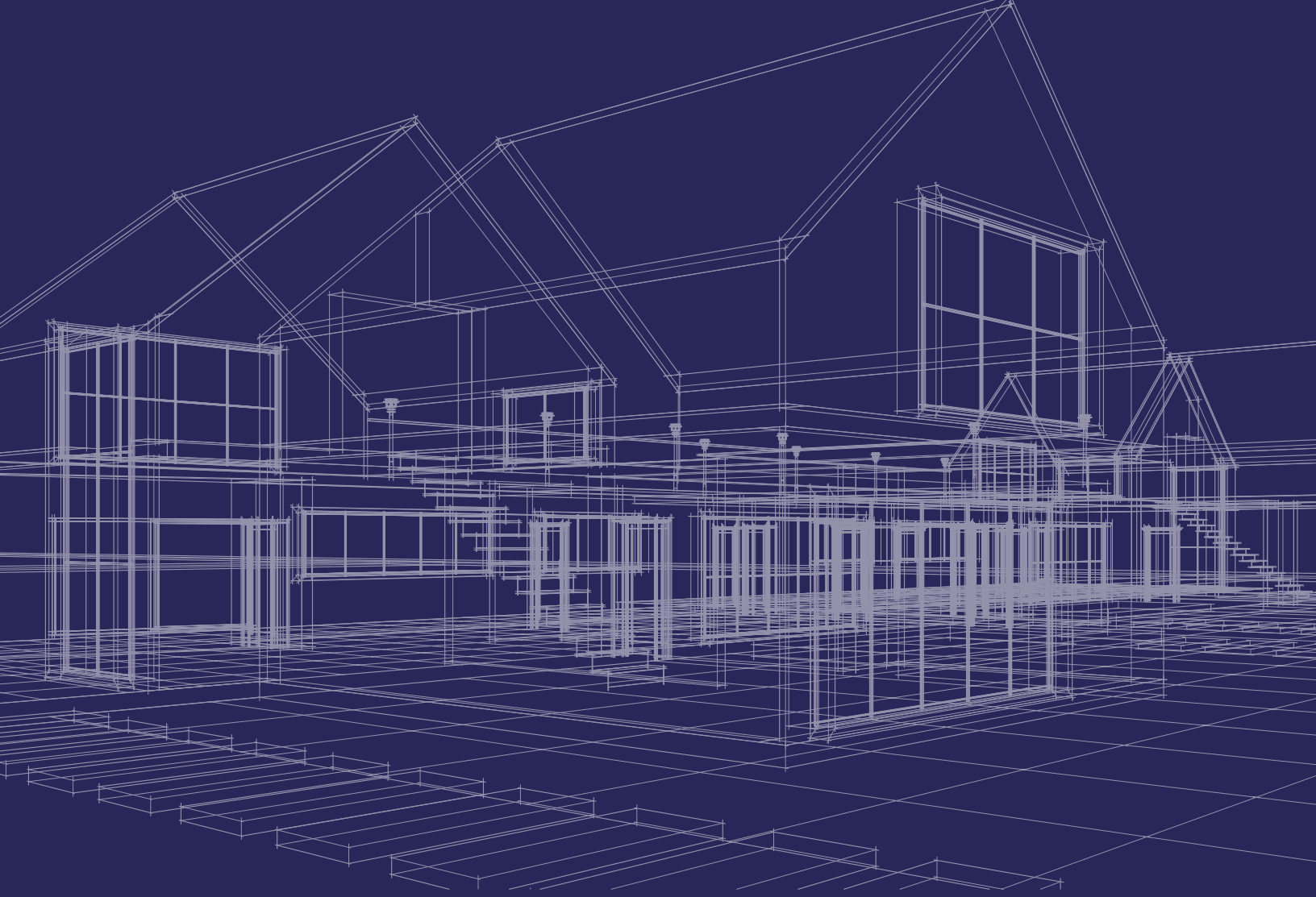

# A Blueprint for Home Builders' Well-Being

*National Association of Home Builders (NAHB)*
*Well-Being Pilot Program With*
*North Carolina Home Builders Association (NCHBA)*

## Lessons Learned From a Needs and Strengths Assessment, Storytelling Project & Toolbox Talk Initiative

*July 2021–December 2022*

Submitted by Dr. Sally Spencer-Thomas
**www.SallySpencerThomas.com**
January 2023

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# Acknowledgement

We would like to acknowledge the leadership of the NAHB and NCHBA offices. Specifically, we send tremendous gratitude to David Jaffe and Rob Matuga for their bold, visionary leadership, and to Tim Minton for his willingness to support our pilot effort. Additional heaps of thanks goes out to the heroic efforts of Jeffery Turner and his perseverance in helping us coordinating efforts in North Carolina. Last, but not least, we are so grateful for the courage and authentic commitment to the mission shown by Gary Hill and Brandon Bryant. Together the team persisted, shared their passion, and impacted many.

This work was supported by grant from the Job-Site Safety Institute (JSI). Founded by Builders Mutual in 2014, JSI is a nonprofit 501(c)(3) organization. This research and educational organization is dedicated to eliminating all job-site related injuries and deaths in the construction industry. Research and educational tool development by JSI will play a critical role in improving on-the-job safety and saving lives. For more information, visit www.jssafety.org

JSI SM
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Building For A Better Tomorrow
North Carolina Home Builders Association

NAHB®
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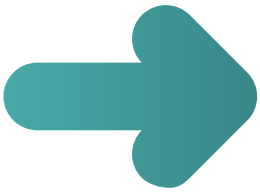
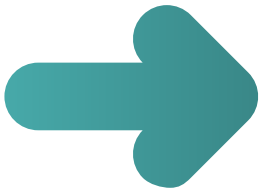
# Executive Summary

**What?**
What did we do?



**So What?**
What did we learn?



**Now What?**
What are the actionable recommendations?

## What?

The CDC (Centers for Disease Control) identified construction as a leading industry for high suicide rates and substance use challenges, yet workers in construction are often the least likely to seek mental health services[1]. From July 2021 to December 2022, the National Association of Home Builders (NAHB) partnered with Dr. Sally Spencer-Thomas to conduct a three-part pilot pilot mental health program development initiative with the North Carolina Home Builders Association (NCHBA). NCHBA was chosen as the pilot chapter because it was one of the largest with strong leadership, some of whom had expressed interest in mental health promotion and suicide prevention. Part 1 of the pilot was a "listening phase" involving a chapter-wide survey, focus group, and interviews. Part 2 of the pilot was a Storytelling Initiative. Part 3 was a 13-month rollout of a mental health toolbox talk initiative.

## So What?

Despite low engagement with the survey (n=59) and focus group (n=4)/interviews (n=3), the findings of the needs and strengths assessment were meaningful. Significant distress exists among many NCHBA members and is often experienced as anger, substance use, family conflict, and sleep disruption.

The NCHBA members believe that the general community holds stigmatized views on people experiencing mental health conditions and suicidal thoughts, and these biases—along with the perception that "mental health is not connected to our mission"—are creating barriers to better engagement in well-being efforts.

