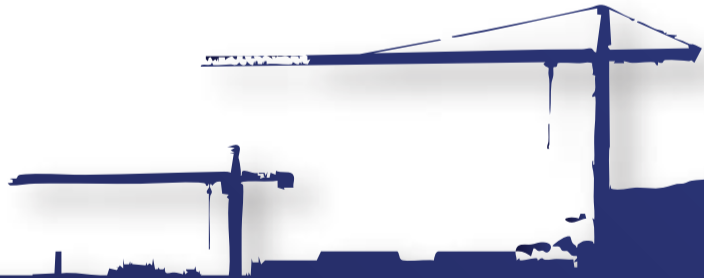




THE  
**CAIRDE**  
**PROJECT**  
 ON SITE. IN MIND.



A report from the Men's Health Forum in Ireland on the conceptualisation, development and piloting of a mental health and suicide prevention intervention for the construction sector in Ireland

November 2025





# Foreword

The launch of the CAIRDE report on suicide prevention in the construction sector marks an important milestone in our collective effort to protect and promote the wellbeing of those who build our homes, our workplaces, and our communities. Across Ireland, as in many parts of the world, men working in construction are more likely to die by suicide than those in other occupations. These are not just statistics - they are fathers, sons, brothers, colleagues and friends.

CAIRDE's report shines a clear light on both the scale of the challenge and the opportunities and pathways to intervene. Drawing on evidence, lived experience and practical interventions, it offers a roadmap for change: one that is embedded in workplace culture. It reminds us that suicide prevention is not simply about crisis intervention - it is about creating environments that normalise conversations on mental health, and where asking for help is a sign of strength, not weakness. It is about connection and recognising how seemingly small acts - a supportive word from a colleague, checking in over a cup of tea - can have life-changing impact. The report urges all of us to foster those connections, to challenge stigma, and to make mental health on sites as visible and as important as hard hats and high-vis jackets. The CAIRDE report provides both the evidence base and the moral imperative for this change. It asks us to stand together - across trades, sectors and roles - and to make wellbeing a cornerstone of the construction industry's future.

The construction sector has always prided itself on resilience and teamwork. This report reminds us that suicide prevention is not the task of one agency, one employer, or one government department. It is a shared societal responsibility. CAIRDE has demonstrated what partnership can achieve - bringing together industry bodies, unions, health and safety professionals, and those with lived experience to develop practical, evidence-informed training interventions. The report's recommendations stress the necessity of rooting these interventions within a policy framework that ensures wellbeing is embedded as a core priority within the construction industry. We know that systemic change is essential. Long hours, job insecurity, subcontracting pressures, and the physical demands of construction work all contribute to mental strain. Addressing suicide risk therefore requires more than awareness - it demands structural reform and sustained leadership. It means measuring success not only in productivity and profit, but in the wellbeing of people.

This report is testimony to the endeavour and commitment of all who were involved. We extend our deep gratitude to all those within the construction industry who gave generously of their time and made the project possible. We would like to compliment the Men's Health Forum in Ireland for its leadership role in co-ordinating the project, and for doing so in a spirit of partnership and with the support of the Inter-Agency Stakeholder Group. We acknowledge the project funders - the HSE National Office for Suicide Prevention, the Department of Health and Research Ireland - for enabling the work to take place, and congratulate the National Centre for Men's Health for developing and evaluating the programme materials to such a high standard.

**John Meehan**

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Director Health, Safety and  
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and Skills  
Construction Industry Federation



# Acknowledgements

Reaching the goals of the CAIRDE project was made possible only by the good will, support, advice and practical assistance that was offered by a very broad range of individuals and organisations.

We are particularly grateful to the following:

- All those within the construction industry - from different trades, to site supervisors, to occupational health personnel - who gave generously of their time and made the project possible.
- The Men's Health Forum in Ireland for its strong leadership role in co-ordinating and managing the project.
- The Inter-Agency Stakeholder Group which guided and supported the project, and which comprised representatives from the Construction Industry Federation, the Construction Safety Partnership Advisory Committee, the Lighthouse Club, SOLAS, the SIPTU Trade Union, the Men's Health Forum in Ireland (MHFI), the HSE National Office for Suicide Prevention (NOSP), Health Service Executive (HSE) Health & Well-being, the Department of Health and the National Centre for Men's Health in South East Technological University (SETU).
- We acknowledge the project funders - the HSE National Office for Suicide Prevention, the Department of Health and Research Ireland - for enabling the work to take place, and congratulate the National Centre for Men's Health for developing and evaluating the programme materials to such a high standard.
- The research team from the National Centre for Men's Health (Dr Noel Richardson, Dr Shane O'Donnell, Dr PJ White, Dr Paula Carroll, Emilie Roche and Jack Sweeney). We acknowledge in particular PhD students Emilie Roche and Jack Sweeney, who worked tirelessly in reviewing the existing evidence, developing and evaluating the programme materials, and ensuring that the project was underpinned by a strong evidence base.
- The team who facilitated the pilot delivery of the GAT and Connector training programmes.



