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Introduction

Background

Statistics Canada reported that 33% of trades helpers and labourers report poor mental health (Marchand, 2007); presumably, some employees turn to substance use to cope with the stress.

Direct and indirect costs related to mental illness, stress, and substance abuse are substantial:

- Psychological conditions, including stress and depression, are the leading cause of both short-term and long-term disability claims (Watson Wyatt, 2007).
- The annual cost of work time lost to stress is $12 billion (Health Canada, 2002).
- In 2002, substance abuse accounted for $24.3 billion in productivity losses and $8.8 billion in health care costs in Canada (Rehm et al., 2006).
- Mental health issues account for 30% of disability claims in the workplace, which translates into $15 to $33 billion annually in Canada (Srouijan, 2003).

Recognizing the importance of mental health in the workplace, the former Alberta Mental Health Board, now Alberta Health Services, formed a committee with representatives across Alberta’s construction industry to look at addiction and mental health concerns among construction workers. A project was started to help the committee understand the issues affecting employees and their families, which will help employers respond more efficiently and effectively to their employees’ needs.

The project had four goals, which were undertaken in two phases:

1. to gain a better understanding of the construction industry through looking at a) characteristics of its workers, and b) employment projections
2. to determine the extent to which workers in the construction industry are reporting substance use, gambling, and mental health problems
3. to look at workplace addiction and mental health programs and policies
4. to look at workers’ use of Employee and Family Assistance Programs (EFAP) for addiction and mental health problems

EFAP data was provided by two major service providers in Alberta, which represented more than 40,000 Alberta construction workers. General population survey data was provided by the Institute of Health Economics (Thompson, Jacobs & Dewa, 2011). The survey results for the construction industry were compared to the average of all industries in Alberta. Additional detail regarding the methods is provided in Appendix A.

This report is a compilation of the information gathered from phase one and phase two.
Limitations and Research Considerations

The following should be considered when interpreting the results within the report.

Employee and Family Assistance Program Data

The following are limitations associated with the EFAP data:

- The data were collected for another purpose, not the objectives of this project. In this situation, data were provided from two organizations and each data set was structured differently. For example, some of the open-ended data elements were coded differently in the data from each organization, which means when combining data elements, some of the detailed information is lost from the analysis.

- The unit of analysis in each data set is cases of service sought by employees or spouses from 2008 to 2010. Employees or spouses may have multiple cases or enrolments of service. Data analyses could not identify unique individuals.

- The member organizations providing data represent only a limited group of construction workers. The data represent commercial, industrial, and institutional construction, but does not include road builders, residential, or heavy construction.

- This project only includes data from two organizations with the construction industry. These results only apply to employees who used EFAP services through these two organizations in the three-year time period and exclude any employees who had service needs, but did not seek EFAP services.

- It is recognized that employees sought EFAP services for a wide range of problems or issues; however, the focus of this analysis is on problems or issues related to addiction or mental health to the exclusion of other reasons for seeking EFAP services (e.g., workplace issues, economic issues, family problems). In part, categories were limited due to incongruent information in presenting problem categories within the two data sets obtained from providers.

General Population Survey Data

The following are limitations associated with the general population survey data:

- Of the 2,817 respondents, 181 (6.5%) identified themselves as belonging to the construction industry.

- A sample of 181 construction workers from a total population of 196,000 workers in Alberta means that the confidence interval for the survey results are ±7.3%, 95% of the time. This is slightly higher than the ±5% that is typically reported in general population surveys.

- Only 7 of the 181 respondents were between the ages of 18 and 24 and none of those respondents were female.

- With the exception of females ages 18 to 24, the data was weighted by age and sex to compensate for the lower percentage of young adults and higher percentage of older adults who responded to the survey than what would be representative of the population of construction workers in Alberta.
- The entire dataset was weighted by age and sex prior to calculating the frequencies for Alberta.

- Although the samples of Alberta workers and construction workers were weighted, the means were not adjusted. As a consequence, the differences noted between the construction industry and other industries may be due, in large part, by the age and gender distribution within the construction industry, rather than a characteristic of the industry itself.

- Significant differences were determined by comparing the construction industry with all other industries\(^1\) combined, not the Alberta average; however, the Alberta average is presented in the figures.

\(^1\) Industries were coded using the 2009 North American Industry Classification System. Examples of other industries include utilities, manufacturing, retail/wholesale, finance, education, health, hospitality and public administration.
The Construction Industry

The construction industry broadly encompasses those who work in commercial, industrial, and residential settings. The North American Industry Classification System (NAICS)\(^2\) classifies businesses within the construction industry if they undertake the following:

- construction of buildings (i.e., residential or non-residential)
- heavy and civil engineering construction
- specialty trade contractors (e.g., excavating, concrete, framing, masonry, drywall, painting, flooring)

Industry Growth and Outlook

According to the Ministry of Jobs, Skills, Training and Labour (Government of Alberta, 2015), employment in the construction industry is projected to decline from 247,900 jobs in 2015 to 238,500 jobs in 2016, resulting in a decrease of 3.8% (Figure 1). The ministry has projected somewhat unstable employment in the industry, with small gains and losses year over year to 2019.

Figure 1: Projected Employment for the Construction Industry in Alberta, 2015-2019


The use of Employee and Family Assistance Programs (EFAP) services among construction workers could change over the next several years, as the economy and oil sector de-stabilize. The health and wellbeing of employees and their families could be influenced by how employers and policy makers respond to potential impacts.

Alberta’s Construction Workers

The majority of the construction industry workforce is male (89.0%; Figure 2), which is significantly higher than Alberta’s workforce average (55.2% male; 44.8% female [Source: Statistics Canada. Table 282-0002]).

Figure 2: Full-time construction industry employees by gender, Alberta, 2008-2010

Table 1 provides age distributions for Alberta’s general population and the construction industry. The construction industry is slightly younger than the working Alberta population (16.4% are aged 18 to 24 compared with 12.6% of Albertans overall).

Table 1: Age distribution in percentages, construction workers and the general population, Alberta, 2008-2010

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>12.6%</td>
<td>16.4%</td>
</tr>
<tr>
<td>25-54</td>
<td>71.1%</td>
<td>69.3%</td>
</tr>
<tr>
<td>55+</td>
<td>16.3%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: totals may not add to 100% due to rounding error.
* Source: Statistics Canada. Table 282-0002
** Source: Statistics Canada. Table 282-0008
As shown in Table 2, the majority of construction workers are between the ages of 25 to 44 (48.3%) and 45 to 64 (32.9%).