The good news is that many NCHBA members are reaching out to help others and seeking help

1 Peterson, C., Sussell, A., Li, J., Schumacher, P.K., Yeoman, K., & Stone, D.M. (2016). Suicide Rates by Industry and Occupation — National Violent Death Reporting System, 32 States, 2016. MMWR Morb Mortal Wkly Rep 2020, 69(3), 57–62. http://dx.doi.org/10.15585/mmwr.mm6903a1

themselves when tough times hit. They would, however, like a little bit more clarity on the resources available to them and what their support role might be beyond just listening to another's pain.

The two videos produced by the storytelling part of the pilot have the potential to start new conversations about mental health, addictive behaviors, and suicide. If leveraged effectively, they stand to help in the recruiting process to bring in new champions and start a ripple effect throughout NCHBA and NAHB.

From July 2021 to January 2022, NCHBA sent out 39 mental health awareness toolbox talks (in groups of three) on topics ranging from sleep to anxiety to what to expect from mental health services. Each of these toolbox talks were sent directly to the inboxes of the members with email addresses for (approximately 8,900 recipients). There was an average of 95 clicks to download each toolbox talk suite. The most downloaded toolbox talks were those within the Addiction and Recovery Support toolbox suite.

# Now What?

The momentum started with the modest beginnings of this pilot effort hold promise to expand the work in 2023 and beyond. The report outlines a series of lessons learned and actionable recommendations.

## LESSONS LEARNED

**Related to the Mental Health of NCHBA Members**

- Members acknowledge distress.
- Members have willingness to reach out but don't know what to do.
- High stigma exists for "mental health" as a topic.
- Expand the mental health literacy program with additional toolbox talks and micro-learning videos

**Related to Future Mental Health Programs**

- Leverage storytelling.
- Expand momentum.
- Scale toolbox talks to entire NAHB membership, add microlearning videos, and incorporate Spanish language to all mental health literacy topics.
- Recognize and reward chapters who are leading implementation efforts.

**Related to Replicating Pilot Efforts**

- Localize effort and tie to mission and personal benefit.
- Recruitment success requires personal touch from trusted leader.
- Recognize and reward people who volunteer to help.
- Improve technical implementation for Needs and Strengths Assessment.
- Offer one-day, in-person storytelling workshop/retreat as a pre-conference session to annual conference.
- Replicate and expand toolbox talk efforts.

## ACTIONABLE RECOMMENDATIONS AND TIMELINE

**January to June 2023**

1. Distribute findings from Needs and Strengths Assessment at NCHBA and NAHB.
2. Implement video distribution plan and leverage for new member engagement.
3. Develop local "Ground Crews" of well-being champions and enlist them in a resources audit.

**Year-Round Engagement**

1. Facilitate monthly mental health literacy activities.
2. Highlight expressed sources of well-being challenges first.
3. Expand toolbox talks and add micro-learning videos

**July to December 2023 and Beyond**

1. Share videos and findings from pilot at regional and national conferences.
2. Offer invitation-only leadership training for presidents of promising chapters to enlist their influence
3. Replicate Pilot (Needs and Strengths Assessment and Storytelling Initiative) with new chapter.
4. Offer annual VitalCog train-the-trainer certification course.
5. Initiate Peer Allies at Work program development.

# Overview

## Why Focus on Mental Health in Construction?

According to the CDC, construction is the leading industry for suicide: Deaths by suicide occur at a rate of 45.3 per 100,000 for men in construction versus 14 per 100,000 for the general population. According to the healthcare company American Addiction Centers,[2] the construction industry also experiences overdose and addiction rates nearly twice the national average.

A recent survey found that 14.3% of construction workers were diagnosed with a substance use disorder in the past year, more than 1.5 times the average of all full-time workers surveyed.[3] While alcohol use disorders are the most common, construction workers have also been significantly impacted by the opioid epidemic, with about 1.3% of construction workers having an opioid use disorder (almost twice the national average, according to the National Safety Council). Opioids account for 20% of the total spending on prescription drugs in the construction industry. This level of spending is a higher amount than any other industry—a trend that is tragically linked to the fact that construction workers suffer the highest rates for prescription opioid-related overdose deaths. In fact, construction workers are 7 times more likely to die of an opioid overdose than workers in other industries.

HOWEVER, for every person who dies by suicide or overdose, hundreds live through their mental health crises—and many even grow through these difficult times.

Every day, people in life-threatening despair find their way back into a passion for living by engaging in quality mental health treatment, committing to sobriety, having spiritual awakenings, or removing themselves from toxic situations. They also solve financial and relationship problems and find hope. Many people who suffer from suicidal and other mental health crises are transformed by these experiences and grow from them.

High levels of job strain, physical pain, stoic cultures, and isolation are just some of the root causes attributed to the diverse mental health challenges construction workers face—not just addictive behaviors and suicidal thoughts, but also experiences like depression, trauma, and anxiety.

Mental health challenges and high levels of distress impact overall health and safety. Furthermore, when employees lack psychological safety, organizations experience higher levels of turnover, errors, and various additional expenses.

For these reasons, NAHB has prioritized well-being and mental health promotion for all its members. The challenge that many face, however, is what to do and where to start. The pilot effort with NCHBA took initial steps to find clarity on how to solve these concerns.

2 American Addiction Centers. (2022). Construction Workers & Addiction: Statistics, Recovery & Treatment. Retrieved on December 29, 2022, from https://americanaddictioncenters.org/rehab-guide/workforce/blue-collar-workers/construction-workers
3 Ibid

# What Does a Comprehensive and Sustainable Well-Being Strategy Involve?

Without a comprehensive and sustained strategy, the NAHB's mental health promotion tactics are unlikely to be effective in the long term. Without building internal capacity, any initial skill-building and culture change around mental health promotion and suicide prevention will likely fade over time. Furthermore, a comprehensive strategy must focus on three areas: proactive prevention, early intervention, and crisis response. Or—as many like to call them—upstream, midstream, and downstream approaches.

01

**Upstream**
**Build Protective Factors and Reduce Job Strain**

Prevent problems from happening in the first place by promoting life skills, community, and mental health/suicide prevention literacy. Identify and reduce or eliminate psychosocial hazards in the workplace.

02

**Midstream**
**Early and Effective Intervention**

Identify problems early, course-correct environmental hazards, and efficiently connect people who are suffering to qualified supports.

03

**Downstream**
**Safe and Compassionate Responses to the Aftermath of Mental Health Emergencies and Suicide**

Follow best practice guidelines to reduce the impact of suicide/overdose, suicide attempts, addictive behaviors, and other mental health crises while promoting dignity and empowerment for all impacted.

A comprehensive and sustainable approach, therefore, consistently employs the following nine areas to improve mental health and prevent suicide, overdose, and other tragic outcomes:

## UPSTREAM

### 1. Leadership: Cultivate a Caring Culture Focused on Community Well-Being

Create a healthy and caring community, fostering genuine community support and a sense of belonging. Engage leadership around a mindset that mental health promotion and suicide prevention are important elements of overall community health and safety concerns.

### 2. Assess and Address Job Strain and Toxic Work Contributors

Reduce certain environmental aspects of job strain, stress, trauma, and life disruption that negatively impact employee vibrancy.