# CAIRDE

ON SITE. IN MIND.

## In a Nutshell

Suicide in the construction industry is a key concern, where workers experience some of the highest rates of suicide relative to other occupational groups. The demanding nature of this sector often entails excessive working hours, physical strain, job insecurity and workplace culture that may discourage discussions about mental health that can negatively impact workers' wellbeing. Yet, the camaraderie and solidarity within the industry also offers a unique opportunity for change. By positioning the construction industry as a setting for health promotion and early intervention, the industry can drive meaningful progress in promoting mental health and preventing suicide.

### Project Overview

In response to this growing concern about suicide in the construction industry, the Men's Health Forum in Ireland was commissioned by the HSE National Office for Suicide Prevention to develop a multilevel suicide prevention programme for the Irish construction industry.

This report details the development of two distinct suicide prevention training programmes for the Irish construction industry: A general awareness training (GAT) and a manager training (Connector). The project was completed across four phases:

- **Understand the current landscape:**  
Researching the international evidence for mental health related interventions in male dominated industries.
- **Understand the problem:**  
Researching the extent of the problem in the Irish context.
- **Engage key stakeholders in programme development:**  
Working in partnership with key stakeholders to ascertain training needs and inform programme design.
- **Pilot delivery and evaluation:**  
Piloting the two training programmes and conducting an evaluation to assess changes in suicide literacy, help-seeking and help-offering intentions.

# Project Impact

97

Construction workers received the General Awareness Training

53

Managers trained as Connectors

6

Facilitators trained to deliver the programmes

7

General Awareness Trainings were delivered

5

Connector trainings were delivered



Workers reported higher levels of suicide literacy and intention to seek help after receiving the GAT training



Managers were significantly more confident to intervene with a worker in distress post training



“The Connector training has taken away a level of fear of asking the hard questions. It also increased my awareness of the different signs where a person may be struggling and need help.”

- Manager

# Recommendations

- Use the findings from this report to adapt and refine the CAIRDE GAT and Connector training programmes prior to scale-up of delivery.
- Develop an implementation plan, led by the construction industry, on the scale-up of CAIRDE with a focus on mainstreaming mental health and suicide prevention within the industry.
- Ensure that the scale-up of CAIRDE is underpinned by a comprehensive evaluation, with a substantial study population group, focused on establishing the efficacy of the CAIRDE training programmes.
- Conduct a needs analysis of the health and wellbeing priorities within the wider construction industry to inform a health and wellbeing strategy within the industry.
- Ensure that the future delivery of CAIRDE is aligned with existing suicide prevention programmes (e.g. ASIST, safeTALK, Let's Talk About Suicide).
- Develop a bespoke Irish branding and communications strategy to raise the visibility of mental health and suicide prevention within the industry.





THE  
**CAIRDE  
PROJECT**  
ON SITE. IN MIND.

The  
**Main Report**

November 2025

# Main Report

## Statement of the Problem

Suicide is a major public health concern, claiming more than 700,000 lives each year worldwide. Men are at a particularly high risk, accounting for roughly three-quarters of all suicide deaths globally. In Ireland, men make up 80% of suicides, and evidence from both national and international research shows that workers in the construction industry are among those at greatest risk.


## Suicide, a Concern in Construction

Across high-income countries, suicide rates among construction workers are consistently higher than those seen in the general population - up to 25–80% greater in some studies. Similar trends have been observed in the United States, United Kingdom, Australia, and Finland. However, very limited data is available within the Irish context. This underlines an urgent need for action within one of Ireland's largest employment sectors. The risk is not equally distributed across the industry. Younger and lower-skilled workers are particularly vulnerable, often linked to insecure employment, long hours, and financial strain. Migrant workers, who make up a substantial proportion of the construction workforce, may experience additional challenges such as isolation from family and reduced access to supports.

## Complex Causes of Suicidal Behaviour

Suicide rarely has a single cause. It results from an interplay of individual, social, and environmental factors. Within construction, several work-related and personal stressors converge to heighten risk. These include:

- Job insecurity and transient work patterns that make it difficult to build stability or access consistent supports.
- High work demands and long hours, often under intense production pressure.
- Financial strain, debt, and the burden of providing for others.
- Physical injury or chronic pain, which can lead to loss of income or reliance on alcohol and medication.
- Relationship difficulties and social isolation, particularly for men working away from home.



The broader workplace culture compounds these pressures. Construction remains one of the most male-dominated industries, and its “macho” culture can discourage vulnerability or open discussion about mental health. Conformity to traditional masculine norms - self-reliance, stoicism, control and risk-taking - has been strongly associated with poorer mental health, increased stigma, and a lower likelihood of seeking help. These norms can also affect how men respond to others in distress, creating an environment where mental health struggles are hidden and support is delayed until crisis point.