Table 2: Full-time Construction Industry Employees by Gender, 2008-2010

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Gender</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>Percent of Total (%)</td>
<td>Count</td>
</tr>
<tr>
<td>18 – 24</td>
<td>15.5</td>
<td>88,300</td>
</tr>
<tr>
<td>25 – 44</td>
<td>43.1</td>
<td>245,600</td>
</tr>
<tr>
<td>45 – 64</td>
<td>28.9</td>
<td>164,700</td>
</tr>
<tr>
<td>65 and over</td>
<td>1.6</td>
<td>9,000</td>
</tr>
<tr>
<td>Total</td>
<td>89.0</td>
<td>507,600</td>
</tr>
</tbody>
</table>


Although there was some slight variation in the gross annual household income between the construction industry and the provincial average, the earnings of construction workers were similar when compared to all other industries (Figure 3).

Figure 3: Gross annual household Income among employed Albertans, 2009

Data source: Institute of Health Economics
Alberta n= 2,319; Construction industry n=159
The marital status among construction workers was also similar to what was reported across all industries; 68.0% of construction workers and 69.0% of Albertans reported that they were married or common law (Figure 4).

**Figure 4: Marital status among employed Albertans, 2009**

![Chart showing marital status](chart)

Data source: Institute of Health Economics
Alberta n = 2,780; Construction industry n = 178

Differences in highest level of education were also identified. Compared to the rest of Alberta, construction workers were more likely to have completed technical or trade school (32.3% vs. 53.1%). Conversely, a lower percentage of construction workers had completed a university degree than Albertans (16.6% vs. 35.8%). See Figure 5.

**Figure 5: Highest level of education among employed Albertans, 2009**

![Chart showing highest level of education](chart)

Data source: Institute of Health Economics
Alberta n = 2,800; Construction industry n = 178

\[ p = .000 \]
Prevalence of Substance Use and Gambling

This section provides information about the prevalence of alcohol use, tobacco use, illicit drug use, and gambling. Information is provided for the construction industry, and the average for Alberta (i.e., all industries combined). Data in this section was collected by the Institute of Health Economics (IHE) through a general population survey of working Albertans.

**Alcohol Use**

The survey conducted by the IHE included the Alcohol Use Disorders Identification Test (AUDIT), which was created by the World Health Organization (Babor, Higgins-Biddle, Sauders, & Monteiro, 2001) as a method of screening for excessive alcohol use. Although the percentage of construction workers who reported using alcohol during the past 12 months (73.7%) was similar to the average for Alberta (72.8%), construction workers were more likely use alcohol in harmful or hazardous ways; 12.8% scored within the medium-risk category of the AUDIT compared with the provincial average of 5.8% (Figure 6).

**Figure 6: Percentage of workers who reported risky alcohol use, AUDIT risk categories, Alberta, 2009**

![Figure 6: Percentage of workers who reported risky alcohol use, AUDIT risk categories, Alberta, 2009](image_url)

Data source: Institute of Health Economics

Alberta n= 2,772; Construction industry n=174

p = .002

---

3 being late, missing work, low levels of productivity
**Tobacco Use**

Use of tobacco in the previous 12 months was significantly higher for workers in the construction industry (34.0%) compared to the Alberta average (21.7%) (Figure 7).

**Figure 7: Percentage of workers who reported tobacco use in the past 12 months, Alberta, 2009**

Data source: Institute of Health Economics  
Alberta n= 2,816; Construction industry n=178  
p = .000

Construction workers who reported smoking in the past 12 months also reported smoking significantly more per day than workers in other industries (Figure 8).

**Figure 8: Amount of cigarettes smoked per day, Alberta, 2009**

Data source: Institute of Health Economics  
Alberta n= 2,814; Construction industry n=178  
p = .000
Illicit Drug Use

A higher percentage of construction workers (16.0%) reported using illicit drugs in the previous 12 months compared to other industries (Alberta average: 6.5%)(Figure 9). Among those who reported using illicit drugs, nearly all (98.5% in Alberta; 100% of construction workers) indicated that they had used marijuana or hashish. Rates of use of other types of illicit drugs were too low to report.

Figure 9: Percentage of workers who reported illicit drug use in the past 12 months, Alberta, 2009

The survey included the Drug Abuse Screening Test (DAST), which asks questions related to drug use and problems related to drug use. As shown in Figure 10, construction workers were significantly more likely to be at moderate to high risk of experiencing drug use-related problems compared to Albertans in all industries (8.0% vs. 1.3%).

Figure 10: Percentage of workers who reported problems associated with illicit drug use, DAST categories, Alberta, 2009
Gambling

Rates of gambling were similar between construction workers and the rest of Alberta. Slightly more than half of Albertans and construction workers reported gambling at least once in the 12 months prior to the survey, and many reported doing so on an infrequent basis (Figure 11).

The survey included the Canadian Problem Gambling Index (CPGI), which indicated that the majority of those who gambled were not problem gamblers.

Figure 11: Percentage of workers who reported gambling during the past 12 months, Alberta, 2009

Data source: Institute of Health Economics
Alberta n= 2,814; Construction industry n=178
Substance Use and Gambling at the Workplace

Substance Use at the Workplace

Working Albertans were asked how often tobacco use was allowed at their workplace. Construction workers were significantly more likely to report that tobacco use was allowed sometimes (19.1% vs. 12.2%) and almost always (31.2% vs. 24.2%), compared to the rest of Alberta (Figure 12). They were also more likely to agree that smoking is socially accepted among coworkers (Figure 13).

Figure 12: Percentage of workers who reported that tobacco use is allowed at the workplace, Alberta, 2009

![Bar chart showing percentage of workers who reported tobacco use allowed at the workplace in Alberta and construction industry.](image)

Data source: Institute of Health Economics
Alberta n = 2,507; Construction industry n=151
p = .000

Figure 13: Percentage of workers who agreed that smoking is socially accepted among coworkers, Alberta, 2009

![Bar chart showing percentage of workers who agreed smoking is socially accepted among coworkers in Alberta and construction industry.](image)

Data source: Institute of Health Economics
Alberta n = 2,512; Construction industry n=152
p = .001
As shown in Figure 14, the percentage of construction workers reported that street drugs were “sometimes” used in their workplace was more than two times higher than the percentage reported by Albertans overall (13.1% vs. 5.2%) and the percentage who reported “most of the time” was more than four times higher than the average (4.4% vs. 1.0%).

**Figure 14: Percentage of workers who reported that street drugs are used in their workplace, Alberta, 2009**

![Bar chart showing percentage of workers who reported street drug use in their workplace.](chart1)

Data source: Institute of Health Economics
Alberta n= 2,430; Construction industry n=147
p = .000

A higher percentage of construction workers also agreed that street drug use was socially accepted among their coworkers (6.0% vs. 2.7% of Albertans) (Figure 15).