### 3. Communication: Increase Awareness and Understanding of Suicide and Reduce Fear

"Bake in" messaging around suicide prevention, mental health promotion, and resilience wherever health and safety messaging is present. Ensure workers know what to expect from mental health resources and have confidence that the services will help them solve their problems. Share stories of recovery, resilience, making meaning, and support to humanize and create a more powerful tale.

## MIDSTREAM

### 4. Self-Care Orientation: Self-Screening and Stress/Crisis Inoculation Planning

Help people self-detect emerging suicidal thoughts or mental health concerns (e.g., depression, anxiety, anger, substance use issues) early in their development and link people to helpful resources and supports. Teach people to plan for crisis before they are in crisis.

### 5. Training: Build a Stratified Suicide Prevention Response Program

Offer a tiered approach to training that builds skills and confidence at different levels of intensity. Develop specialized training by role for people in a position to offer advanced intervention. Provide ongoing training on skills like emotional regulation, conflict resolution, stress management, communication, financial planning, goal setting, etc.

### 6. Peer Support and Well-Being Ambassadors: Informal and Formal Initiatives

Enroll peers, ombudspeople, and ambassadors to increase awareness of and comfort with mental health and suicide prevention resources, improve positive co-worker assistance, and normalize help-seeking and help-giving behavior with an emphasis on least restrictive peer support, collaboration, and empowerment.

## DOWNSTREAM

### 7. Mental Health and Crisis Resources: Evaluate and Promote

Provide highly trustworthy mental health services well-versed in state-of-the-art suicide risk assessment, management, and support and a range of evidence-informed treatment options. Similarly, identify quality addiction recovery treatment partners and develop relationships with these providers. Frequently promote these resources through multiple distribution channels over time.

### 8. Mitigating Risk: Increase Lethal Means Safety, Engage in Harm Reduction, and Understand Legal Issues

When potential for suicide is high, remove access to guns, pills, and other suicide means. Find ways to provide harm reduction for alcohol use and overdose potential. Address workplace legal concerns with issues like ADA, FMLA, privacy, liability, and others.

### 9. Crisis Response: Accommodation, Reintegration, and Postvention

Follow crisis management procedures and longer-term support in the aftermath of a suicide, overdose, or other mental health crisis.

## Why Did the NCHBA Pilot Program Choose a Needs and Strengths Assessment, Storytelling Initiative, and Toolbox Talks for the Pilot Program?

### Needs and Strengths Assessment

With any change management process, it is always wise to listen first.

The "Blueprint for Home Builders' Well-Being" Needs and Strengths Assessment was designed to help the NAHB/NCHBA communities understand the most prominent well-being concerns, gaps in resources/programs, and well-being strengths.

A listening phase of well-being program development was the first step as it often accomplishes many goals, including:

- Gaining buy-in by listening to the needs of various stakeholders.
- Better understanding the resources that already exist to support workplace resilience, mental health, and suicide prevention.
- Identifying sources of strength that promote vibrancy and areas of vulnerability that increase job strain and despair.
- Identifying champions and storytellers who can share lived stories of suicide grief, as well as stories of living through the mental health crisis of a co-worker, family member, or themselves.
- Gathering baseline data against which we can benchmark future change.
- Developing a comprehensive strategy and identifying best practices (upstream, midstream, downstream).
- Identifying tactics (e.g., communication, training delivery, etc.) that will increase the likelihood that the implementation phase will succeed.

### Storytelling Initiative

Storytelling is our most powerful tool to reduce mental health stigma—arguably the biggest barrier in any construction mental health initiative.

The NCHBA pilot chose to engage the tool of storytelling for several reasons. First, we have ample neuroscientific evidence that demonstrates that storytelling is powerful in changing attitudes and behaviors.

Additionally, for the storyteller, the process of mastering the voices of the self helps those living with suicidal intensity, mental health challenges, or suicide/overdose grief transform their internal narrative from injured victim to resilient survivor and "way-shower." For the listener, storytelling can reduce prejudice and forge deep connection—human to human—in a way that data sharing and theory cannot. For systems and cultural change, storytelling serves as a participatory event that builds community and fuels social movements and advocacy.

When we cultivate stories that describe experiences of coming through profound overwhelm or despair upward toward healing and hope, storytellers "make meaning" and both help and are helped. In other words, storytelling is good for the storyteller, and—when done safely and effectively—beneficial for the listener and can powerfully shift culture.

For many people working in construction, great shame surrounds living with any mental health challenge. This shame and understandable fear of discrimination and prejudice leads people to keep the impact of suicide "in the closet." But increasingly, people are emerging and "coming out proud." Because of their richness and connection to a real human being, stories have the potential to reach "the body, mind, and soul" of the listener and dislodge previously firmly held assumptions or biases.

### Toolbox Talk Initiative

How do we change culture? Lots of small actions consistently applied over time. When it comes to improving mental health literacy, this means lots of small conversations about mental health topics.

Because toolbox talks are a regular health and safety practice in construction, it makes sense to build upon this already established ritual and integrate topics of wellbeing. In other words, we can "bake it in" to existing norms of behavior rather than add another expectation onto already overwhelmed supervisors.

By giving team leaders pre-scripted talking points, we reduce the barriers to getting these conversations started. With just 5-10 minutes a week, each week over several months, knowledge and comfort with the mental health topics starts to accumulate.

# Outcomes: North Carolina Home Builders Association – "Blueprint for Home Builders' Well-Being" Needs and Strengths Assessment

Information gathered is used to develop customized strategies that can be integrated in the work culture in relevant ways. During the listening phase (July–November 2021), we completed the following data gathering efforts:

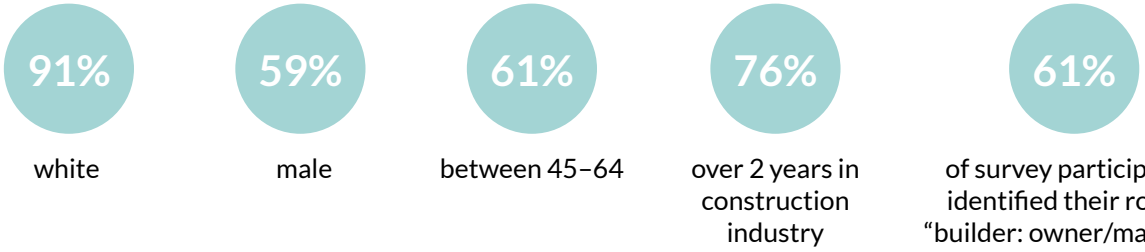
- NCHBA-wide 26-question survey (see Appendix A for survey questions)
- 1 focus group – 4 white men
- 3 interviews – 2 white females, 1 white male
- Discussion questions (see Appendix B for Focus Group/Interview Facilitation Guide)
  - Culture of the home builders' community
  - Sources of stress
  - What people notice/experience related to mental health, addiction, suicide
  - What people need
  - How to make a mental health program successful

## About Survey Recruitment and Participants

The 26-question "Blueprint for Home Builders' Well-Being" Needs and Strengths Assessment survey opened on Survey Monkey on July 14, 2021, and closed on November 9, 2021. Survey participant recruitment was primarily conducted through email and newsletter communication via the NCHBA central office. Several general communications were attempted; however, survey participation was very modest.