## The Role of Stigma and Masculinity

Stigma is central to understanding why men in construction often suffer in silence. It operates at several levels:

- Perceived public stigma – the belief that others hold negative views about mental health problems.
- Personal stigma – an individual’s own prejudices or discomfort toward those experiencing mental ill-health.
- Self-stigma – when a person internalises these negative beliefs, leading to shame and reluctance to seek help.

When stigma interacts with dominant masculine ideals, the effects are magnified. Men can feel that admitting to distress undermines their identity as strong and capable. As a result, they may mask emotions, rely on substances to cope, or disengage from social and professional support systems. These behaviours, while culturally reinforced, deepen isolation and can increase the risk of suicide.

## Why the Workplace Matters

The workplace is both a source of risk and a potential site of prevention. Work provides structure, income, and purpose - but it can also expose individuals to harmful psychosocial conditions such as high stress, low control or bullying. Managers and work colleagues are often in a unique position to notice when someone is struggling, yet many feel ill-equipped or uncertain about how to respond.

Gatekeeper or “help-offering” training equips managers and peers to recognise signs of distress and to initiate supportive conversations. Evidence from international programmes - most notably MATES in Construction in Australia - shows that tailored, peer-based initiatives can reduce stigma, improve mental health literacy, and encourage help-seeking and help-offering across all levels of the industry. These programmes work best when they are co-designed with the workforce, culturally relevant, and framed in ways that align with men’s values - emphasising teamwork, solidarity and practical action over abstract discussion.

# Gaps in Ireland's Response

Despite growing recognition of mental health and suicide issues within the construction industry worldwide, Ireland has lacked data and structured interventions specific to suicidal behaviour in the construction industry. Moreover, little was known about how Irish construction workers and managers understood mental health, what barriers they faced, or what types of supports would feel authentic and acceptable within their work culture.

## Rationale for CAIRDE

In response to this growing concern about suicide in the construction industry, the Men's Health Forum in Ireland (MHFI) was commissioned by the HSE National Office for Suicide Prevention (NOSP) to develop a multilevel suicide prevention programme for the Irish construction industry. This resulted in the development of CAIRDE (Construction Industry Alliance to Reduce Suicide). Funded by HSE NOSP and with additional funding from Research Ireland, the Department of Health (DOH) and MHFI, CAIRDE set out to:

- **Understand the problem** – through systematic reviews and in-depth research with workers, managers and stakeholders to identify the factors underpinning suicide risk and stigma in the Irish construction industry.
- **Co-design practical solutions** – involving people from across the sector to ensure that interventions were realistic, relatable and grounded in everyday experience.
- **Develop and test evidence-based training** – focused on improving suicide literacy, reducing stigma, and increasing both help-seeking and help-offering intentions.

Therefore, CAIRDE was developed using relevant theories, international best-practice and, most importantly, people working in the Irish construction industry. By embedding these frameworks within a co-design process, the project ensured that interventions were both scientifically informed and culturally relevant.

# Towards a Culture of Change

The findings from CAIRDE's research make clear that suicide prevention in the construction industry cannot be addressed by awareness alone. It requires a cultural shift - one that reframes strength not as enduring silently, but as supporting colleagues, seeking help early, and fostering safe, connected workplaces.

CAIRDE establishes a new collaborative model for addressing men's mental health in construction workplaces in Ireland. Built on partnership between industry leaders, workers, health services and government departments, it is practical, evidence-driven and rooted in partnership. By recognising the unique pressures of the construction industry and working in collaboration with people in the industry to build change from within, the initiative seeks not only to prevent suicide, but to create a more compassionate and resilient workforce for the future.

## Response to the Problem



\*approximately

# 2,400

Construction workers of all disciplines and experience levels were involved in the development of both **CAIRDE** Trainings

## Aims of the CAIRDE Project

CAIRDE seeks to reduce suicide stigma, enhance knowledge around suicide, and encourage shared responsibility for help-seeking and help-offering in the construction industry. Critically, it recognises and responds to the needs of key gatekeepers / sign-posters on building sites, and the crucial role that they can play in reducing suicide in their workplace. Inspired by the MATES in Construction' model in Australia, **CAIRDE offers an industry solution to an industry problem.**

## What was Developed

# 1 General Awareness Training (GAT)

A programme targeting the whole of the construction worker population. This is a relatively short - maximum 90 minute programme.

# 2 Connector Training

A programme targeting anyone on building sites who has a health, safety or managerial responsibility. This is a full day programme.

## Focus of the CAIRDE Interventions

The GAT programme seeks to enhance mental health literacy among construction workers, with a view to increasing their knowledge, improving their help-seeking / help-offering intentions, and reducing the stigma associated with mental health and suicide. A secondary aim is to encourage the uptake of at least basic level suicide awareness training, such as Let's Talk About Suicide, among participants.

The 'Connector' programme seeks to help participants to gain the knowledge, skills and confidence to effectively engage with construction workers around their mental health issues, and to signpost them to the most appropriate supports available to them. Participants are also encouraged to undertake further suicide intervention training such as Let's Talk About Suicide, safeTALK or ASIST.