**Figure 15: Percentage of workers who agreed that street drug use is socially accepted among coworkers, Alberta, 2009**

![Bar chart showing percentage of workers who agreed on social acceptance of street drug use.](chart2)

Data source: Institute of Health Economics
Alberta n= 2,494; Construction industry n=149
p = .000
Invitations to Drink and Gamble

The percentage of construction workers who reported that they were invited to drink by a manager or supervisor (21.5%) in the past four weeks was significantly higher than the average for Alberta (11.9%) (Figure 16). Workers in this industry were also more likely to be invited by a coworker to gamble (18.7%) compared to workers in all industries combined (8.6%) (Figure 17).

Figure 16: Percentage of workers invited for a drink by a coworker or supervisor/manager in the past 4 weeks, Alberta, 2009

Data source: Institute of Health Economics
Alberta n= 2,807, 2,295; Construction industry n=178,137
* p = .003

Figure 17: Percentage of workers invited to gamble by a coworker or supervisor/manager in the past 4 weeks, Alberta, 2009

Data source: Institute of Health Economics
Alberta n= 1577, 1296; Construction industry n=96, 75
* p = .000
Impact of Substance Use on Work Performance

Compared to the provincial average, construction workers were almost twice as likely to report that the use of alcohol had a moderate or extremely serious impact on their coworkers’ performance (Figure 18).

Figure 18: Perceived seriousness of alcohol use on the work performance of coworkers, Alberta, 2009

![Bar chart showing the perceived seriousness of alcohol use on work performance.]

Data source: Institute of Health Economics
Alberta n= 2706; Construction industry n=173
p = .000

Similarly, construction workers were more likely to report that drug use had a moderate or extremely serious impact on their coworkers’ performance (Figure 19).

Figure 19: Perceived seriousness of drug use on the work performance of coworkers, Alberta, 2009

![Bar chart showing the perceived seriousness of drug use on work performance.]

Data source: Institute of Health Economics
Alberta n= 2674; Construction industry n=177
p = .000
Although rates of past year gambling were similar between the construction industry and all other industries, construction workers were more likely to report that gambling has a moderately serious impact on their coworkers’ performance (16.2%) compared to the average (7.9%) (Figure 20).

Figure 20: Perceived seriousness of gambling on the work performance of coworkers, Alberta, 2009

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Not very serious</th>
<th>Moderately serious</th>
<th>Extremely serious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta</td>
<td>87.7%</td>
<td>7.9%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Construction Industry</td>
<td>81.0%</td>
<td>16.2%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

Data source: Institute of Health Economics
Alberta n= 2650; Construction industry n=165
p = .006
Mental Health of Construction Workers

The survey conducted by the IHE of working Albertans included measures of mental health concerns, which included phobias, hopelessness, major depressive disorder, anxiety, and antisocial personality disorder. Several measures of suicidal thoughts and behaviours were also included.

**Mental Health**

Overall, the self-reported mental health of construction workers was similar to Alberta’s average. The most common mental health concerns among construction workers and Alberta workers in general were phobias (28.7% and 27.0%) and feelings of hopelessness (25.5% and 28.2%)(Figure 21).

Among all of the mental health indicators that were measured in the survey, antisocial personality disorder (APD) was the only category that showed a significant difference between construction workers (9.7%) and the average for all industries (5.1%). According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), APD occurs more frequently in men than women (American Psychiatric Association, 2013). Because the construction sample has a larger proportion of males, a higher rate of APD in that industry can be expected. Those diagnosed with APD are also more likely to engage in “substance abuse that has a high risk for harmful consequences” (American Psychiatric Association, 2013). People with APD also frequently have concurrent substance use or gambling disorders; the increased prevalence of APD in the construction industry may partially account for some of the significant differences seen in drinking and illicit drug use among construction workers.

*Figure 21: Lifetime prevalence of mental health concerns among Alberta workers, 2009*

Data source: Institute of Health Economics
Alberta n= 2747-2808; Construction industry n=175-178
*p = .001
**Suicidal Behaviour**

The majority of construction workers (87.1%) and Albertans overall (84.9%) reported that they did not have any type of suicidal thoughts or behaviour during their lifetime (Figure 22). Among all of the suicidal behaviours measured in the survey, suicidal thoughts were the most commonly reported; however, prevalence was low (8.0% of construction workers; 7.4% Alberta average).

**Figure 22: Lifetime prevalence of suicidal thoughts and behaviours among Alberta workers, 2009**

Data source: Institute of Health Economics
Alberta n= 2781; Construction Industry n=173
Workplace Policies

Employed Albertans were asked if their workplace had formal policies for smoking, gambling, alcohol, and drugs. Workers in the construction industry were significantly less likely to report that their worksite had a formal smoking policy, compared to other industries (61.8% versus 70.8%). Workers who reported drug, alcohol, and gambling policies were comparable between construction workers and workers in other industries (Figure 23).

Figure 23: Percentage of Alberta workers who reported having substance use and gambling policies at their worksite, 2009

Data source: Institute of Health Economics
Alberta n= 2282-2655; Construction industry n=158-175
*p = .000
Employee and Family Assistance Programs

Use of Employee and Family Assistance Programs (EFAPs)

Data from two employee and family assistance program (EFAP) service providers were analysed, which represented more than 40,000 Alberta construction workers. Although a worker can access their EFAP for many different reasons (e.g., personal reasons, family support, work-related concerns, legal support, financial support, health coaching), the project focused only on those employees who sought help from their EFAP for problems related to addiction, mental health, anger, or abuse or violence.

From 2008 to 2010, there were slightly more than 3,500 cases of construction industry employees accessing EFAP services for addiction, mental health, anger, or abuse or violence. The majority (85.0%) of these cases were male, which is comparable to the percentage of males working in the industry (89.0%).

Over half (58.3%) of those who sought EFAP services were between the ages of 25 and 44, which was higher than the percentage of workers in that age group (48.3%). Conversely, approximately 10% of those accessing EFAP services were between the ages of 18 and 24, which was lower than the percentage of workers in that age range (17.1%) (Figure 24).

Figure 24: Percentage of cases of construction employees who sought EFAP services, by age and sex, Alberta, 2008-2010.

Source: EFAP data
n=3,514
Note: Cases with gender unspecified (n=2) excluded.
During the same time period, there were 641 cases of spouses of employees who sought EFAP services (Figure 25), the majority of which were female. Because of the high number of cases reporting unknown gender, comparisons between males and females could not be made.