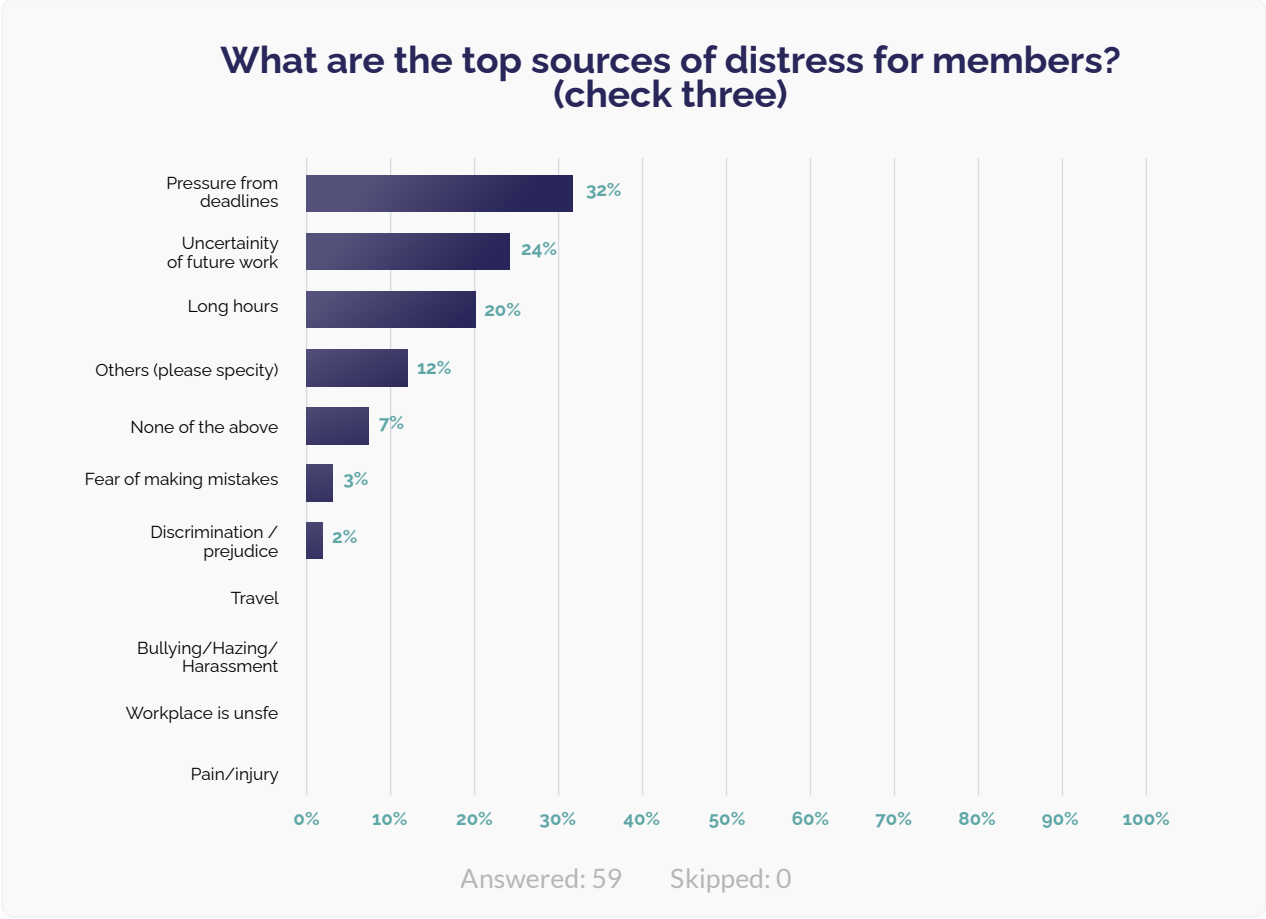
73% of the 59 survey participants completed it in July 2021. Survey participants took over 13 minutes on average to complete and only 53% completed all 26 questions. Nevertheless, the participant pool was relatively representative of the larger NCHBA community.

About the Survey Participants (n=59)