These two models are based upon evidence gleaned by the CAIRDE team from an extensive period of systematic reviews, on-site surveying, focus groups with stakeholders, and a co-production engagement process.

(See Appendix 1 for details of academic papers related to the CAIRDE project)

# Management and Governance in Phase 1

CAIRDE is directed and managed on a day-to-day basis by the Director of Operations within MHFI. This person's work is supervised by the Forum's Board of Trustees, with regular progress reports made to the funding bodies. The two PhD students also provided regular progress reports to the Forum's Board of Trustees. The work of CAIRDE has been guided by an Inter-Agency Stakeholder Group. This was comprised of representatives from HSE NOSP, the DoH, HSE Health and Wellbeing, the National Centre for Men's Health (NCMH) at SETU, the Construction Industry Federation, The Lighthouse Charity, Solas, Trade Unions, the Construction Safety Partnership Advisory Committee and MHFI.

The role of the Stakeholder Group was to:

- Offer a broad range of experience, insights, contacts, ideas, research and resources to achieve the aims of this initiative.
- Help to inform the direction of the project at practice level.
- Suggest the means to achieve the operational goals.
- Promote and raise awareness of the project.
- Provide practical support to meet the objectives set.
- Help to review progress.

The NCMH coordinated the research and evaluation aspects of this project, including the supervision of two PhD students (funded under Research Ireland's Employment-Based Postgraduate Programme). Their role was to: review the existing evidence base; identify the key research questions; conduct a series of discrete studies (quantitative and qualitative) to inform the design of the interventions; and evaluate the acceptability and feasibility of the interventions. This included an extensive consultation process with the industry.

# Research Summary

Guided by the Medical Research Council's guidance for developing complex interventions and underpinned by the Behaviour Change Wheel, the programmes aimed to enhance suicide literacy and promote help-seeking and help-offering behaviour within the Irish construction industry.

## Understand the Current Landscape

The development of the CAIRDE programmes was informed by two comprehensive reviews of existing interventions. The first review focused on current interventions in male-dominated industries specifically, while the second review examined stigma reduction interventions among male-dominated populations.

Across both reviews, interventions commonly combined psychoeducation content, skills-based training, and engagement with credible role models to increase mental health literacy, help-seeking and help-offering behaviour and to reduce mental health stigma. Typical intervention components included short presentations on the signs, symptoms and risk factors for poor mental health and suicide, structured approaches for engaging with and supporting an individual in emotional distress and therapeutic components.

Key Behaviour Change Techniques (BCTs) were identified across the evidence base and synthesised to guide the design of CAIRDE. These included modelling help-seeking and help-offering behaviours using credible role models, providing clear instructions on how to perform the behaviours and facilitating practical, skills-based learning through behavioural practice and rehearsal. All BCTs identified within the reviews were mapped onto existing men's health engagement research. These evidence-informed techniques were integrated into the CAIRDE programmes to ensure replicable and culturally relevant interventions.

### Mental Health Stigma Reduction Interventions among Men

**3,108** Studies identified

**69** Abstracts screened

**69** Full texts screened

**14** Studies included in review

### Workplace Interventions Targeting Mental Health Literacy, Stigma, Help-Seeking, and Help-Offering in Male-Dominated Industries

**2,903** Studies identified

**182** Abstracts screened

**36** Full texts screened

**12** Studies included in review

# Engage with Key Stakeholders to Understand the Problem

Following the synthesis of global existing evidence in the reviews, a mixed-methods approach was used to examine the scale of the problem in the Irish context, and the broader cultural and contextual influences on help-seeking and help-offering behaviour. Two surveys were completed to explore the prevalence and risk factors for suicidality among construction workers and apprentices.

## Key Findings from Focus Groups

To better understand these challenges and the training needs of managers, five focus groups were conducted with industry representatives responsible for managing the health and wellbeing of workers to explore barriers to engaging with, and supporting workers, factors shaping help-seeking behaviour and preferences for training programmes.

Key findings included:

- A healthy workplace culture promotes mental health and encourages both help-seeking and help-offering behaviours among construction workers.
- Training programmes that use practical, skills-based approaches enhance an individual's capacity to intervene with a worker in distress.
- Clear policies and procedures for engaging with employees in distress, supported by knowledge of professional boundaries and effective signposting, ensure consistent responses to a worker in distress.
- Cultural masculinity on-site significantly shapes help-seeking and help-offering behaviours in the industry, with prevailing masculine norms continuing to inhibit disclosure and emotional expression.