**Figure 25: Count of the number of cases of spouses of employees in the construction industry who sought EFAP services, Alberta, 2008-2010**

![Graph showing the count of cases by gender and age categories for spouses of employees seeking EFAP services.]

Source: EFAP data
n=641

**Reasons for Accessing EFAPS – Construction Industry Employees**

Among those who contacted their EFAP for concerns related to addiction, mental health, anger, or abuse or violence, most sought help for an addiction-related problem (50.1%) or a mental health concern (38.0%) (Figure 26).

**Figure 26: Count and percentage of construction industry employees who accessed their EFAP, by presenting problem category, Alberta, 2008-2010**

![Pie chart showing the distribution of problem categories.]

Source: EFAP data
n=3516
Among employees seeking help for an addiction-related concern, the most common reasons were “other drug abuse/dependency” (57.6%) and “alcohol abuse” (36.9%). Among those seeing help for a mental health-related concern, the most common reasons were stress (41.8%) and mood disorders\(^4\) (24.9%) (Table 3).

### Table 3: Count and percent of total of cases of construction industry employees who sought EFAP, by addiction and mental health related subcategory, Alberta, 2008-2010

<table>
<thead>
<tr>
<th>Presenting Problem Category</th>
<th>Presenting Problem Subcategory (reason for seeking service)</th>
<th>Count</th>
<th>Percent within problem category</th>
<th>Percent of total EFAP sessions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction</td>
<td>Other drug abuse/dependency</td>
<td>1,015</td>
<td>57.6%</td>
<td>28.9%</td>
</tr>
<tr>
<td></td>
<td>Alcohol abuse/dependency</td>
<td>651</td>
<td>36.9%</td>
<td>18.5%</td>
</tr>
<tr>
<td></td>
<td>Someone else's addiction problem</td>
<td>39</td>
<td>2.2%</td>
<td>1.1%</td>
</tr>
<tr>
<td></td>
<td>Gambling</td>
<td>30</td>
<td>1.7%</td>
<td>0.9%</td>
</tr>
<tr>
<td></td>
<td>Tobacco</td>
<td>12</td>
<td>0.7%</td>
<td>0.3%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>15</td>
<td>0.9%</td>
<td>0.4%</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>1,762</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>50.1%</strong></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Stress</td>
<td>559</td>
<td>41.8%</td>
<td>15.9%</td>
</tr>
<tr>
<td></td>
<td>Mood disorder</td>
<td>333</td>
<td>24.9%</td>
<td>9.5%</td>
</tr>
<tr>
<td></td>
<td>Anxiety</td>
<td>134</td>
<td>10.0%</td>
<td>3.8%</td>
</tr>
<tr>
<td></td>
<td>Grief</td>
<td>117</td>
<td>8.8%</td>
<td>3.3%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>92</td>
<td>6.9%</td>
<td>2.6%</td>
</tr>
<tr>
<td></td>
<td>Post Trauma</td>
<td>46</td>
<td>3.4%</td>
<td>1.3%</td>
</tr>
<tr>
<td></td>
<td>Self Esteem</td>
<td>29</td>
<td>2.2%</td>
<td>0.8%</td>
</tr>
<tr>
<td></td>
<td>Suicide</td>
<td>27</td>
<td>2.0%</td>
<td>0.8%</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>1,337</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>38.0%</strong></td>
</tr>
</tbody>
</table>

*Note: total number of EFAP sessions was 3516 including anger and abuse/violence.
Source: EFAP data

\(^4\) e.g., major depressive disorder, seasonal affective disorder, bipolar disorder
Among the men who contacted their EFAP for one of the four presenting problem categories, more than half were seeking help for addiction-related concerns (54.6%). Conversely, more than two-thirds (69.3%) of women sought help for a mental health-related concern (Figure 27).

**Figure 27: Percentage of construction industry employees who sought EFAP services by presenting category, sex, Alberta, 2008-2010**

![Bar chart showing percentages](image)

Source: EFAP data  
n=3,514  
Note: Cases with gender unspecified (n=2) excluded.

Overall, 17% of construction workers were aged 18 to 24, 48% were aged 25 to 44 and 34% were aged 45 and older (refer to Table 2). As shown in Table 4, males and females between the ages of 25 and 44 were more likely to be seeking help than workers aged 18 to 24 (e.g., 69.4% of males who sought help for anger were aged 25 to 44, whereas 8.9% were aged 18 to 24).

**Table 4: Percentage of construction industry employees who sought EFAP services by presenting category, gender and age, Alberta, 2008-2010**

<table>
<thead>
<tr>
<th>Presenting Problem Category</th>
<th>Gender</th>
<th>Age Group</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>18-24</td>
<td>25-44</td>
</tr>
<tr>
<td>Addiction</td>
<td>M</td>
<td>11.9%</td>
<td>55.5%</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>9.1%</td>
<td>56.5%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>M</td>
<td>9.3%</td>
<td>62.3%</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>11.5%</td>
<td>49.7%</td>
</tr>
<tr>
<td>Anger</td>
<td>M</td>
<td>8.9%</td>
<td>69.4%</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>0%</td>
<td>90.0%</td>
</tr>
<tr>
<td>Abuse/Violence</td>
<td>M</td>
<td>11.4%</td>
<td>60.0%</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>4.8%</td>
<td>47.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>10.6%</td>
<td>58.3%</td>
</tr>
</tbody>
</table>

Source: EFAP data  
n=3,514  
Note: Cases with sex unspecified (n=2) excluded.
Reasons for Accessing EFAPS – Spouses

Among spouses who contacted their EFAP for problems related to addiction, mental health, anger, or abuse or violence, 75.5% of the cases were for a mental health concern (Figure 28), which was higher than the percentage of cases for employees (38.0%; Figure 26). Problems related to stress was the most common spousal mental health concern.

Figure 28: Count and percent of total of the number of cases by spouses of employees in the construction industry who sought EFAP services, by presenting problem, Alberta, 2008-2010

Source: EFAP data
N=641
Among spouses seeking help for an addiction-related concern, the most common reasons were someone else's addiction problem (31.8%), alcohol abuse/dependency (30.7%), and other drug abuse/dependency (20.5%). The most common mental health-related problems were stress (35.5%), mood disorders (28.3%), and anxiety (14.3%) (Table 5).

