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A qualitative analysis of self-reported suicide gatekeeper competencies and behaviour within the Australian construction industry

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Abstract

Issue Addressed: Construction workers in Australia have suicide rates 84% higher than other workers, with even higher rates for younger and less-skilled workers. Gatekeeper training (GKT) is a suicide prevention strategy that aims to improve knowledge, attitudes and self-efficacy to identify and assist individuals at risk of suicide. However, the impact of GKT on long-term behaviour and suicide prevention is unclear in the construction industry.

Methods: Researchers conducted 22 semi-structured interviews with trained Blue-hats, who provide support to their colleagues in the construction industry experiencing mental health difficulties and suicidal distress.

Results: Participants reported high levels of motivation and capability due to lived experience of mental health problems or suicide, training, satisfaction from helping others and feeling valued in their work environment.

Conclusions: The study highlighted the importance of physical and social opportunities for participants to support their colleagues. The findings reinforced the need to integrate GKT within comprehensive industry suicide prevention programs that provide a range of interventions for workers and ongoing support to trainees to translate their skills into behaviour. Future GKT should include behaviour change approaches to identify and target contextual and individual-level factors influencing behaviour.

So What? Understanding the potential and limitations of GKT within the construction industry offers invaluable insights for health promotion. Integrating GKT with holistic prevention programs could lead to more impactful strategies, potentially reducing the high suicide rates and fostering a healthier work environment in the construction sector.

KEYWORDS
construction industry, gatekeeper training, mental health, occupational health, social support, suicide prevention, workplace

1 | INTRODUCTION

Suicide is a serious global public health crisis, with more than 700 000 people dying by suicide every year.[1] Most suicides occur in employed people.[2] There is, therefore, a strong impetus for workplace suicide prevention programs—particularly within settings with elevated suicide rates, such as the construction industry.[3–5] In Australia, construction workers have suicide rates 84% higher than other workers, with increased rates again for younger and less-skilled workers.[6,7] Suicide within the industry is a complex phenomenon influenced by a confluence of personal and industry-specific factors, including job instability and insecurity: low job control, transient work, long work hours, workplace injuries, masculine workplace culture, low help-seeking and bullying.[8]

Industry-specific suicide prevention programs have been developed for the Australian construction sector, notably by Incolink and MATES.[9] A key feature underpinning these programs is gatekeeper training (GKT). A 'gatekeeper' is an individual in the community who can identify warning signs of suicide risk, offer immediate support, and refer the person to appropriate services.[10,11] GKT is designed to change knowledge about suicide, beliefs and attitudes about suicide prevention, and intentions and self-efficacy to intervene with someone at risk. Within the continuum of suicide prevention activities, GKT is a universal and selective intervention that engages the whole population to create more supportive communities and target potentially at-risk subpopulations (LIFE Framework, Department of Health and Ageing, 2007).[12] GKT has been delivered in various formats (e.g., in-person, online), in diverse settings (e.g., community, health care, education and workplaces),[11,13] and is a fundamental component of multilevel suicide prevention strategies globally.[14]

GKT can immediately positively affect knowledge, self-efficacy, positive attitudes towards suicide prevention, and intentions to offer help, with long-term training gains for knowledge and self-efficacy.[15] These impacts have been observed for gatekeepers in the MATES program in the construction industry.[16] However, the evidence regarding the impact on long-term behaviour and translation into reduced suicidal behaviour among the people they support is unclear in the industry and beyond.[13,15,17] The scant research indicates that knowledge and attitudes are insufficient to increase suicide prevention behaviours, and only a portion of trainees will go on to provide adequate support.[14,15,18]

More research is needed to improve the translation of GKT into support. Hawgood et al.[14] recently developed a competency framework to standardise the evaluation of GKT programs. Hawgood et al.[14] proposed four gatekeeper competencies to evaluate the efficacy and application of GKT training in specific situations. *Knowledge* refers to understanding suicide facts and trends, the complexity of suicidal behaviour, and risk and protective factors. *Skills and abilities* include recognising suicidality, engaging in an empathic and compassionate manner, enabling crisis intervention, and facilitating referral. *Attitudes* refer to positive attitudes regarding suicide interventions and the likelihood of intervention. *Self-efficacy* refers to confidence in delivering the intervention.

Whilst there are multiple evaluations on the broader application of GKT, our study uniquely interrogates the specific nuances of the construction industry, emphasising its distinctive challenges and factors that might affect the efficacy of such training. Through this lens, our study intends to fill the existing gaps in understanding and shed light on the potential improvements required in GKT for effective suicide prevention.