# Results From Both Surveys

**1,585**

Construction workers across 103 sites

**654**

Apprentices across 10 ETBs

## Suicidal Thoughts

Construction Workers

**1 in 5** (22.4%)

Apprentices

**1 in 3** (40.5%)

## Suicide Attempts

Construction Workers

**1 in 16** (6.1%)

Apprentices

**1 in 11** (9.3%)

## Depression

Construction Workers

**1 in 8** (13.3%)

Apprentices

**1 in 6** (17.7%)

## Anxiety

Construction Workers

**1 in 8** (12.9%)

Apprentices

**1 in 4** (25.1%)

## Suicide Bereavement

Construction Workers

**46.1%**

Apprentices

**50.2%**

## What Does This Tell Us?

- Training programmes must have a key focus on identifying the signs and symptoms of poor mental health. By detecting this early, we may be able to reduce future suicidal behaviour.
- Colleagues, supervisors and peers in construction settings should receive training so they recognise signs of distress, promote help-seeking, and break the stigma around mental health among men.
- Training programmes must focus on individual-level skills building alongside broader efforts to create a positive workplace culture around mental health on-site.
- Training programmes must be gender responsive and integrate evidence-based approaches to engaging with men in discussions around mental health and suicide.

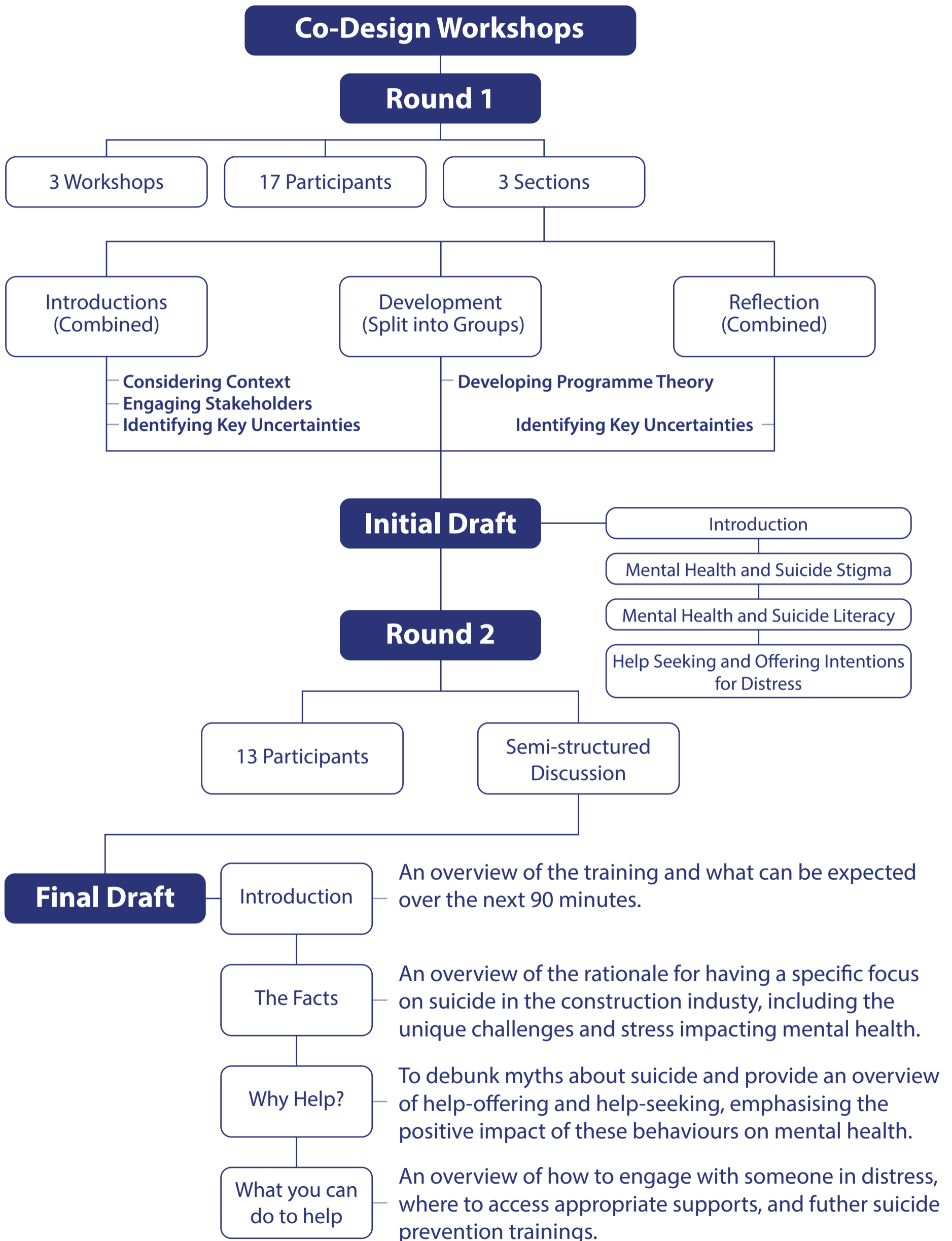
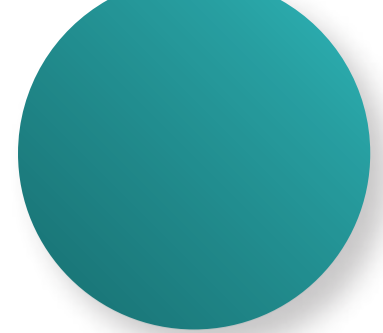
## Engage with Key Stakeholders to Develop the Programme

Building on the research findings, the programmes were co-designed in collaboration with key industry stakeholders to ensure cultural relevance, practicality and alignment with workplace needs. Engaging construction workers, site managers and mental health experts helped tailor the programme content, delivery method and resources to the context of the Irish construction industry, ensuring the programmes would be acceptable and effective in addressing the needs of workers.