Table 5: Count and percent of total of the number of cases by spouses of employees in the construction industry who sought EFAP, by addiction and mental health related subcategory, Alberta, 2008-2010

<table>
<thead>
<tr>
<th>Presenting Problem Category</th>
<th>Presenting Problem Subcategory (reason for seeking service)</th>
<th>Count</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction</td>
<td>Someone else's addiction problem</td>
<td>28</td>
<td>31.8%</td>
</tr>
<tr>
<td></td>
<td>Alcohol abuse/dependency</td>
<td>27</td>
<td>30.7%</td>
</tr>
<tr>
<td></td>
<td>Other drug abuse/dependency</td>
<td>18</td>
<td>20.5%</td>
</tr>
<tr>
<td></td>
<td>Gambling</td>
<td>9</td>
<td>10.2%</td>
</tr>
<tr>
<td></td>
<td>Tobacco</td>
<td>3</td>
<td>3.4%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>3</td>
<td>3.4%</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>88</strong></td>
<td><strong>100.0%</strong></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Stress</td>
<td>172</td>
<td>35.5%</td>
</tr>
<tr>
<td></td>
<td>Mood disorder</td>
<td>137</td>
<td>28.3%</td>
</tr>
<tr>
<td></td>
<td>Anxiety</td>
<td>69</td>
<td>14.3%</td>
</tr>
<tr>
<td></td>
<td>Grief</td>
<td>54</td>
<td>11.2%</td>
</tr>
<tr>
<td></td>
<td>Post Trauma</td>
<td>23</td>
<td>4.8%</td>
</tr>
<tr>
<td></td>
<td>Self Esteem</td>
<td>12</td>
<td>2.5%</td>
</tr>
<tr>
<td></td>
<td>Suicide</td>
<td>6</td>
<td>1.2%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>11</td>
<td>2.3%</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>484</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Source: EFAP data  
N=641

Session Attendance and Use of EFAPs Over Time

On average, those who sought EFAP services attended three sessions; employees averaged three sessions and spouses averaged 3.4 sessions in one year. The number of sessions attended ranged from 0.25 to 31 for employees, and 0.25 to 22 for spouses (Table 6).
Table 6: Average number of sessions per case of employees and their spouses who sought EFAP services, Alberta, 2008-2010

<table>
<thead>
<tr>
<th>Client Type</th>
<th># of cases (n)</th>
<th>Average # of sessions</th>
<th>Range</th>
<th>Median</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>3,399</td>
<td>3.0</td>
<td>30.75 (0.25, 31)</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Spouse</td>
<td>615</td>
<td>3.4</td>
<td>21.75 (0.25, 22)</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>4,014</td>
<td>3.1</td>
<td>30.75 (0.25, 31)</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: EFAP data
Note: Calculations for average of sessions excluded 143 cases where no session information was provided or session number coded as 0.

Among employees, females attended an average of 3.5 sessions and males attended an average of 2.9 sessions (Table 7).

Table 7: Average number of sessions per year by construction industry employees by gender, Alberta, 2008-2010

<table>
<thead>
<tr>
<th>Gender</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2.9</td>
</tr>
<tr>
<td>Male</td>
<td>2.9</td>
</tr>
<tr>
<td>Female</td>
<td>3.5</td>
</tr>
<tr>
<td>Average</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Source: EFAP data
Notes: Calculations for average of sessions excluded 117 employee cases where no session information was provided or session number coded as 0. Cases with gender unspecified (n=2) excluded.

The average number of sessions for employees was similar across the different presenting problem categories; however, the average number of sessions spouses attended related to abuse/violence (3.9 sessions) and anger (4.0 sessions) were slightly higher than the average number of sessions reported for spouses (3.4 sessions). Conversely, the average number of sessions spouses attended for addiction-related concerns was lower than average (2.1 sessions vs. 3.4 sessions) (Table 8).

Table 8: Average number of sessions per case by presenting problem category for construction industry employees and spouses who sought EFAP services, Alberta, 2008-2010

<table>
<thead>
<tr>
<th>Presenting Problem Category</th>
<th>Employee</th>
<th>Spouse</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse/Violence</td>
<td>3.2</td>
<td>3.9</td>
<td>3.4</td>
</tr>
<tr>
<td>Anger</td>
<td>3.2</td>
<td>4.0</td>
<td>3.3</td>
</tr>
<tr>
<td>Mental Health</td>
<td>3.2</td>
<td>3.6</td>
<td>3.3</td>
</tr>
</tbody>
</table>
Presenting Problem Category | Average number of sessions
--- | ---
Addiction | 2.8 | 2.1 | 2.8
Average | 3.0 | 3.4 | 3.1

Source: EFAP data
Notes: Calculations for average of sessions excluded 143 cases where no session information was provided or session number coded as 0.

From 2008 to 2010, the number of employees and spouses seeking EFAP services increased by 15.5% (199 cases) (Figure 29).

**Figure 29: Count of cases of construction industry employees and spouses seeking EFAP services by calendar year, Alberta, 2008-2010**
Discussion

The Construction Industry

The Government of Alberta has projected unstable employment in the industry, with small gains and losses over the next few years. With the current economic uncertainty and rising unemployment, employees may feel less secure in their jobs and become increasingly stressed. Employers should be aware of the impact the state of the industry has on their employees, and take meaningful steps to help promote the physical and mental health and wellbeing of their workers during stressful times.

Workers in the construction industry are slightly younger and predominantly male when compared to the average for all industries. These may be important factors to consider when determining how to tailor prevention and intervention initiatives within this industry.

Substance Use

Substance use among Alberta’s construction workers tends to be greater than the average. Construction workers who used alcohol were more likely to use it in harmful or hazardous ways (e.g., use alcohol more frequently, consume more on one occasion, experience alcohol-related injuries). A higher percentage of Alberta’s construction workers used tobacco and they smoked more cigarettes per day than the province’s average. Similarly, a higher percentage of construction workers used illicit drugs in the 12 months prior to the survey and they were more likely to be at moderate to high risk of experiencing problems related to their use.

Because substance use at the worksite is generally more socially accepted in the construction industry, it is not surprising that the use of tobacco and other drugs during working hours is higher compared to other industries. Industry leaders and business owners may consider responding to these concerns by implementing or reinforcing workplace substance use policies. Targeted awareness campaigns focusing on the impact of substance use in the workplace may be beneficial in reducing these behaviours and potential negative consequences.

The percentage of construction workers that were invited for a drink by a coworker was not statistically different than the provincial average; however, construction workers were more likely to report that they had been invited to drink by their manager or supervisor. Workers who may not otherwise drink, or drink as much, may feel pressured to do so by their manager or supervisor. Given that alcohol use is very common in our society, changing the culture of use amongst coworkers could be difficult. There may be an opportunity in the industry, however, to provide workers with information about Canada's Low-Risk Alcohol Drinking Guidelines,[5] which may help reduce the amount of alcohol consumed and prevent potential harms.