We applied Hawgood et al.'s[14] gatekeeper competencies to evaluate Incolink's suicide prevention program for the construction industry in Victoria, Australia. Incolink is a workers' entitlement scheme that has provided the safety net (redundancy support) for the construction industry in Australia for over 30 years. Incolink launched the Bluehats Suicide Prevention Program in 2018. Over 7000 workers have participated in General Awareness Session (GAS), over 300 have completed the additional Bluehats training, and at least 45 workers or family members have been referred to Incolink's counselling services by Bluehats (the recording of these referrals only began in 2022, so is likely underestimated). The program provides suicide prevention activities across a continuum of support, including educating workers at work sites in basic mental health literacy (GAS); in-depth GKT of worker volunteers to become 'Bluehats'; and counselling services for all workers who are union members and their families.

We sought to understand the impact of the Bluehats' training on competencies (Hawgood et al.'s[14] knowledge, skills and abilities, attitudes and self-efficacy) and how these competencies translated into suicide prevention behaviour. We used Michie et al.'s[19] Capability, Opportunity, Motivation and Behaviour (COM-B) Model to contextualise individual-level behaviour. The COM-B model proposes that capability (physical and psychological capacity), opportunity (physical and social environmental factors), and motivation (willingness to engage) interact in a dynamic system and can be used to understand how behaviour change occurs.[20]

The COM-B model can thus be used to identify contextual factors impacting the effectiveness of GKT to prepare individuals to support those at risk of suicide. We propose that by combining Hawgood et al.'s[14] competencies and the COM-B model, we can elucidate an individual's internal and external factors that facilitate the support trained gatekeepers provide.

We interviewed Bluehats to identify the capabilities (knowledge, skills and abilities, attitudes and self-efficacy), opportunities, and motivation that influence their support behaviour in the construction industry. These findings will be used to improve the Bluehats program and could also broadly inform the development of GKT programs.

2 | METHOD

2.1 | Procedure

Ethical approval was gained from the University Human Research Ethics Committee (ID. 29386). Bluehats were invited to participate via
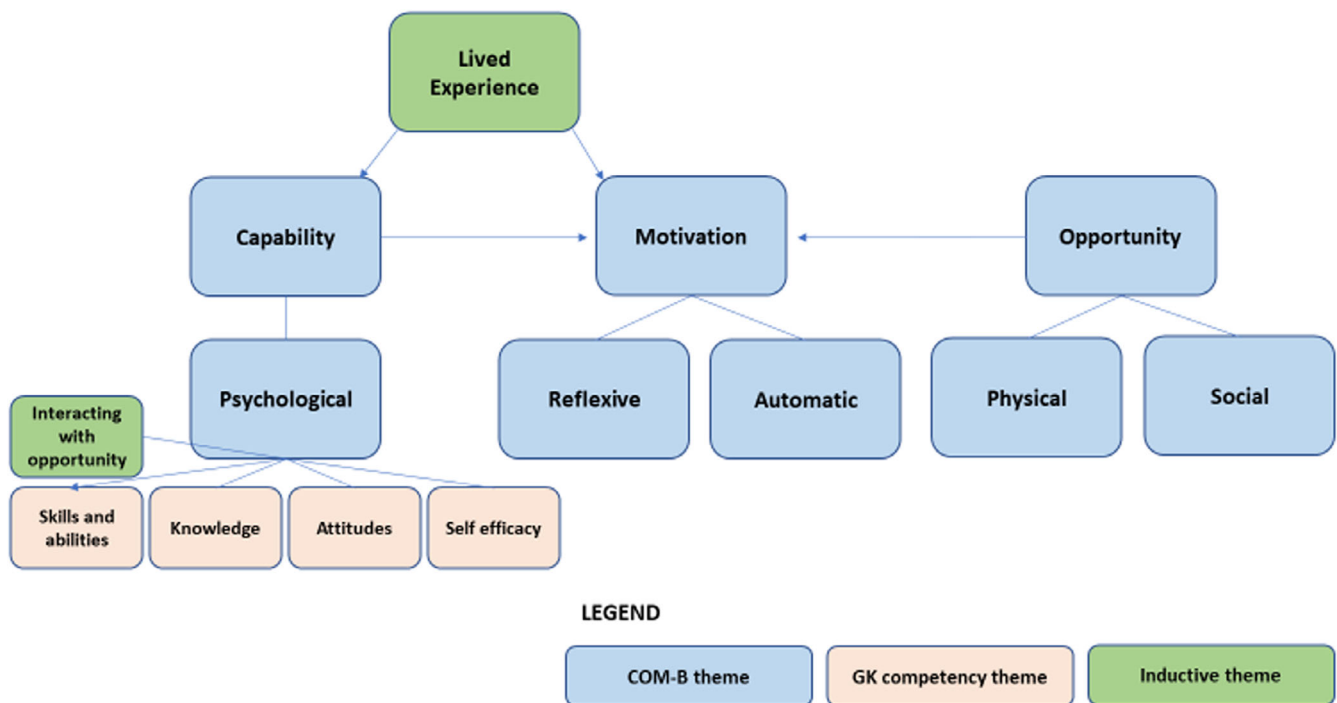
FIGURE 1   Themes.