## General Awareness Training



The General Awareness Training was developed along a stepwise process with distinct cycles that included a) developing an initial training draft, and b) reviewing and refining the training for delivery. The culmination of this process resulted in a 90 minute training programme, developed in collaboration with construction workers and the industry itself to address mental health needs within the sector. It primarily involved psychoeducation, offering practical engagement examples, and pathways of both help-seeking and help-offering whilst simultaneously destigmatising mental health and suicide through the methods uncovered in the systematic reviews.



# Connector Training

A survey was used to gather managers' feedback on the proposed training. Some 81 managers responded to the survey, contributing to the training content, delivery methods and mode of delivery.



## Identified as essential for a training programme

**What to do if an employee is in distress**  
76% agreement

**Language to use when talking about suicide**  
75% agreement

**How to structure mental health conversations with an employee in distress**  
72% agreement

**How to look after yourself in times of distress**  
72% agreement

**Information on what supports are available**  
72% agreement

This process contributed to the development of a full-day training programme for managers in the construction industry. In line with managers' preferences, the programme combined psychoeducational elements (i.e. knowledge of 'signs' of mental health issues) with therapeutic approaches, including how to start a conversation about mental health and how to engage with a worker in distress.

Please see Appendices 2 & 3 for training outlines.

# Pilot Delivery

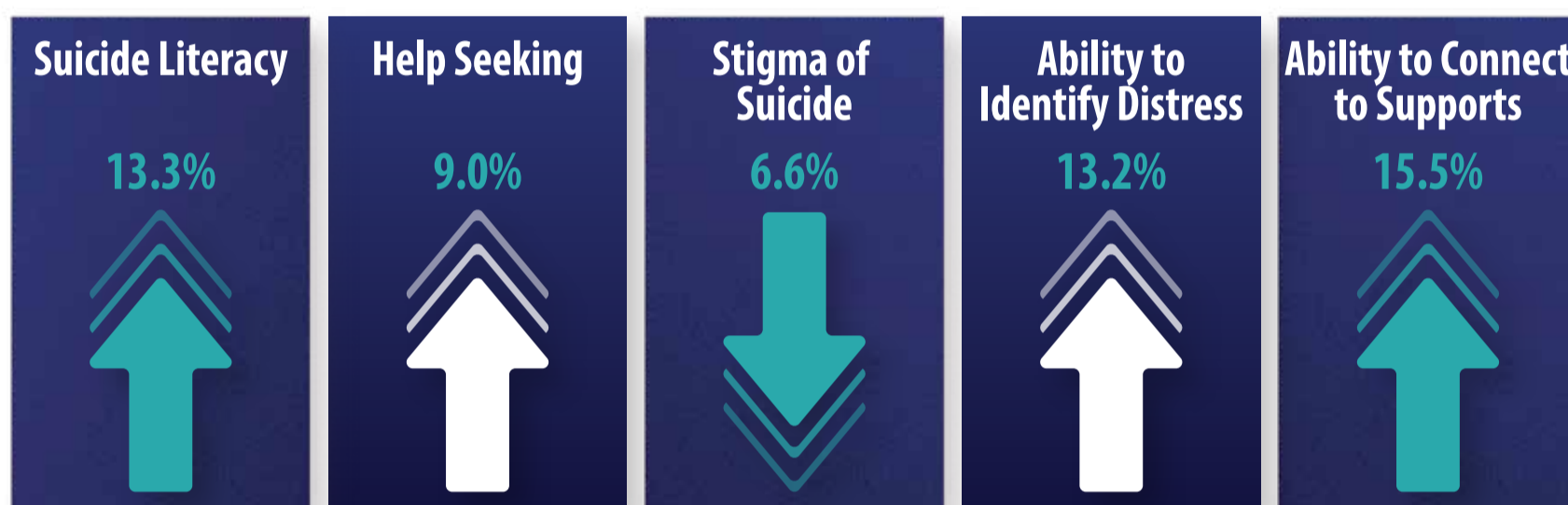
Once programme development was complete, construction companies were invited to take part in the pilot delivery of the trainings.

## General Awareness Training Results

Seven 'General Awareness Training' sessions were conducted across three sites in the greater Dublin area between September and November 2024. A total of 97 participants participated in this pilot training.

