health problems and how symptoms show up vary significantly amongst Latino subgroups. This is a direct reflection of the diversity of their experiences and circumstances. The depth of understanding the spectrum of experiences and circumstances will directly impact the understanding of those seeking treatment and determination of appropriate treatments. Recent Latino immigrants are at risk for traumatic exposure before, during, and after immigration, PTSD, and depression. The impacts of immigration will vary depending on each individual's reason for immigrating, how they immigrated, how long their journey lasted, what parts of the world they migrated through, the group (or lack of) that accompanied them, and age. Risk of deportation for the individual or their children put them at higher risk of anxiety. Suicide and substance use as well as many mental health disorders increase among second and third-generation Latinos as compared to first generation immigrants.

#### Sources:

- <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.202000755>
- <https://www.samhsa.gov/behavioral-health-equity/resources>
- <https://www.psychiatry.org/psychiatrists/cultural-competency/education/best-practice-highlights/working-with-asian-american-patients>
- <https://www.psychiatry.org/psychiatrists/cultural-competency/education/best-practice-highlights/working-with-latino-patients>

Things that may cause a person of color NOT to get help:

- Cultural consciousness as it relates to mental health service is important to recognize and many therapists are not equipped.
- Mental Health support is embarrassing in many cultures.
- Victims of violence is prevalent in african american males, youth, women, (sex abuse) etc... These types of trauma cause depression and are more prevalent in minority groups.

- Victims of violence compensation can make up the difference of their EAP costs to make sure that they are not needing to pay as much out of pocket. (Seek assistance at County Mental Health Organizations or Department of Health and Human Services)
- Direct services are critical to have accessible to all communities.

### Scarcity of Doctors

There is a shortage of mental health professionals that cannot support the already high and increasing rate of many Coloradans and Americans that are in need of treatment.

### Schedules

Weaved into the high stress of a construction career, is its demanding schedule. Work weeks are packed with long days that can sometimes require 6-7 days/week, depending on the demands of the project. This is true for both office and field personnel. Finding time outside of these demanding hours can be nearly impossible.

### Severe Stigma in the Construction Industry

The stigma towards mental health problems and treatments is deeply rooted in the historically male dominated industry. 90.5% of the construction industry are male. This male dominant group has promoted the ideals of masculinity that tend to be upheld de rigueur, while attention to mental health is often viewed as a feminine concern. Based on a study by the American College of Occupational and Environmental Medicine, several more detailed stigmas were discovered beneath the Culture of Masculinity:

- Workers' Perception of Mental Health
- Managers' Perception of Mental Health
- Sources of Mental Health
- Job Characteristics
- **Reference Study:** Mental Health Stigma and Wellbeing Among Commercial Construction Workers, American College of Occupational and Environmental Medicine, 2020.  
<https://drive.google.com/drive/folders/1x9ZJbAiEddDz889E1auWOYa3aJrhy3TO>

### Transportation

Reliable transportation, extra funds for bus fare, etc to get to mental health resources may not be available to all.

## **Appendix D: Sources and Resources List**

### **Colorado Resources:**

[Culture of Care Online Resources BuildCulture.org](http://BuildCulture.org)

[CDC-Suicide Prevention](http://CDC-SuicidePrevention.org)

[Colorado Behavioral Health Council https://www.cbhc.org/](https://www.cbhc.org/)

[Colorado Office of Suicide Prevention](http://ColoradoOfficeofSuicidePrevention.org)

[CO Statewide Crisis Line:http://coloradocrisiservices.org/ 1-844-493-8255 or text “TALK” to 38255](http://coloradocrisiservices.org/)

[CO Suicide Prevention Coalition of Colorado: http://www.suicidepreventioncolorado.org/](http://www.suicidepreventioncolorado.org/)

[Health & Human Services – Opioids https://www.hhs.gov/opioids/](https://www.hhs.gov/opioids/)  
<https://adaa.org/node/6088>