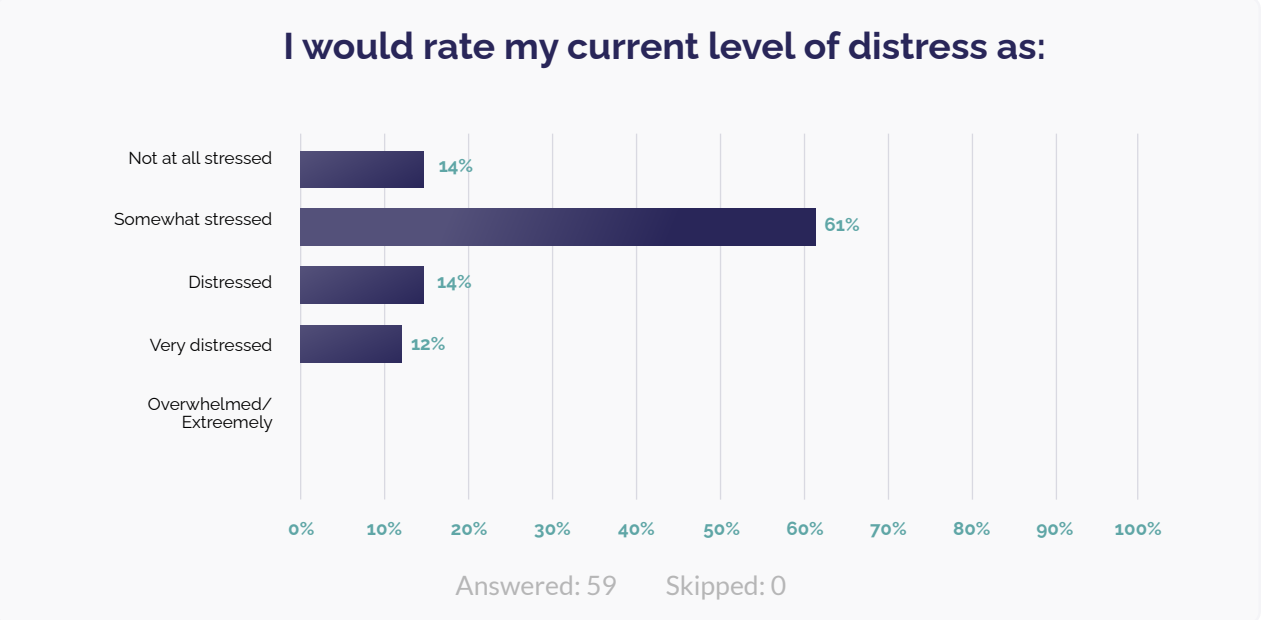


## Experiences With Distress and Other Mental Health Challenges

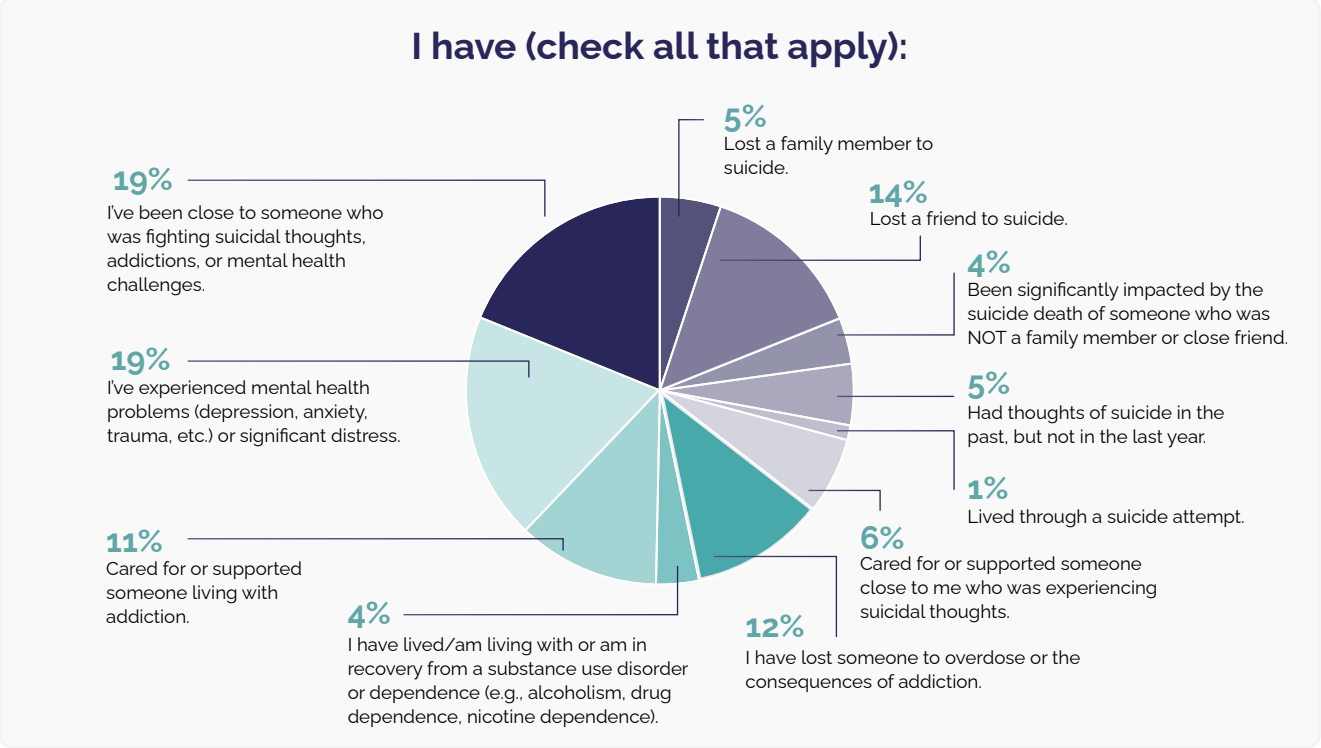
When asked about top sources of distress, deadlines, uncertainty, and long hours topped the list.

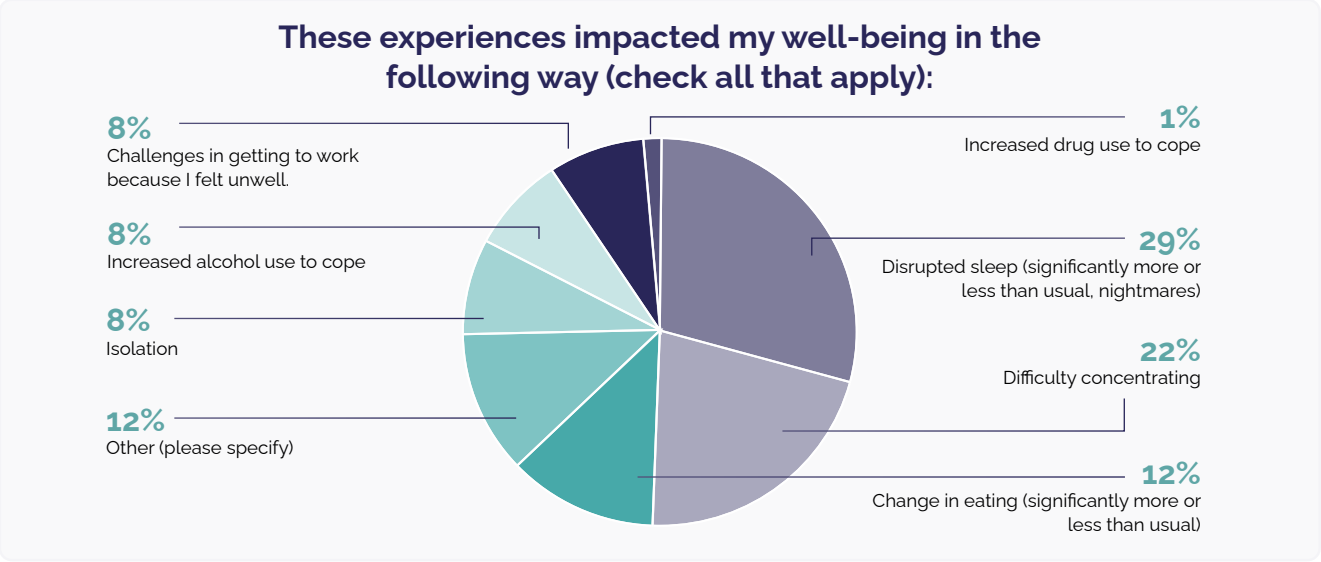



26 percent of survey participants described their level of stress as “distressed” or “very distressed,” and 41% stated that they are more distressed now than they were 6 months ago.



61% of survey participants acknowledged some form of lived experience with mental health challenges, addictive behaviors, or suicide. Almost 20% of these people stated they had experienced mental health challenges themselves. Whether it was direct experience with mental health challenges, supporting someone else who was going through a mental health challenge, or losing someone to a fatal mental health outcome, these experiences tended to have a major impact on sleep and concentration. Of note, fatigue[4] and distraction[5] are leading root causes of job site safety issues.




4 Fox, N. (2019). Identifying and Reducing Worker Fatigue in Construction. Laborers Health and Safety Fund of North America. Retrieved on December 31, 2022, from https://www.lhsfna.org/identifying-and-reducing-worker-fatigue-in-construction/

5 Morrison, K. (2013). Distracted on the job: Identifying and minimizing worker distractions can help reduce injuries. Safety and Health Magazine. Retrieved on December 31, 2022, from https://www.safetyandhealthmagazine.com/articles/distracted-on-the-job

## Help-Giving and Help-Seeking

Of the 66% of survey participants who answered questions on help-giving and help-seeking, many had acted to help themselves and others:

**69% =**

*"Reached out to someone I thought was struggling with family, financial, legal, or mental health problems (depression, anger, substance abuse, addiction, anxiety) in the last 12 months."*

**21% =**

*"Connected someone I was worried about to someone else I thought could help them in the last 12 months."*