Findings from the pilot study showed:

**7** Sessions with **97** Participants across **3** Sites

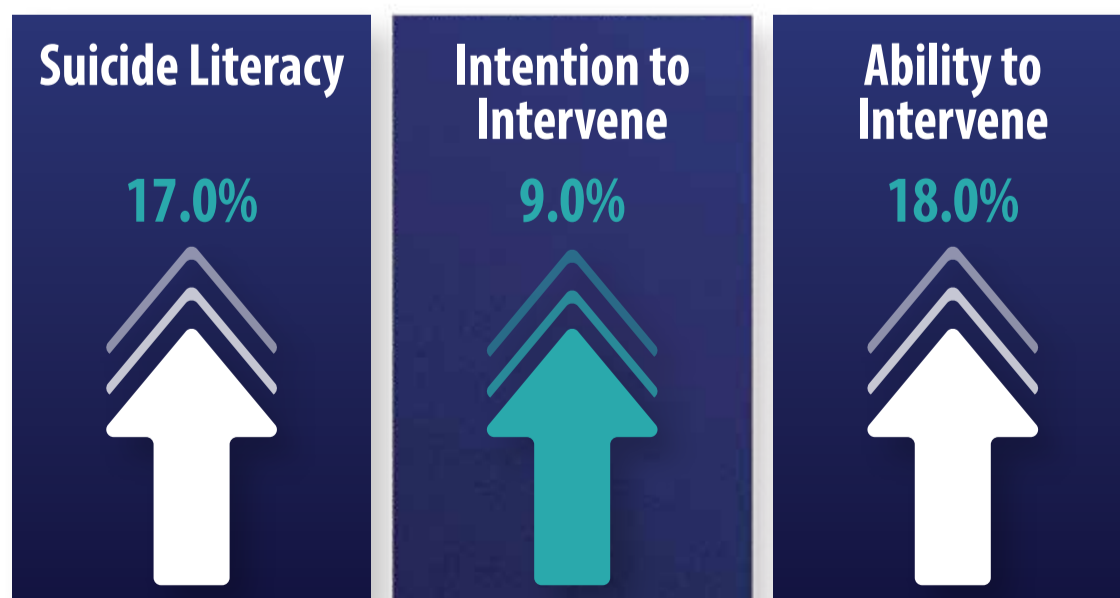


## Connector Training Results

Five 'Connector' training sessions were delivered across four sites between May and August 2024. A total of 53 managers were trained as Connectors.

Findings from the pilot demonstrated:

**5** Sessions with **53** Participants across **4** Sites



Following the Connector training, participants were invited to complete an online feedback survey. Responses highlighted the impact of the training on confidence, awareness and willingness to support a worker in distress:

“The Connector training definitely increased my confidence to support a worker in distress. It provided clear guidance on how to approach someone who might be struggling and gave practical steps on how to have those difficult conversations. I now feel more equipped to recognise the early warning signs and to intervene in a supportive and effective manner. The training also highlighted the importance of being an active listener, which has made me more comfortable in offering help when it's needed.”

– Manager

# Recommendations

- Use the findings from this report to adapt and refine the CAIRDE GAT and Connector training programmes prior to scale-up of delivery.
- Develop an implementation plan, led by the construction industry, on the scale-up of CAIRDE with a focus on mainstreaming mental health and suicide prevention within the industry.
- Ensure that the scale-up of CAIRDE is underpinned by a comprehensive evaluation, with a substantial study population group, focused on establishing the efficacy of the CAIRDE training programmes.
- Conduct a needs analysis of the health and wellbeing priorities within the wider construction industry to inform a health and wellbeing strategy within the industry.
- Ensure that the future delivery of CAIRDE is aligned with existing suicide prevention programmes (e.g. ASIST, safeTALK, Let's Talk About Suicide).
- Develop a bespoke Irish branding and communications strategy to raise the visibility of mental health and suicide prevention within the industry.

# Appendix 1

## CAIRDE Publications

O'Donnell, S., Egan, T., Clarke, N., & Richardson, N. (2024). Prevalence and associated risk factors for suicidal ideation, non-suicidal self-injury and suicide attempt among male construction workers in Ireland. *BMC Public Health*, 24(1), 1263. Article 1263.  
<https://doi.org/10.1186/s12889-024-18483-0>

Roche, E., Richardson, N., Sweeney, J., & O'Donnell, S. (2024). Workplace Interventions Targeting Mental Health Literacy, Stigma, Help-Seeking, and Help-Offering in Male-Dominated Industries: A Systematic Review. *American Journal of Men's Health*, 18(2), 15579883241236223. <https://doi.org/10.1177/15579883241236223>

Sweeney, J., O'Donnell, S., Roche Culleton, E., White, P. J., Carroll, P., & Richardson, N. (2024). Mental Health Stigma Reduction Interventions Among Men: A Systematic Review. *American Journal of Men's Health*, 18(6), 15579883241299353.  
<https://doi.org/10.1177/15579883241299353>