an expression of interest at the end of Incolink's post-training survey or individually during a routine telephone check-in by an Incolink counsellor. The researchers contacted interested participants to arrange times for the interviews. Participants provided informed consent and the details of an emergency contact.

Bluehats participated in one-on-one interviews between September 2021 and May 2022 with one of two researchers (KK, SL) by phone ($n = 7$) or via Zoom video conference ($n = 15$). All interviews were recorded and professionally transcribed. Participants were screened for suicide risk at the beginning of the interview using the Columbia-Suicide Severity Rating Scale.[21] Participants who indicated that they had current suicidal thoughts and a plan or intention to act on them within the last 3 months were immediately referred to an Incolink counsellor for support. This protocol was enacted for one participant who later participated after receiving support.

The interviews followed a semi-structured format over 26 to 86 min ($M = 47$ min). Questions were designed to elicit experiences related to the GKT competencies and the COM-B model of behaviour change. Participants were asked closed-ended questions about their age, gender, work role and the number of people they had supported as a Bluehat. They were asked open-ended questions about perceived opportunities or barriers to supporting work colleagues following their GKT, motivations for becoming a Bluehat, and the skills and knowledge they have gained and used in their roles. Questions included 'How does it happen that you end up talking to someone as a Bluehat?'; 'How do you support people who come to you?'; and 'What skills and knowledge do you use in your role as a Bluehat?' Interviewers used prompts to encourage reflection and further in-depth discussion. Each researcher kept a reflexive journal in which they noted their experience of each interview. The researchers met after each interview to discuss their reflections and make any refinements to the questions to enhance the rigour and richness of further interviews.

The researchers reviewed participant demographics after 16 interviews (10 recruited from the survey, 6 by Incolink). To ensure the inclusion of a range of participants in age, gender, work role, regional status and time since completing the Bluehats training, the researchers requested Incolink to undertake purposive sampling of Bluehats trained within the previous 12 months. A further five Bluehats were recruited by Incolink counsellors, and one via an invitation distributed at a Bluehats event. After 22 interviews, there were limited other opportunities for recruitment within the study time. A broad range of participation and depth of content was received, so recruitment ceased.

2.2 | Data analysis

Descriptive statistics were generated for the closed-ended questions. For the open-ended questions, the researchers undertook reflexive thematic analysis using a deductive orientation to identify themes in the data related to our research question and underlying theoretical frameworks.[22] The two researchers who conducted the interviews (KK, SL) read all interview transcripts. Together, they created a theme hierarchy based on the COM-B model and GKT competencies. Three high-level themes related to the COM-B model (capability, motivation and opportunity) were established. Then, lower-level themes were established within these themes based on the COM-B model

(capability—psychological; opportunity—social, physical; motivation—automatic, reflective). The theme of 'physical' was not used within 'capability'. Within the COM-B subtheme of psychological capability, the suicide prevention competencies (self-efficacy, knowledge, attitudes, skills and abilities) were established as themes.

The same two researchers then used NVivo to independently code half of the interviews, each to these pre-established themes. We coded instances where participants mentioned factors relevant to each theme whilst developing additional inductive themes as needed to represent participant comments related to our research question fully. The researchers discussed the coding and agreed to two new inductive sub-themes—'lived experience' as an overarching theme influencing capability and motivation and 'interacting with opportunity' within capability.