**34% =**

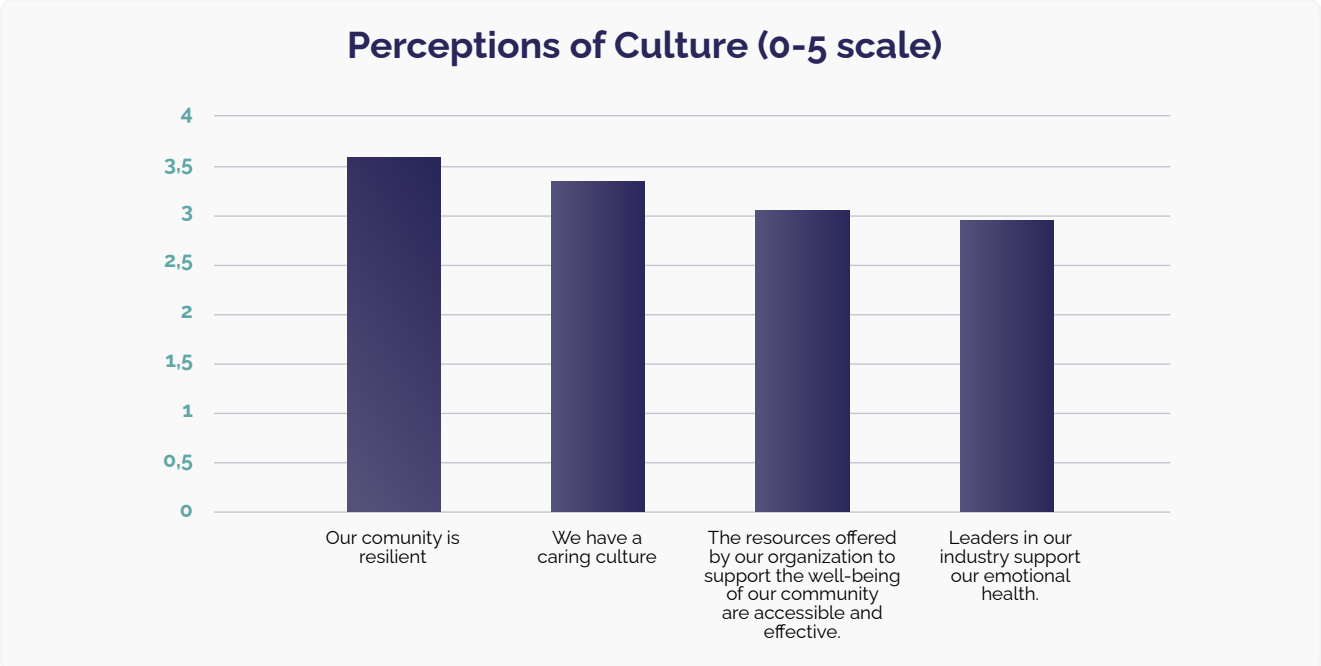
*Indicated "I've experienced individual or family therapy."*

**21% =**

*Endorsed "I've been prescribed medicine for an emotional or mental health condition (including insomnia)."*

## Perceptions of Well-Being Culture of NCHBA

While members experienced the community as resilient, they seem less confident that well-being resources and industry leaders could adequately support their emotional health needs.



## Mental Health Stigma and Awareness

### "Typical Person" and Leadership Mental Health Bias (agree or strongly agree) – Social Norms

Psychology studies reveal that most people tend to believe they hold pro-social attitudes but that others around them are biased. So-called "social norms"[6] are powerful influencers of behavior. In other words, as part of a simplified way of processing information, the mind holds an idea of what a "typical person" might believe, and then people behave according to what they think this made-up person might say or do. Examining changes in these beliefs is one way to gauge a community's level of stigma. For example, if I believe everyone around me hates chocolate and thinks people who eat chocolate are less intelligent, I am much less likely to eat chocolate around others, even if I personally love chocolate.

The results of the "typical person" and "most people" parts of the survey indicate that a strong stigma exists within the NCHBA community, while the "I believe" section is much more pro-social. One way to reduce stigma is to present these pro-social beliefs (e.g., 96.55% endorsed "I would support a friend or family member who decided to seek professional help for suicidal thoughts") as a way to combat stigmatized views (e.g., "Most persons with mental health challenges are to blame for their problems.")

| | I believe... | The "Typical Person" thinks that... | I think Construction Industry leadership believes... |
|---|---|---|---|
| Most persons with mental health challenges are to blame for their problems. | 10.34% | 31% | 31% |
| Most persons with mental health challenges are unpredictable. | 39.66% | 59% | 43.1% |
| Most persons with mental health challenges will not recover or get better. | 10.34% | 24% | 18.97% |
| Most persons with mental health challenges are dangerous. | 8.62% | 31% | 24.56% |
| Most persons with mental health challenges are unable to take care of themselves. | 8.62% | 20% | 17.24% |

6 Bicchieri, C., Muldoon, R., & Sontuoso, A. (2018). Social Norms. The Stanford Encyclopedia of Philosophy (Winter 2018 Edition), Edward N. Zalta (ed.). Retrieved on December 31, 2022, from https://plato.stanford.edu/archives/win2018/entries/social-norms/

**Mental Health Bias ("I Believe"; percentage who agreed or strongly agreed)**

**24.14%:** "Most people in my community would treat a person who attempted suicide just as they would treat anyone."

**22.41%:** "Most people believe that a person who attempted suicide is just as trustworthy as the average person."

**31.03%:** "Most people who threaten suicide are just trying to get attention."

**37.93%:** "Most people believe that a person who attempted suicide is just as intelligent as the average person."

**44.83%:** "Most people feel that attempted suicide is a sign of personal failure."

**43.11%:** "Most people would willingly accept a person who attempted suicide as a close friend."

**48.28%:** "Most people think less of a person who attempted suicide."

**Personal Beliefs (percentage who agreed or strongly agreed)**

**96.55%:** "I would support a friend or family member who decided to seek professional help for suicidal thoughts."

**67.25%:** "I would be willing to reach out if I noticed another NCHBA member fighting substance use problems, mental health challenges, or suicidal thoughts."

**71.93%:** "I would be comfortable telling a friend or family member if I felt I needed professional help for suicidal thoughts."