Changing a culture of acceptance amongst a population is often difficult, can take time, and is more likely to be successful when a multi-pronged approach is used (e.g., the Alberta Tobacco Reduction Strategy[6]). While a broad, provincial strategy may not be feasible, there may be aspects of the Tobacco Reduction Strategy that

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Addiction and Mental Health in the Construction Industry

It could be employed within the construction industry in its approach to illicit drug use. For example, increasing social marketing around the harms associated with drug use, and promoting and expanding workplace cessation programs (e.g., broadening availability of EFAPs) may be options to consider. Since marijuana was the most commonly reported illicit drug used by construction workers, and among Albertans in general, providing information to workers about the potential harms associated with use of this drug, particularly if used while at work, may be an initial approach.

Mental Health

With the exception of anti-social personality disorder (APD), rates of mental health problems (e.g., depression and anxiety) among construction workers were comparable to other industries. The majority of construction workers (87.1%) and Albertans overall (84.9%) reported that they did not have any type of suicidal thoughts or behaviour during their lifetime.

Those in the construction industry were nearly twice as likely to meet criteria for APD, which translated into approximately 10% of the construction workers surveyed. The vast majority of workers in the construction industry are male. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), APD occurs more often in men than women (American Psychiatric Association, 2013). Because the construction sample has a larger proportion of males, a higher rate of APD can be expected.

It is important to recognize that people with substance use issues often have co-occurring mental health problems, and vice versa. “Research shows that more than 50% of those seeking help for an addiction also have a mental illness, and 15-20% of those seeking help from mental health services are also living with an addiction” (Canadian Centre on Substance Abuse, 2009, p.9). People with APD are more likely to engage in “substance use that has a high risk for harmful consequences” (American Psychiatric Association, 2013, p.660). Individuals with this disorder frequently have concurrent substance use or gambling disorders. The increased prevalence of APD in the construction sample may partially account for some of the significant differences seen in drinking and illicit drug use.

Raising awareness of mental health problems, working to reduce stigma, and supporting mental health promotion initiatives may not only help improve the wellbeing of workers in this industry, but may also support substance use prevention initiatives.

Implications for the Industry

Direct and indirect costs related to mental illness, stress, and substance abuse are substantial. In addition to economic costs, working while under the influence of drugs or alcohol may decrease overall worksite safety. Employers should be aware of industry-wide guidelines or policies, such as the Canadian Model for Providing a Safe Work Place, which is endorsed by the Alberta Construction Association. The Alberta Construction Safety Association also offers a one-day course designed to assist employers, small and large, in dealing with the realities of present day substance abuse in the workplace.

Assisting both large and small construction companies with developing comprehensive alcohol and drug use policies and information resources may help reduce workplace substance use. Targeted awareness campaigns
focusing on the impact of substance use in the workplace may also increase productivity and reduce absenteeism (Arbour, 2014). Small business owners may not have the knowledge or resources to create their own enforcement policies. By creating and promoting industry-wide policies and resources, employees of small business owners are held to the same standards as those of larger corporations.

**Use of EFAPs**

Studies that examined EFAP usage in Canada reported that EFAPS were an effective tool to provide assistance to employees experiencing personal problems which may affect their work, and to help improve employee well-being (Csiernik, 2009; Keay, Macdonald, Durand, Csiernik, & Wild, 2010). EFAPs provide a range of non-traditional treatment options, such as telephone counselling, video counselling, e-counselling (i.e., written online exchanges), online chat, and self-help resources.\(^7\) Stigma associated with mental illness may be one factor that reduces the employee’s likelihood of seeking help. It is also important to consider that men make up the majority of the construction workforce, and that they are more resistant to seeking mental health treatment compared to women (Yousaf, Grunfeld, & Hunter, 2015; Andrews, Issakidis, & Carter, 2001).

Although there may be many reasons why an employee may choose not to seek help from their EFAP, concerns about confidentiality are thought to be a contributing factor for EFAP underutilization. Research has shown, however, that many people who access their EFAP believe the service is confidential (Merrick, Hodgkin, Hiatt, Horgan, & McCann, 2011; Pollack et al., 2010). Employees need to be assured that these services are confidential and can be accessed without their employer’s knowledge. Factors such as labour-management relations, and the level of promotion and orientation about the EFAP, can impact the rate of the program’s usage (Csiernik & Csiernik, 2012; Nobrega, Champagne, Azaroff, Shetty, & Punnett, 2010). Assurance of confidentiality may also help address fear of stigma related to a diagnosis or receiving treatment.

Business owners of smaller construction companies may be hesitant to introduce EFAP programs for their employees. This may be due to a number of factors, such as the cost of implementing and running a program, a lack of knowledge on how to provide this benefit, or not knowing that these types of services are available for their employees. Others may think that their employees do not need these services; however, the prevalence of substance use in conjunction with the current economic downturn suggests that construction industry employees, in particular, may benefit from an EFAP.

The industry should help ensure that all construction business owners are aware that an industry-wide EFAP is available for all unionized employees, which is run by the Construction Labour Relations of Alberta. By promoting the overall use of EFAPs by construction workers, employers are helping ensure that the mental health of their employees is supported. Increasing the usage of EFAPs may also help prevent current health concerns (e.g., smoking) from becoming larger problems (e.g., lung cancer), and thus decreasing the cost paid out in health care benefits.

Men are more likely to misuse substances and have higher rates of dependence than women (Lev-Ran, Le Strat, Imtiaz, Rehm, & Le Foll, 2013; Zilberman, Tavares, & et-Guebaly, 2003). Campaigns targeted at men may

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\(^7\) http://www.shepellfgi.com/EN-CA/Products%20and%20Services/EmployeeAssistanceProgram/ProfCounselling.asp
help increase the rates at which they access EFAP services. EFAPs are also only one approach. Using a multi-pronged approach (e.g., EFAP promotions, educational sessions on mental health and work performance, flyers and pamphlets for business owners) will help ensure that a greater number of workers are receiving the information. Promoting education and awareness within the industry will help increase the use of EFAPs.

**Economic Benefits of EFAPs**

Implementing an EFAP can be costly to employers; during economic downturns companies have limited funds with which to support employee health. Because of the cost, many smaller construction companies may avoid implementing EFAP benefits; however, it is during the time of recession that employees are likely to experience an increase in stress, which may negatively impact their mental health. Although introducing an EFAP costs the employer money, many studies have found that the return on investment of an EFAP is greater than the cost of the program itself. In a systematic review of employee-focused health promotion programs, Lerner et al (2013) found returns on investment (ROI) ranging from $1.65 to $2.84. Others have seen an ROI ranging from $5.17 to $6.47 (Hargrave, 2008).