<https://cdphe.colorado.gov/cohid>

[https://www.coloradohealthinstitute.org/sites/default/files/file\\_attachments/Suicide%20in%20Colorado%2020](https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/Suicide%20in%20Colorado%2020)

[https://www.thenationalcouncil.org/providers/?region=CO - COLORADO PROVIDERS](https://www.thenationalcouncil.org/providers/?region=CO)

[Mental Health Colorado - Legislative work to support mental health equity and mental health access for all](http://MentalHealthColorado.org)

<https://www.mentalhealthcolorado.org/help/>

[National Alliance on Mental Illness \(NAMI\) – Colorado https://namicolorado.org/](https://namicolorado.org/)

[QPR Institute https://qprinstitute.com/](https://qprinstitute.com/)

[Recovery Support Services Program: Developed by the Colorado Mental Wellness Network in partnership with](http://RecoverySupportServicesProgram.org)

[Denver Public Library, Denver Human Services, and University of Colorado](http://DenverPublicLibrary.org)

[Rocky Mountain Crisis Partners https://rmcrisispartners.org/](https://rmcrisispartners.org/)

[Springs Recovery Connection:Peer counseling service](http://SpringsRecoveryConnection.org)

### **National Resources:**

[Active Minds https://www.activeminds.org/about-us/mission-and-impact/](https://www.activeminds.org/about-us/mission-and-impact/)

[Alliance Against Workplace Violence http://www.workplaceviolenceawareness.org/](http://www.workplaceviolenceawareness.org/)

[American Psychological Association https://www.apa.org/topics](https://www.apa.org/topics)

[Anxiety & Depression Association of America https://adaa.org/](https://adaa.org/)

[Asian Mental Health Collective https://www.asianmhc.org/](https://www.asianmhc.org/)

[Black Emotional and Mental Health \(BEAM\) https://www.beam.community/](https://www.beam.community/)

[Black Mental Health Alliance https://blackmentalhealth.com/](https://blackmentalhealth.com/)

[Crisis Text Line https://www.crisistextline.org/](https://www.crisistextline.org/)

[https://www.mentalhealth.va.gov/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/suicide_prevention/data.asp)

[Make the Connection \(Vets resource\) https://www.maketheconnection.net/](https://www.maketheconnection.net/)

[ManTherapy - https://mantherapy.org/](https://mantherapy.org/)

[Mental Health America – BIPOC https://mhanational.org/bipoc-mental-health](https://mhanational.org/bipoc-mental-health)

[Take Meds Seriously https://takemedsseriously.org/](https://takemedsseriously.org/)

[National Council for Mental Wellbeing https://www.thenationalcouncil.org/](https://www.thenationalcouncil.org/)

[Thrive Global https://thriveglobal.com/](https://thriveglobal.com/)

### **Additional Resources:**

[The Trevor Project https://www.thetrevorproject.org/](https://www.thetrevorproject.org/)

[www.PreventConstructionSuicide.com](http://www.PreventConstructionSuicide.com)

[Culture of Care Online Resources BuildCulture.org](http://BuildCulture.org)

### **Mental Health Assessments/Screenings:**

<https://www.psychologytoday.com/us/tests/health/mental-health-assessment>

<https://www.helpyourselfhelpothers.org/>

<https://www.psycom.net/quizzes>

<https://www.talkspace.com/assessments>

<https://www.betterhelp.com>

<https://www.mentalhealthcolorado.org/screenings/>  
<https://mantherapy.org/head-inspection/question>

**Combatting Stigma:**

NAMI Resource: <https://www.nami.org/blogs/nami-blog/october-2017/9-ways-to-fight-mental-health-stigma>

McKinsey Resource: [https://www.mckinsey.com/industries/healthcare-systems-and-services/our-Supporting Mental Health in the Post-Pandemic Workplace](https://www.mckinsey.com/industries/healthcare-systems-and-services/our-Supporting-Mental-Health-in-the-Post-Pandemic-Workplace) article - <https://www.shrm.org/resourcesandtools/hr-topics/employee-relations/pages/supporting-mental-health-in-the-post-pandemic-workplace.aspx>