




Mental Health Conditions among Young Construction Workers: A Systematic Narrative Review [†]

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Abstract: This paper presents the results of a systematic narrative review on the mental health of young construction workers. By means of a thematic analysis of fifteen studies, two themes of mental health conditions were identified: (1) behavioural and emotional problems and (2) substance use disorders. Most of the studies reviewed focused on male manual workers in construction industries of the global north. Additionally, all studies had examined only the negative aspects of mental health. This review highlights the need for future research to focus on positive mental health and the case of the global south.

Keywords: mental health; youth; young construction workers; construction industry; literature review



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1. Introduction

Studies have shown young construction workers to have higher rates of depression, substance abuse disorder, and anxiety [1,2]. These outcomes have been attributed to the fact that being in the early stage of physical, mental, emotional, social, and professional development [1] makes them more susceptible to the effects of psychosocial risk factors such as harmful industry culture (e.g., bullying, substance use as a coping mechanism, etc.) [3,4], poor work environment, and stressful construction tasks [5]. This therefore makes it imperative to give specific attention to the mental health conditions of young construction workers.

There has been research on the mental health of the construction workforce (e.g., [6]). However, there is still a lack of understanding of the state of mental health among young construction workers, making it difficult to prioritise the allocation of scarce resources for the development of interventions. This paper therefore seeks to comprehensively review the literature on young construction workers' mental health conditions.

2. Methods

A systematic narrative review was carried out according to the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines [7]. Online databases were searched using keywords such as “mental health”, “wellbeing”, “construction industry”, and “young construction workers”. Additional studies were obtained directly from their authors. Overall, a total of 235 records were obtained.

Studies were included if they were published in English and focused specifically on the mental health conditions of any category of young construction workers aged 35 years and below. Studies whose results were stratified by different age groups that included young workers were also included. Following this, full texts were assessed. A total of 15 studies were finally retained for the review (Table 1). Using thematic content analysis and narrative synthesis, the key issues in the literature were categorised and reported.

Table 1. Description of studies included in the review.

Study	Focus
[2]	Mental health status of young workers
[3]	Patterns, prevalence, and predictors of risky drinking
[4]	Alcohol misuse and mental health among younger Irish construction workers
[5]	Stress among FIFO and DIDO workers
[8]	Relationship between work-related injuries and mental health
[9]	Depression among male casual laborers
[10]	Relationship between work, family circumstances, stress, and mental health of young working mothers
[11]	Stress among construction industry site managers
[12]	Correlates of psychological distress among remote workers
[13]	Mental health impacts of occupational stress
[14]	Site accident induced PTSD and associated depression
[15]	Factors associated with suicide ideation and suicide
[16]	Work- and non-work-related influences on suicide
[17]	Prevalence rates and predictors of illicit drug use
[18]	Relationship between alcohol and drug use, psychological wellbeing, and workplace psychosocial environment

3. Results and Discussion

3.1. Description of Selected Studies

The studies selected included peer-reviewed journal articles ($n = 12$: 80%) and industry technical reports ($n = 3$: 20%) published between the years 1993 and 2021. The majority ($n = 10$: 66.7%) of the studies focused on the global north, mostly Australia. Males in site-based manual occupations (e.g., bricklayers) were overrepresented. The majority of the studies used a quantitative approach ($n = 9$: 60%).

3.2. Mental Health Conditions among Young Construction Workers

Two themes and seven sub-themes of mental health conditions emerged from the analysis, viz.: (1) behavioural and emotional disorders and (2) substance use disorders.

3.2.1. Behavioural and Emotional Disorders

Depression and anxiety have received the most research attention and have been examined mostly among manual workers. In the USA, for example, manual workers who had been absent from work because of injuries were more likely to report higher depression levels (17.7%) [8]. This is comparable to the case of Ghana (17.3%) [2]. Even higher levels have been found among male casual labourers in Vietnam (25%) [9] and female Indian workers (“extreme depression”) with unstable family circumstances [10]. High levels of depression and anxiety have also been reported among construction site managers in the UK, with the highest being among mid-level managers [11]. Only two studies focused on anxiety, with each revealing a high prevalence among the sample studied [2,11]. In Ghana, for instance, a prevalence level of 14.2% was reported [2]. In the UK, it was found that for construction site managers, anxiety levels were significantly high irrespective of respondents’ managerial level [11].

Both in the global north and south, workers experience high levels of different forms of work-related stress. In Australia, for example, younger workers had significantly higher rates of psychological distress compared to older workers and the general Australian population [5,12]. In South Africa, [13] found that young construction professionals who

experienced high levels of stress at the workplace were more likely than older workers to exhibit higher physiological, psychological, and social strain outcomes. Workers exposed to severe site accidents have been reported to suffer extreme post-traumatic stress disorder (PTSD). Among on-site construction workers in China, for example, the PTSD prevalence was 26.8% after one month and 12.9% after four months following exposure to a fatal site incident [14]. Specific PTSD symptoms reported include “re-experiencing”, “hyperarousal”, “panic attacks”, “irritability”, “apathy”, and “psychic numbness”. Victims of PTSD also exhibited “higher levels of depression and anxiety” [14]. The basic symptom of PTSD did not vary with workers’ cultural background.

Much attention has been given to suicidal ideation and suicide among construction workers in the global north. A significantly high suicide rate (i.e., “58.6 deaths per 100,000 population”)—more than twice that of the population of male workers—has been reported among young workers aged 15 to 24 years [15]. Suicide risk remains high among young construction workers due to factors such as “compound life stressors”, poor workplace support, family problems, and other chronic mental health problems [16]. The global south literature indicates a high suicide rate (including “suicide ideation and attempted suicide”) among young working mothers in India [10] and young construction workers in Ghana (6.3%) [2].

3.2.2. Substance Use Disorders

Research on this condition has mostly covered illicit drug use and alcohol abuse. Although the literature predominantly focuses on the global north, substance use patterns and prevalence are similar across different countries in the global north and south. In terms of illicit drug use, the prevalence (cannabis (21%); cocaine (23%); meth/amphetamine (6%)) was two to five times the national averages in Australia [17]. The authors of [18] identified even higher prevalence levels for cannabis (44.4%) and meth/amphetamine (8.3%). Risky alcohol use is common among male workers and has been linked with illicit drug use in Australia [3,18] and the UK [4]. A substance abuse prevalence of 28.5% exists in the case of Ghana [2]. Unlike in the global north, however, the most common substances abused in Ghana are sedatives, with alcohol and illicit drug abuse being rather low (4.94% and 1.3%, respectively) [2]. A debate exists in the literature as to whether the high prevalence of substance abuse among young construction workers is significantly influenced by their need to cope with physical and psychological distress.

4. Conclusions

The current body of literature indicates a growing rate of poor mental health among young construction workers. Despite being emergent, research output has steadily increased since 2014, and this reflects an awareness of the need to give attention to the mental health needs of young construction workers. Nonetheless, the current literature is limited in two crucial areas. The first is positive mental health. All the studies reviewed conceptualised mental health as a psychiatric condition (i.e., mental ill-health). This pattern is counter-intuitive because there is currently a growing advocacy to conceptualise mental health as a positive human experience [19].

Secondly, this review has revealed the scarcity of research on the global south. This is at odds with the fact that improving the mental health of young people from the global south is an issue of global priority [20]. This reveals a population gap that needs to be prioritised in future research. It is recommended that further attention be given to understanding positive mental health and how it can be facilitated among young construction workers, especially those in the global south.

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