**6.9%:** "I believe that people who really want to die will find a way; it won't help to try to stop them."

**46.55%:** "I feel confident and competent about my ability to start a conversation about suicide."

**75.86%:** "I feel confident and competent about my ability to effectively listen to someone's emotional pain."

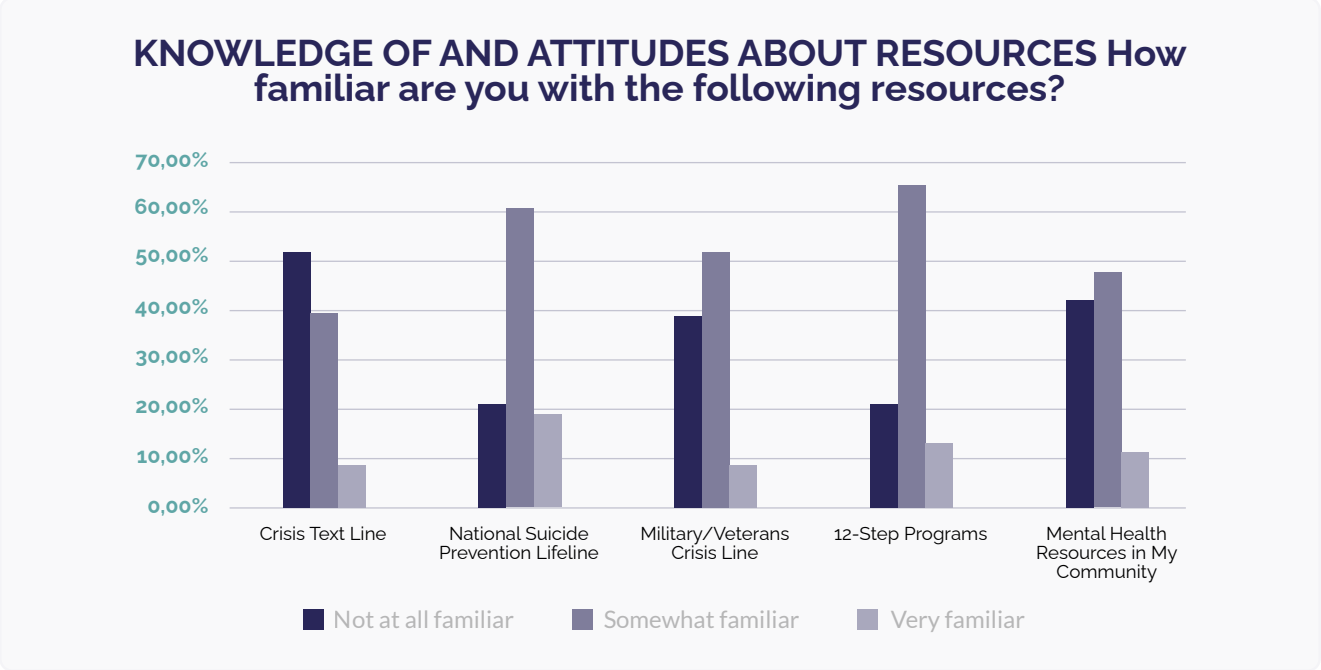
**60.35%:** "I feel confident and competent about my ability to engage people in support resources when they are overwhelmed."

***"I would want to help and would certainly try, but definitely not completely confident or sure of what's best to say. I would be open and honest and try my best to help."***

***"I am not a mental health professional. I do not feel confident in counseling someone or steering someone to help."***

### Awareness of Mental Health Resources

Most members who took the survey are either not at all familiar with or only somewhat familiar with mental health resources.




## Suggestions for a Help-Seeking/Help-Giving Program

### BARRIERS

- Many members have no idea where to turn or what to do when it comes to mental health issues.
- The "old-school" and "suck-it-up" mentality presents a significant challenge to reaching out for help.
- Mental health issues are seen as private matters that are not related to work. Privacy is paramount.
- Small business pressures make it hard to do anything more than the job at hand. Mental health initiatives may seem like a "nice-to-have" to some, but most small business owners don't have the time or money to develop any program or even offer mental health resources.

### OPPORTUNITIES

- Participants suggested NAHB look at how the sports industry has had success in socializing mental health conversations. What lessons can we learn from them?
- Engage captive audiences in small group conversations such as quarterly meetings and networking events.
- Promote testimonials from real NAHB/NCHBA members who have lived through these experiences and their experiences with mental health resources.
- Offer training on what to look for in yourself and others and how to help people in distress.
- Develop a local resource guide.
- Leadership endorsement for mental health programming is needed at all levels.

- Note: NAHB will lack the ability to attract young talent without these cultural changes and support.
- Offer special mental health programs for military/veterans.
- Enroll Builders Mutual as a strategic partner to incentivize engagement and socialize topics.
- Tie to job site safety/provider priorities.

## Themes in Discussions

### Sources of Distress: Work Pressures

- Material shortages
- Unhappy clients
- Labor shortage/churn

> *"There is always pressure to get the work done within a budget and in a contract. They were common before COVID but [in] this past year it's exacerbated that pressure."*

> *"Our industry is inherently dangerous and that doesn't help us. We've got to improve that. From both a physical and mental standpoint."*

> *"Most of us never came from a corporate setup—most of them are struggling using QuickBooks. They're worried about other things, not their well-being."*

### What Do Mental Health Challenges Look Like Here? – Anger, Substance Use Problems, and Overwhelm

> *"A stressed-out employee just doesn't function well. I've learned from my own feelings of stress [that] you have to step back and figure out how to get back in control. They almost don't know what to do next and are overwhelmed. Every once in a while, I've seen them lose their cool and blow up or go off or do things they regret and have to regroup after that."*

> *"I remember one gentleman going to the job site early in the morning, and he had a cooler in his car with beer in it and took one out to drink it. He committed suicide later on and I didn't realize that was the starting of that process."*

> *"My wife summed it up: 'If you blame everyone else, you're just angry.'"*

### Major Barrier to Establishing a Mental Health Program for NAHB – Out of Comfort Zone

*"I know how to build a house but I don't know how to intervene or help someone by any means."*

*"We're not doctors or involved in this industry. Our industry is dirt and mud and sticks and nails, so trying to figure that out."*

*"I'll be the first one to admit I don't know where to go. It'd take some Googling or phone calls. Even with that person and being involved in his recovery, I'd still struggle on figuring out where to go."*

*"I get asked a lot of times, 'I have a friend going through a difficult time,' but no one seems to have a good idea of where to go get help."*

### Suggestions on How to Make an NAHB Mental Health Program Successful – Build Trust Through Personal Connection

*"It's got to be personal, and we've got to talk about it at these meetings and how important it is, and it takes so little time to complete."*

*"Anytime you can highlight someone who has gone through hell and back, so to speak, it provides a perspective, especially in the construction industry, and provides connection."*

*"The local people are who they believe and trust."*

# Outcomes: North Carolina Home Builders Association Storytelling Project

## Storytelling Retreats and Practice

In addition to the Needs and Strengths Assessment, the NCHBA pilot also engaged in a Storytelling Initiative. After a lengthy recruitment process, two participants who self-identified as having experienced a suicide loss or having lived through other suicidal experiences volunteered: Gary Hill, two-term, past president of NCHBA; and Brandon Bryant, current president of NCHBA. While planners were initially hoping for a larger cohort, the fact that these two leaders participated spoke volumes.

The initiative kicked off in the early summer with a virtual storytelling retreat entitled "Eye of Survivor: Your Hero's Journey About Surviving Suicide." The goals of the retreat were to:

1) Help participants weigh the benefits and consequences of disclosing their story.
2) Prepare for the emotionally hard work of storytelling.
3) Understand the art and science of storytelling and its impact on the storyteller and others.
4) Learn best practices in safe and effective storytelling about suicide.
5) Produce high-quality videos of participants sharing their stories.
6)Develop strategies to impact change in their communities by leveraging the power of their stories.

The retreat was originally designed to be completed over a 12-hour, weekend, in-person experience for best results. Knowing that participants' work demands would prevent this type of experience from happening, the team opted for a segmented virtual retreat. Scheduling challenges ensued over a couple of months, until the group was able to commit to three 2-hour Zoom sessions.

The virtual retreat was facilitated by Dr. Sally Spencer-Thomas and Sarah Gaer, both mental health professionals with lived suicide-related experience.

Research has shown that the more people with lived experience share their stories, the more hope others have, and the lower suicide rates become[7]. However, specific precautions need to be taken when discussing suicide to ensure that those at risk remain safe. Our training educates participants on this very important and unique aspect of storytelling around suicide.