SL then reviewed the themes against each transcript to determine fit with the original data and identified supportive verbatim examples from the transcripts. These final themes were then presented to our Advisory Group (comprising an expert suicide prevention researcher, a Bluehat with a lived experience of suicide, and an expert in program evaluation) to determine fit with their experience. The Advisory Group confirmed the themes and provided reflections to aid with interpretation. The final themes are shown in Figure 1.

3 | RESULTS

3.1 | Closed-ended questions

Participant demographics are shown in Table 1. Participants represented various working roles, including qualified technicians or tradespeople (4), professionals (3), managers (1), foreman/site supervisors (3), union delegates/representatives (3), health and safety representatives/advisors (6), labourers and trades assistants (2).

Most participants could not place a specific number on how many people they had supported as a Bluehat—struggling to identify 'Bluehat'—specific conversations from general conversations with colleagues about their personal lives. Estimates ranged from no conversations to daily conversations. Some participants described how, even before their Bluehats training, they regularly 'checked in' with everyone on-site or in their work team. These conversations sometimes became in-depth conversations about personal problems. Talks about suicide rarely occurred (once every few months at most).

> I get around and see everyone every day and just build that up, build that up, speak to them, say, how you going? How's the family? Like this, just trivial sort of stuff. And then, if they can, you can build that trust with them. And then they will, I think, if they are struggling, once you've got that trust, they feel comfortable enough to actually speak to you.

TABLE 1 Participant demographics.

Gender identity (n male, %)	19	86
Age (M years, range)	44.0	25–62
Identified as Aboriginal or Torres Strait Islander (n, %)	0	0
English first language (n, %)	22	100
Born in Australia (n, %)	19	86
Lived experience of self-harm or suicidal behaviour (n, %)	12	55
Time in the industry (M years, range)	15.6	4–46
Time as Bluehat (M years, range)	2.3	.25–4
Residing in regional areas (n, %)	4	18
Residing in metro areas (n, %)	18	82

3.2 | Open-ended questions

Findings related to open-ended questions are presented related to the themes shown in Figure 1. The *opportunity* theme is presented first as participant experiences associated with this theme were fundamental to participant's *motivation* and *capability* to support workers.

3.2.1 | Opportunity

Participants reported physical and social opportunity factors that influenced behaviours.

Physical
Physical factors that influenced opportunities to provide support to workers included privacy (e.g., a private place to talk), resources (e.g., access to referral information), time (e.g., competing job demands), visibility (e.g., the blue hat itself or posters on site), increased demand for support (e.g., not enough Bluehats), and the transient nature of the work that disrupted workplace relationships (e.g., sub-contractors coming and going for short periods). Optimal physical conditions—space, time, visibility and ongoing contact with colleagues—facilitated their ability to support workers. Those who experienced sub-optimal physical opportunities, such as time pressures and lack of space for private conversations, found it harder to support workers.

> I'm lucky in the sense that I have an office. I can bring people away. Whereas I've worked on, I've had other Bluehats in my job who are just plumbers. And that's hard for them. Because they're standing there talking, and people are always like, "What are they talking about?" They see one of the guys with a blue hat, and they're like, "What's wrong?". And that's when they sort of, they'll stop. And they're just not wanting to talk about it anymore.

> Yeah, get deadlines at work. You know, pressure, pressure from their Foremans and their bosses to get things done.

Social

Common social factors influencing participants' ability to support workers included awareness of Bluehats, culture and language, gender, age, interpersonal factors (such as trust in the Bluehat), mental health stigma, and the 'masculine' culture of the workplace. Participants described that older workers, male workers who conformed to a 'macho' persona, those of a different gender to themselves, and those who spoke a language other than English were less likely to seek help from them.

> Yeah, I think there's still that general macho thing on-site, with men, and you know, oh yeah, I can do it myself, I can handle it myself. You know, I even, like, on the last job I was on, there was another Bluehat there, and he said the same thing. Even though people know you're a Bluehat, a lot of people won't come and talk to you.

Some participants described a social environment overtly unsupportive of Bluehats—where work colleagues made jokes that made them feel unvalued.

> A lot of job sites didn't want to even acknowledge you as Bluehat at all ... when I'd go onto a new job, and I'd say, I'm a Bluehat, and they'd just more or less laugh and so, "Oh no, we don't do Bluehats here." And stuff like that. I just was getting over trying to fight for it. And I was wearing my lanyard and stuff like that, but I just felt like I was being laughed at.

Overall, participants described the industry as unsupportive of mental health but noted some changes in recent years. In particular, many participants indicated that the COVID pandemic had normalised conversations about stress and mental health at work.