Sweeney, J., Richardson, N., Carroll, P., White, P. J., Roche Culleton, E., & O'Donnell, S. (2025). The Development of the CAIRDE General Awareness Training. *International Journal of Environmental Research and Public Health*, 22(8), Article 1306.  
<https://doi.org/10.3390/ijerph22081306>

Roche, E., O'Donnell, S., & Richardson, N. (2025). "You Have to Make It Normal, That's What We Do": Construction Managers' Experiences of Help-Offering. *International Journal of Environmental Research and Public Health*, 22(4), Article 581.  
<https://doi.org/10.3390/ijerph22040581>

## CAIRDE Publications (pending)

Roche, E., O'Donnell, S., & Richardson, N. Factors Influencing the Help-Seeking Behaviours of Construction Workers in Ireland: Perspectives from Managers. Health Promotion International. Manuscript in press.

Roche, E., O'Donnell, S., Sweeney, J., & Richardson, N. A Framework for Developing a Gender-responsive Suicide Prevention Programme for the Irish Construction Industry. Manuscript submitted for publication.

Roche, E., O'Donnell, S., & Richardson, N. Evaluating the Impact and Acceptability of a Suicide Prevention Programme for the Irish Construction Industry: A mixed-methods study. Manuscript in preparation.

Sweeney, J., Richardson, N., O'Donnell, S., Carroll, P., White, P. J., & Harrison, M. The prevalence and associated risk factors for suicidality among apprentices in the Irish construction industry. Manuscript submitted for publication.

Sweeney, J., Richardson, N., O'Donnell, S., Carroll, P., & White, P. J. Integrating behaviour change theory into co-design for suicide prevention intervention development. Manuscript in preparation.

Sweeney, J., Richardson, N., O'Donnell, S., Carroll, P., & White, P. J. The Impact of the CAIRDE General Awareness Training Initial Pilot. Manuscript in preparation.

# Appendix 2

## Outline of GAT Programme

<b>Section 1. Introduction</b>	1.1 Welcome 1.2 Housekeeping 1.3 What this Training is/is not 1.4 An Introduction to Sean's Story
<b>Section 2. Why Construction Workers?</b>	2.1 Rationale and Evidence Base for Construction Specific Focus 2.2 Sean's Story: Could this be you? 2.3 Industry-Specific and Personal Factors Influencing Suicide 2.4 The Barriers to Help Seeking within the Construction Industry 2.5 What Stops Construction Workers from Seeking Help?
<b>Section 3. Is There Hope For Change?</b>	3.1 Debunking Myths around Mental Health and Suicide 3.2 Reframing Help-Seeking as a Strengths-Based Approach 3.3 Reframing Help-Offering as a Strengths-Based Approach 3.4 The Impact of Help-Offering on Sean's Life 3.5 General Practitioner - What Resources and Supports are Available
<b>Section 4. What Can I Do To Help?</b>	4.1 Examples of How Help is Currently Provided on Sites 4.2 Acknowledgement of Limits 4.3 Notice, Listen, Refer 4.4 Spot the Signs 4.5 How to Ask and how to Listen 4.6 How and Where to Refer 4.7 Looking out for Yourself too 4.8 Closing Remarks

# Appendix 3

## Outline of Connector Training Programme

<b>Section 1. Welcome &amp; Scene-Setting</b>	1.1 Introduction
	1.2 Importance of Connectors
	1.3 Name Graffiti
	1.4 Establishing Ground Rules
	1.5 Outline of Training
<b>Section 2. Why Construction Workers?</b>	2.1 Introduction
	2.2 What does Mental Health mean to me?
	2.3 What is Mental Health?
	2.4 Construction Workers and Suicide
	2.5 What stops Construction Workers from Seeking Help?
	2.6 Risk Factors
	2.7 Warning 'Signs' - Sean's Story Part 1
	2.8 Gender Differences in Presentation of Mental Ill-Health
	2.9 Summary
Break	
<b>Section 3. Me, Myself and I</b>	3.1 Introduction
	3.2 The Role of 'Connectors'
	3.3 Sean's Story: Part 2
	3.4 Tools of the Trade
	3.5 Soft Skills
	3.6 Summary
<b>Section 4. Responding to Distress - C.A.L.M.</b>	4.1 Introduction to C.A.L.M.
	4.2 Connect
	4.3 Ask
	4.4 Listen
	4.5 Make a Plan
Lunch	
<b>Section 4. Continued</b>	4.6 John and Barry Video
	4.7 Role Play using C.A.L.M. Approach
	4.8 Summary
<b>Section 5. Care for the Connectors</b>	5.1 Introduction
	5.2 Activity: Building Good Foundations
	5.3 Building Blocks of Good Mental Health
	5.4 Summary
<b>Section 6. Putting it all Together</b>	6.1 Synopsis of Content Covered
	6.2 Post-evaluation Forms
	6.3 Signposting
	6.4 Final Round of Feedback

"There is a crack in everything,  
that's how the light gets in"

-  
Leonard Cohen

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