By investing in their workers, companies may see increases in both their profits, as well as the health and wellness of their employees. Organizations that currently have an EFAP in place should take steps to ensure that employees are aware that the program is available to them, the types of supports that are offered, and alleviate any confidentiality concerns the employees may have.

**Alternatives to EFAPs**

Working Albertans who sought help in the past year for a mental health problem were most likely to have seen a physician, counsellor, or psychologist; only a small percentage made use of their EFAP. There may be several reasons why help-seeking was relatively low. Research has indicated that few people seek help for with addiction or mental health problems (Andrews, Henderson, & Hall, 2001; Bijl & Ravelli, 2000; Wang et al., 2005, as cited in Wild, Wolfe, Wang & Ohinmaa, 2014). If the primary source of help tends to be a physician, lack of access to a local, family doctor may be a barrier for some individuals.

For companies wishing to support their staff with reducing their alcohol use, but are unwilling or unable to provide access to a formal EFAP, information about external resources can be provided to employees, such as addiction treatment programs offered though Alberta Health Services (http://www.albertahealthservices.ca/addiction.asp). Given that workers in this industry tend to be younger than workers in other industries, it may be worth promoting evidence-based options for those looking for help with their alcohol use via the Internet (e.g., http://www.checkyourdrinking.net/CYD/CYDScreenerP1_0.aspx) or mobile applications (e.g., https://itunes.apple.com/ca/app/saying-when-how-to-quit-drinking/id881678936?mt=8).

There are numerous smoking cessation options available to Albertans, such as online tools (www.albertaquits.ca) and the AlbertaQuits Helpline (1-866-710-QUIT [7848]). Information could also be provided about medications that are used to assist those who want to quit smoking, which may be covered
through company benefit plans. General information about substance use and mental health can be found at https://myhealth.alberta.ca/.

While the prevalence of problem gambling is low, and gambling while at work may prove to be more difficult in this industry compared with others, there is a small percentage of construction workers who experience harm associated with this behaviour. As such, it may be worthwhile providing information about supports for those looking to quit or reduce the amount they gamble. For example, Alberta Health Services Addiction Helpline (1-866-332-2322) provides alcohol, tobacco, other drugs and problem gambling support, information, and referral services. Alberta Liquor and Gaming Commission’s website http://gamesenseab.ca/ provides information to help those who chose to continue to gamble make informed choices.
Appendix A: Objectives and Methods

Appendix A provides the project objectives, research questions, the methods for each phase, and limitations and research considerations to be aware of when interpreting the findings.

Objectives

One of the objectives of this research was to assess the use of addiction and mental health employee and family assistance programs in the construction industry. The data project was exploratory in nature using secondary data analysis of Employee Family Assistance Program (EFAP) data that was provided by two organizations operating in Alberta. Data was used to determine:

- the demographic profile of a construction worker in Alberta who uses an EFAP
- EFAP usage in the construction industry over time

A second objective of the study was to analyze the Institute of Health Economics’ survey data focusing on alcohol, tobacco, illicit drug use, gambling, and measures of mental health to obtain a comprehensive picture of the substance use and mental health issues faced by those working in Alberta’s construction industry. The data provided by the IHE was used to determine:

- the demographic composition of construction workers involved in the survey
- the extent to which substance use and gambling was reported by construction workers
- the extent to which substance use and gambling are causing problems in the workplace
- mental health problems reported by construction workers
- addiction and mental health workplace programs and policies

The last objective was to compare the results of the construction industry to other industries using statistical tests for significant differences (i.e., the test resulted in a p-value that was equal to or less than .01). The p-values are only reported in the notes for the tables and figures when there was a significant difference between the groups.

To provide context to the research findings, the project team also examined:

- the basic description of the construction industry
- the demographic profile (e.g., age, sex,) of workers in the construction industry
- industry growth and employment outlook for the construction industry in Alberta
**Methods**

**Phase I**

**Data acquisition**

The database used in this project was an integration of service data provided by two of the member organizations of the Workplace Mental Health & Addiction Alberta Construction Industry Steering Committee of the Alberta Addiction and Mental Health Research Partnership Program. Both datasets contained information for the 2008, 2009, and 2010 calendar years and were included in the analysis. Data from 2007 were collected but not included due to lack of sufficient detail.

**Data processing and analysis**

Because the datasets provided by the member organizations differed, iterative effort was made to ensure that data variables were mapped correctly in the integrated database. The two datasets were merged into one comprehensive database used as the source for all the tables.

Of interest in the research are the reasons why employees and spouses of the construction industry sought EFAP services. Both of the data sources included the reasons for seeking the programs; however, the reasons were coded differently in each of the original data sources. For this variable, recoding from the original values was necessary. Every effort was made to ensure that the recoded variables reflected the original codes as close as possible and that the reported numbers were accurate. Plus, to ensure complete privacy, only addiction and/or mental health concerns provided in the data from both member organizations were included in the analyses.

Results are presented as the combination of calendar years 2008, 2009, and 2010 in an effort to obtain a meaningful number of cases seeking EFAP services over the time period. The total number of employees eligible for EFAP services averaged 42,615 throughout 2008, 43,348 in 2009, and 43,563 in 2010. Age was calculated at the time of service, and records with invalid or missing birthdates were excluded from the analysis.

EFAP data were obtained from two providers as Microsoft XL spreadsheets for the calendar years 2007 to 2010. Upon inspection, the 2007 data were discarded due to lack of sufficient detail on some of the fields for this analysis. The spreadsheets were loaded into a Microsoft Access database and merged into a single table for analysis.

The data from “Presenting Issue Description” from one organization and “Issue” from the other organization were re-coded into “Presenting Problem Category” and “Presenting Problem Subcategory” groupings. After inspecting the data for similar general themes, addiction and mental health categories were further broken down into subcategories. The mappings of categories and subcategories can be found in the Appendix.

Once the recoding was completed, the initial dataset of 8,948 records were filtered to select the following categories: Abuse/Violence, Addiction, Anger, and Mental Health. Furthermore, the client type was reduced.
to full-time employees (coded as “employee” in one source and “fulltime” in the other), or their spouses (coded as “spouse” in one source and “spousepr” in the other). Cases where the client was under 18 years of age were discarded. There were a few cases in the data set where the case open date was outside of the specified range (between Jan 1, 2008 to December 31, 2010); these cases were also discarded. The analysis used the remaining 4,157 cases of which 3,516 were employees and 641 cases were spouses of employees.