Participants' work role sometimes served as a barrier or facilitator to providing help. Participants who were Health and Safety Representatives or managers spoke about the conflicting duty to respond to issues that might threaten workplace safety, such as substance use problems. They felt that this conflict might prevent people from talking to them about these problems, making it hard for them to provide support.

> Because I'm their boss on the job. And most of them are concerned that if they open up to me, it might affect their employment.

On the other hand, some participants reported that holding a Health and Safety Role could mean that workers trusted them, knowing that they understood the industry and prioritised worker health.

> ... A health and safety rep—they are there for the workers. They back them up.

Management who created a socially supportive environment normalised mental health through their disclosures of mental health problems and supported mental health and Bluehats through promotional materials.

> Now we're working on a smaller building project and ... there's not as many signs on the walls or things like that about mental health, where the [larger employer site] I was on, it was everywhere, they had a wellness room. So, you go and sit down and relax in it. Yes, it was like—it was amazing. So, I've gone from pretty much one extreme to another.

Some participants spoke about management that did not create physically or socially supportive environments. Sometimes work roles did not allow time for conversations (i.e., teamwork or high-pressure deadlines). Participants felt pressured to spend less time talking to workers in other instances. Some management did not provide paid time away from duties to attend the Bluehats training, so participants forewent a day of pay to attend. Some participants described Bluehats as 'tokenistic'—people were encouraged to take on the role with no genuine opportunities to carry it out. Where there was a lack of support from management, other workers often held negative attitudes regarding Bluehats.

> It shits me because they will do and say a lot of things to make themselves look and sound like they're doing the right thing, but when it comes down to the crunch, everything's about the bottom line...and I've seen it myself where people have been struggling—and they've pushed them until they broke... they need to get it up there at the upper management level.

Incolink's presence on-site, via visits for GAS training and visible promotional materials, raised mental health awareness, created culture change around positive attitudes towards help-seeking, and promoted the Bluehats program. This presence made a more supportive workplace, which, in turn, provided the opportunity for them to act as Bluehats. Some commented that more supportive workplaces could be created by delivering Bluehats training to management.

3.2.2 | Capability

Participants spoke about how their *knowledge*, *skills and abilities*, *attitudes* and *self-efficacy* influenced their capability to support workers.

Knowledge

Most participants reported increased *knowledge* following training, including understanding suicide facts and trends; warning signs; and

associated risk factors, including divorce, domestic violence and substance abuse. Beliefs in suicide myths known to reduce help-offering,[23] such as that trying to help can make things worse, were not evident in interviews.

> We started hearing about stats, started to hear about mental health… about the suicide rate in Australia, the suicide rate amongst males, and the suicide rate amongst construction workers. So, it's when you hear those figures you think, "Wow, it is real".

> It's helped me with looking for signs and seeing when someone's down.

Skills and abilities

Participants described the *skills and abilities* that enable them to support colleagues—some were learned in training, and some were gained from experiences or were personality-related. They spoke about the value of interpersonal skills, such as being approachable; initiating genuine conversation; active listening; being adaptable, non-judgmental, and supportive; rapport building; and checking in with people. For those who reported supporting colleagues before receiving training, the training increased their knowledge and skills and gave them credibility with others.

Learned skills included asking about suicide, active listening, and enabling referrals. Asking directly about suicide was seen as a critical skill, though few reported having done so.

> The biggest thing for me was actually being comfortable to ask someone if they're suicidal, which is something that I would have never have asked before ever, ever. So I think that was probably the biggest thing I took from the training that it is okay to ask someone that. And yes. I've had two people that said that, yes, they are suicidal.

> You can actually listen, listen to someone. And then, if need be, you can refer them, and I think it takes it takes a little bit, bit of practice, just to how to speak to people and then notice if they're really struggling. Then if [they] are really, really struggling, I will ask after a whilst, go through the steps and see how they are and build the trust.

Some participants described challenges translating these skills onto the worksite. They found it difficult to recognise signs of distress among colleagues unless they knew the person.

> It's pretty hard unless you know the person well, unless, you know that like someone on my team is having a rough time or you know, their mum might have passed or, you know, something like you know,

something personally personal about them or changes in their attitude or behaviour, then yeah, you can pick it up. But I don't, like, a lot of guys walking around on site unless someone was being, you know, overly aggressive or, I guess. Yeah. You wouldn't know. A lot of blokes are pretty quiet on-site as well.

Participants reported that life and work stressors were more common than suicide-related issues among the people they spoke to but that the training had not provided them with the skills to support workers with these issues.

> I find that's more of what I do, dealing with life stressors rather than heavy suicide thoughts and stuff like that.

> Maybe some more counselling skills to deal with what we're, you're speaking about, rather than just the questions, "are you, have you ever thought about suicide?" You know, "how would you do it?" "Are you in danger to self?" or that sort of stuff? That's great to get the conversation started. But then dealing with stuff that comes after that… I don't think that that's been taught or picked up in the initial Bluehat training.

When asked about the skills or abilities needed for Bluehats, many participants expressed a desire to engage in ongoing training. For example, skills refreshers, self-care practices, counselling and active listening skills, how to support workers' families, and skills to help people with life stressors and mental health problems other than suicide. They also wanted to connect with a network of Bluehats for peer support.

Attitudes

Most participants described positive *attitudes* towards suicide prevention and their intention to intervene. Some expressed ambivalence about the program's effectiveness but believed in its potential.

> If it saves one life, man.

They reported a strong desire to work collaboratively with Inco-link to support workers.

> I have cards for Incolink and other things, you know, like for them to get in contact with.

Whilst many felt Bluehats could save lives, they mostly saw themselves supporting worker wellbeing.

> I'm not just there to stop you from doing unsafe practices, I'm there to also make you better, make you a better person.

Self-efficacy

Most participants reported high levels of *self-efficacy*. Many described instances where they felt they had an impact.

> I eventually said, "are you suicidal?" and he said, "yeah, I am, actually, I tried to kill myself the week before". And then I had to lock him, well not lock in, but made him stay in the office and then got him the support…. And then another guy that I asked, I got him support and got him back into see a counsellor at Incolink as well. And now he's going great as well. So that's, it's crazy, like, I might have changed two people's lives.

An essential tool for maintaining *self-efficacy* was the connection and support they received from Incolink counsellors. Many participants were engaged in counselling and saw this as a way to look after themselves. Other self-efficacy-enhancing activities included receiving help from family and friends, exercising, time with family, and knowing the limits of their role.

> The thing that I obviously learned is to unwind and all that kind of stuff, like Incolink's been good with telling, like, how to how to… look for signs amongst yourself and all that kind of stuff.

Despite the importance of self-efficacy behaviours and activities, some participants acknowledged they struggled in this area, including by not seeking support when they need it or by 'bottling up' their feelings and 'soldiering on' when stressed.

Interacting with opportunity

Participants' capability to interact with opportunity afforded to them in their specific workplaces was central to their ability to deploy their knowledge, skills and abilities to support workers.

Within workplaces with high levels of physical and social opportunity, participants could choose how they provided support—primarily based on their personalities, capabilities, and motivations. For example, some participants actively promoted themselves as Bluehats; they regularly talked with all workers in their team or on their worksite to informally check their wellbeing. Others regularly spoke up in team meetings and site inductions, explaining and promoting Bluehats. Workers would then sometimes approach them afterwards to talk about a personal problem. Some participants spoke about being vigilant for signs of distress in workers (e.g., withdrawn, moody) and approached these workers for a conversation.

> I've made a point at the jobs I work on—the sites I work on—through the safety committee or through management, I make it known to them that I'm a Bluehat and that I'm happy to make myself available for anyone who has these issues and I've—and part of that is standing up and, at a toolbox meeting or something

like that, introducing yourself and just letting everyone know that I'm here as a Bluehat.

For some participants, this all came easily. They explained how they naturally fell into helping roles at work and in their personal lives. For others, this came with some effort.

> I was shaking in me boots, but I felt it had to be done. And, you know, since then, I've been able to do it a bit easier.

Others felt less comfortable approaching people and waited for workers to come to them for a conversation or simply saw themselves as an 'advertisement' for Bluehats and Incolink.

> I don't necessarily approach people and talk about anything to do with Bluehats… if someone comes to me, then I'm there and ready, waiting.

Participants faced substantial challenges supporting workers within unsupportive workplaces, where opportunity was not provided or actively discouraged. Some participants said they pushed back by ignoring unsupportive comments and requests and verbally advocating for Bluehats. Often, these participants were in a work role, such as a health and safety role or union representative, that afforded them this power.

> I'd just turn around and say, "It's a fucking Blue Hat moment, mate, fuck off," sort of thing.