Definitions

The following definitions are used for Presenting Problem Categories Related to Addiction and Mental Health.

- **Abuse/Violence** - Issues related to abuse, assault, violence, or trauma.
- **Addiction** - Issues related to addiction problems for one’s self such as alcohol and/or drug use, gambling problems, tobacco use as well as issues related to someone else’s substance use or gambling behaviour.
- **Anger** - Issues related to anger.
- **Mental Health** - Issues related to mental health problems or concerns.

**Presenting Problem Subcategories for Addiction**

1. Alcohol abuse/dependency - Issues with alcohol use or dependency for one’s self.
2. Gambling - Issues related to gambling for one’s self.
3. Other drug abuse/dependency - Issues related to drugs (other than alcohol, or tobacco) for one’s self.
4. Someone else's addiction issue - Issues related to someone else's substance use or gambling problem(s) or addiction.
5. Tobacco - Issues related to smoking or smoking cessation for one’s self.
6. Other addiction - Addiction related issues or concerns not included in any of the subcategories above (e.g., Internet/video games, other).

**Presenting Problem Subcategories for Mental Health**

1. Anxiety - Issues related to anxiety or anxiety disorder.
2. Grief - Issues related to grief or bereavement.
3. Mood disorder - Issues related to mood disorders
4. Post Trauma - Issues related to post trauma.
5. Self Esteem - Issues related to self esteem.
6. Stress - Issues related to stress such as stress due to financial, legal, medical or personal factors.
7. Suicide - Issues related to suicide or self harm.
8. Other mental health - Mental health issues or concerns not included in any subcategories above (e.g., eating disorders; major psychological disorders such as schizophrenia, bipolar; sexuality issues; sleep disorders).

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8 An assumption was made that those coded as “employee” were primarily full-time employees.
9 Employees who were not classified as full-time status had classifications that were ambiguous about the full-time status of employment and were therefore excluded. Full-time employees accounted for 93% of the cases.
10 Results may count individuals multiple times if they accessed services a number of times during the three year period.
Phase 2

The IHE provided Alberta Health Services – Addiction and Mental Health with a copy of the data for secondary analysis. The data was adjusted for age and sex for both the general population and the construction industry to align the survey distributions closer to what is observed in the Alberta population (i.e., adjusted to 2009 population proportions) (See Table 9 and 10).

The sample of construction workers was under-represented in the 18 to 24 age group and over-represented in the 55+ age group, and as such, the survey data was weighted to better reflect the distribution in the construction industry.

Table 9: Age distribution in percentages, construction workers and the general population, Alberta, 2008-2010

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>18-24</td>
<td>16.4%</td>
<td>4.0%</td>
</tr>
<tr>
<td>25-54</td>
<td>69.3%</td>
<td>72.4%</td>
</tr>
<tr>
<td>55+</td>
<td>14.2%</td>
<td>23.6%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: totals may not add to 100% due to rounding error.
* Source: Statistics Canada. Table 282-0008
** Source: Institute of Health Economics

Table 10: Gender distribution in percentages, construction workers and the general population, Alberta, 2008-2010

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>89.0%</td>
<td>78.5%</td>
</tr>
<tr>
<td>Female</td>
<td>11.0%</td>
<td>21.5%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

p = .000
* Source: Statistics Canada. Table 282-0008
** Source: Institute of Health Economics

Frequency distributions were calculated for the construction industry using IBM SPSS Statistics Version 19 and the results were compared in the report to the Alberta average. ‘Don’t know’ and ‘No’ responses were excluded from the analysis and only valid percentages were reported. Chi-square tests for significance differences were run comparing the results of the construction industry with all other industries combined; however, the means were not adjusted.
Appendix B: Guarding Minds @ Work

The following is a resource available for the protection and promotion of psychological health and safety in the workplace.

Guarding Minds @ Work (GM@W) is a unique and free, comprehensive set of resources designed to protect and promote psychological health and safety in the workplace. GM@W resources allow employers to effectively assess and address the 13 psychosocial factors known to have a powerful impact on organizational health, the health of individual employees, and the financial bottom line. GM@W was developed by researchers from the Centre for Applied Research in Mental Health and Addiction (CARMHA) within the Faculty of Health Sciences at Simon Fraser University on the basis of extensive research, including data analysis of a national sample and reviews of national and international best practices, as well as existing and emerging Canadian case law and legislation.

GM@W is available to all employers - large or small, in the public or private sector - at no cost. Workplaces may differ in the language describing various roles and positions. GM@W uses the terms ‘employee’, ‘staff’, ‘supervisor’, ‘management’ and ‘employer’. Please use the terms appropriate for your workplace when working with the GM@W Resources:

**GM@W ASSESSMENT RESOURCES**

**GM@W Organizational Review Worksheets:** The GM@W Organizational Review Worksheets are provided for each of the 13 psychosocial factors. The GM@W Organizational Review is typically completed by business owners, senior managers or human resource professionals. The GM@W Organizational Review complements the GM@W Survey.

**GM@W Initial Scan:** The GM@W Initial Scan is a 6-item employee questionnaire, developed by Dr. Martin Shain, that provides a snapshot of Stress/Satisfaction and Mental Health Culture at work. The GM@W Initial Scan is a precursor to the more comprehensive GM@W Survey.

**GM@W Survey:** The GM@W Survey is a comprehensive, 58-item questionnaire administered to all employees within an organization or work unit. The GM@W Survey provides an index of performance across the 13 psychosocial factors.
Appendix C: Resources for Industry

The following are examples of resources available to employers related to alcohol and drug safety and of an EFAP.

**Canadian Model for Providing a Safe Work Place, Alcohol and Drug Guidelines and Work Rule**
Link to online PDF of the Model Guidelines:
http://www.coaa.ab.ca/portals/10/documents/canadianmodel-for-providingasafeworkplace.pdf

**Alberta Construction Safety Association – Alcohol, Drugs & Safety**

**Construction Employee and Family Assistance Program – CEFAP**
https://clra.org/p/cefap/16
Appendix D: References


Pollack, K. M., McKay, T., Cumminskey, C., Clinton-Sherrod, A. M., Lindquist, C. H., Lasater, B. M., ... & Grisso, J. A. (2010). Employee assistance program services for intimate partner violence and client satisfaction with these services. *Journal of Occupational and Environmental Medicine, 52*(8), 819-826.


Statistics Canada. *Table 282-0007 - Labour force survey estimates (LFS), by North American Industry Classification System (NAICS), sex and age group, unadjusted for seasonality, monthly (persons unless otherwise noted), CANSIM (database).* (accessed: 2015-08-31)