Other participants subversively resisted unsupportive management (or colleagues) by concealing Bluehats conversations so that workers did not experience negative repercussions from others after seeking support.

> I make sure that whoever I'm talking to is not being formally addressed because they're obviously going to look like they have an issue, so we've got to shy away from this. I'm trying to make it as social as possible and as informal.

3.2.3 | Motivation

For many participants, there was a combination of factors that motivated them to be a Bluehat.

Reflexive

Participants described how feedback from their environment motivated them to be a Bluehat through the gratefulness of workers they've helped, acknowledgment by management, private validation from Incolink counsellors or public validation in media.

When I've done a speech in front of 250 people or so, they've gone, "Gee that, that's amazing. We couldn't do that," … and it's, you know, guys come up after and say, "That was amazing". "That was great".

However, within unsupportive workplaces, some experienced a loss of motivation to help others and negative personal impacts.

I…loved it at first… so wanted to go so forward and go really well. But then I got treated bad on jobs, and made me feel worthless… Like they made me feel embarrassed, like I was a joke. I couldn't do it.

Automatic

Some participants experienced positive personal impacts from helping others, including pleasant feelings and personal growth. Many described great satisfaction after supporting others through crises and said they would continue to support workers even when experiencing their own challenges because of these intrinsic rewards.

It can be very rewarding to see someone in such a dark place and then to see them a month later, it's [a] very rewarding job. To know that you have personally sat him down and spoken to him… you've put them on to the right person, they've found a counsellor that they're comfortable with, and they can talk.

3.2.4 | Lived experience

Lived experience was a prominent theme in the interviews for the 12 people who reported lived experiences of mental health problems or suicide. This experience influenced both motivation and capability. These participants mainly described experiences of a family member, friend, or co-worker with suicidal behaviour or mental health issues. Some disclosed personal experiences with mental health or suicide. Some had been exposed to accidental deaths at work that had lasting impacts on them. Those with lived experience were highly motivated and took great satisfaction in their Bluehats role.

My best mate passed away via suicide. And that that affected me, it affected all of our friendship group and still affects me day to day. So, I thought, obviously, I don't want that to happen to someone else. And mental health is something I've been really passionate about.

I myself have gone through that, and I've come out of that, and yeah, there's a better way. So, if I can help someone, even if it's just one person, then I'll be satisfied.

Participants also described how their lived experience impacted the capabilities they brought to the Bluehat role.

I'm pretty attuned to that, I had PTSD and some other things… I can see it, and I can see the burnout, I can see the signs that people are going to have mental breakdowns and those sorts of things.

Having been there myself, I know there's a way back.

I've used counselling through Incolink, and I've found it great… I know I can say to someone straight up, "Look, it's straight down the line; they're not full of shit. You'll be able to relate to them."

4 | DISCUSSION

This study reports on interviews conducted with construction industry workers who had completed suicide prevention GKT to support colleagues. Hawgood et al.'s[14] suicide prevention competency framework and the COM-B model of behaviour change[19] informed the understanding of how Bluehats' knowledge, skills, and abilities translated into the provision of support.

Participants reported high levels of motivation and capability due to lived experience, training, satisfaction from helping others, and, when it was present, an environment wherein they felt valued. The findings of increased capability and motivation following training are consistent with GKT research broadly[15] and with research conducted in the MATES program that also operates in the Australian construction industry.[16]

Our study builds on this previous research by highlighting the critical contribution of physical and social opportunities to participants' capability to support work colleagues. Workplaces that provided adequate time and space for conversations, where management actively promoted mental health and Bluehats, and Incolink maintained an active presence, were optimal. In these environments, participants were free to enact their Bluehats role in ways that were comfortable to them. In workplaces with lower levels of opportunity, participants experienced significant challenges to their capability and motivation to support colleagues. Sometimes, low opportunity led to lost motivation and negative personal impacts. Participants described how they interacted with lower levels of opportunity by actively pushing back against unsupportive management or colleagues or surreptitiously supporting colleagues to avoid negative consequences. Whilst some of these skills align with Hawgood et al.'s[14] proposed competencies (such as the ability to maintain confidentiality), we contend that interacting with opportunity is a critical additional competency domain.

Specific training in interacting with opportunity could be beneficial, particularly for gatekeepers in closed environments, such as workplaces, where there can be significant challenges to opportunity. Delivering training without attention to the context may place the trainees at risk of being ineffective or, at worst, harmful to co-workers in distress. Future training could aim to develop skills to identify and increase the level of opportunity; advise that active support of workers may be less available or too personally taxing in low

opportunity environments; validate different gatekeeper roles (e.g., active support, awareness raising) and the impact of each; and provide strategies for how to support individuals when physical opportunity (e.g., time, privacy) is not available. Training people in management roles could offer strategies for increasing opportunity. For example, providing mental health literacy training to staff and management (e.g., Incolink's GAS), normalising mental health difficulties from management, promotional materials on worksites, and paid time for Bluehats to attend training and receive support from peers and Incolink. These findings are consistent with other recent research demonstrating that construction workers are eager for the involvement of independent services within the industry to promote shifts in workplace culture, support distressed workers, and provide training.[24]

Overall, our findings speak to the importance of integrating GKT within systems-based suicide prevention approaches that implement a suite of interventions tailored to the local community context and aimed at different system elements for maximum impact.[25,26] These findings are consistent with previous research that found positive effects for comprehensive, tailored workplace suicide prevention programs.[27] Our results also highlight the importance of supporting gatekeepers as they translate their skills into behaviour in various environments. Participants stressed the need for ongoing connection and support from their training provider (Incolink) and with other trainees. Whilst Incolink provides opportunities for connection and support, participants indicated that these somewhat waned due to pressures and restrictions related to the COVID pandemic and could now be increased.

Those with lived experience of mental health difficulties or suicide were highly motivated and brought nuanced skills in identifying and responding to mental health difficulties and suicide risks among their colleagues. They sometimes shared their lived experience to facilitate connection and encourage referral to services. A wish to contribute to society and help others can be a powerful recovery-promoting experience for those with lived experience of suicide.[28] However, those with lived experience can also be vulnerable to additional risks.[29] The high levels of lived experience of mental health problems or suicide among our participants highlight the importance of providing ongoing support to gatekeepers after training to ensure their wellbeing.

Combining the suicide prevention competency framework[14] and the COM-B model[19] proved a fruitful way to consider the construction industry workers' capacity to support colleagues following GKT. Our thematic framework identified opportunities to improve the training and support of Bluehats. Researchers and practitioners in GKT are grappling with the challenge of translating training into effective community support.[15] Our method and findings go some way to addressing this knowledge gap. Further research on the impacts of GKT should include a focus on behaviour change and its current focus on knowledge, skills, and abilities. We also suggest that providers of GKT consider options for supporting trainees after training.

Our study has some limitations that should be considered when interpreting our findings. First, the study is limited by our focus on self-reported skills and behaviour. Future research would benefit from using other methods, such as direct observation, surveys, or interviews with those who receive support to obtain more direct evidence regarding Bluehats' skills and behaviour. Second, self-selection bias may have also limited our study.[30] It may be that—our participants were those who were most motivated in their Bluehat role. Third, based on pre-existing frameworks, our research and interview questions may have precluded participants from sharing other relevant information. Based on these frameworks, our deductive analysis methods may have missed important insights. Finally, as many of our participants reported lived experience of mental ill-health or suicide with some prior knowledge of suicide prevention, it may be that the experiences reported by participants are more attributable to their lived experience rather than the GKT. Despite these limitations, our sample comprised a broad range of demographic and work roles, and using the frameworks has yielded useful findings to inform future GKT and research. Discussion between researchers and our advisory group contributed to a rigorous study method, data analysis, and interpretation.

5 | CONCLUSION

By combining the COM-B model of behaviour[19] and the GKT minimum standards of competency,[14] our study identified several opportunities to improve the capacity of construction industry workers to support their colleagues for suicide prevention. Our findings reinforce the importance of integrating GKT within multilevel suicide prevention programs aimed at different system elements. We also highlight the need for ongoing support of trainees to maintain their wellbeing as they translate their skills and abilities into behaviour—particularly within environments where there may be low opportunity to do so. Behaviour change approaches should be included in future gatekeeper research and training, alongside competency approaches, so that contextual and individual level factors influencing behaviour can be identified and targeted. With these factors addressed, GKT can work more effectively to reduce suicide risk within workplaces.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT

The study was conducted in accordance with the Declaration of Helsinki, and approved by the Institutional Ethics Committee of MONASH UNIVERSITY (protocol code 29386, approved 6th of July, 2021).

PATIENT CONSENT FOR PUBLICATION STATEMENT

Informed consent was obtained from all subjects involved in the study.

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