After the participants completed 6 hours of storytelling coaching and practice, a videotaping was scheduled with NAHB-identified producers to record participants' stories and reflections on their experiences with the storytelling process. As part of this effort, a "NCHBA Sample Personal Story and Video Grant and Release" form (Appendix C) and "Storytelling Video NCHBA Sample Distribution Plan" (Appendix D) were created.

### Storytelling Initiative Timeline

**November 2021** – Storytelling Initiative Planning Started
**March 23, 2022** – Storytelling Retreat Planning Continued
**June 9, 2022** – 2-Hour Storytelling Virtual Retreat – Part 1
**July 13, 2022** – 2-Hour Storytelling Virtual Retreat – Part 2
**July 27, 2022** – 2-Hour Storytelling Virtual Retreat – Part 3
**November 16, 2022** – 1-hour debriefing session
**December 2, 2022** – 2-hour storytelling video recording session

7 Vibrant. (2021). The Papageno Effect. Retrieved on December 31, 2022, from https://988lifeline.org/wp-content/uploads/2021/04/Lifeline-Papageno-Effect.pdf

# Outcomes: North Carolina Home Builders Association Toolbox Talks Initiative

## Implementation Timeline

June 15, 2022: Kick Off
- Leadership announced the program through newsletters
- The NCHBA team developed a resources page for workers who wanted more information beyond the card.

June 15-December 31, 2022: NCHBA distributed a suite of three coping cards every other week. These digital graphics provided simple, digestible action steps people easily applied to help the members help themselves, someone they care about, and their communities with regards to their mental health and resilience needs.

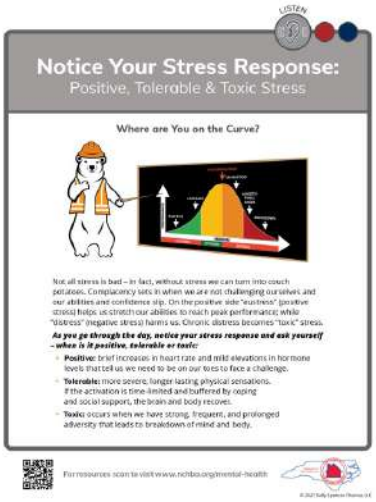
## Topics

39 coping cards were included (see Appendix J for examples) organized around the following 13 topics:

1. Addiction
2. Anger
3. Anxiety
4. Depression
5. Leadership during crisis
6. Loneliness
7. Mood swings & self-screening
8. Pain Management
9. Sleep
10. Stigma
11. Stress
12. Trauma
13. What to expect from mental health services

## Impact

NCHBA distributed 13 suites of toolbox talks as part of the pilot program. Each of these toolbox talks were sent directly to the inboxes of the members that we have valid email addresses for (approximately 8,900 recipients). The average open rate for these emails was 35% or about 3,100. There was an average of 95 clicks to download the suite of toolbox talks within each topic.




Most popular content:
#1 Addiction (95 downloads and 35% click rate)
#2 Depression (85 downloads and 33% click rate)
#3 Pain Management (75 downloads and 30% click rate)
#4 Stigma (70 downloads and 32% click rate)
#5 Anger (65 downloads and 33% click rate)

# Lessons Learned and Recommendations

## Lessons Learned

### Related to the Mental Health of NCHBA Members

#### Members acknowledge distress.

Significant distress exists among NCHBA members, but most don't consider this a "mental health problem." In other words, many acknowledge that distress is impacting their quality of life (especially sleep) but see their suffering as a result of an overwhelming set of circumstances (i.e., external to them) rather than some sort of mental health condition (that they might interpret as some form of internal weakness or brokenness).

#### Members have willingness to reach out but don't know what to do.

The overwhelming majority of people who responded to the pilot wanted to support their fellow members, but often did not know how best to do this. Many expressed that the topics of mental health, addiction, and suicide were out of their comfort zone and that they were not very familiar with what to expect from mental health resources.

#### High stigma exists regarding "mental health" as a topic.

Bias around mental health conditions, addiction, and suicide was evident in the social norming series of questions and in the lack of engagement with the project. Members acknowledged the community and its leadership held prejudicial views (e.g., people with mental health conditions/ suicidal thoughts are to blame for their problems and are just seeking attention). In addition, 2 people took the time to complete the survey to show their resistance to the topic:

> *"Any effort to help would be a waste of resources unless you do it in Jesus' name. Just adding more bureaucracy to problems and adding more taxpayer money toward things does not change someone's heart, it just doesn't."*

> *"Not sure why the NCHBA feels this is something that they should try to provide."*

Nevertheless, others were grateful:

> *"I appreciate your willingness to get involved. We should all be in this battle together!"*

### Expand the mental health literacy program with additional toolbox talks and micro-learning videos.

Given that the toolbox talks seemed to engage the NCHBA members (35% click rate), it makes sense that this part of the mental health program expand in a few ways:

**1. Add new content.** Here are some popular topics that NCHBA could add to their collection of toolbox talks.

Gratitude
Emotional intelligence
Emotional regulation
Burnout
Psychological safety
Soul exhaustion
Thought regulation
Helping others
Supporting kids and youth going through tough times
Well-being tips when traveling
Numbing behaviors
Making meaning

**2.Add new microlearning videos to reinforce the toolbox talks.** Microlearning videos could be accessed from the NCHBA website where members could view them in the privacy of their own computer or phone (see Appendix F for more details).

## Related to Future Mental Health Programs

### Leverage storytelling.

One of the biggest successes of this pilot effort is the storytelling work of Gary Hill and Brandon Bryant. A big lesson learned is that there are highly regarded leaders in NAHB that have the will, courage, and ability to role-model vulnerability and share important lived experiences that can begin to shift the culture around mental health. Storytelling is arguably the most undervalued and underutilized resource right at everyone's fingertips—a tool that can save lives without major expenses or complications.

### Expand momentum.

While the outcomes it terms of numbers of people who participated in the pilot are modest, the momentum has been established. What NAHB and NCHBA plan to do with that momentum now is what matters most. Leveraging the findings and videos over the next 6 months is a tier-one priority to recruit additional champions to the cause.

### Scale toolbox talks to entire NAHB membership with the new facilitation guide, add microlearning videos, and incorporate Spanish language to all mental health literacy topics.

The toolbox talks were quite impactful due to their easy access and relatable content. NAHB can build on the momentum of the pilot by scaling these toolbox talks to the rest of the membership, translating them into Spanish and adding the microlearning videos mentioned earlier.

### Recognize and reward chapters who are leading implementation efforts.

Consider giving an annual award at the national conference to chapters that are going above and beyond in building mental health awareness, offering benefits/trainings or other practices outlined in the "National Guidelines for Workplace Suicide Prevention": https://workplacesuicideprevention.com/

### Related to Replicating Pilot Efforts

Admittedly, there was low engagement in the Needs and Strengths Assessment despite quite a bit of communication from the NCHBA central office. If these pilot efforts were to be replicated in other chapters, we recommend the following:

- **Localize effort.**

  Rather than embedding the survey and focus group participation inside a statewide newsletter, where it would be most likely overlooked, local leaders within much smaller regions should drive the effort.

- **Tie well-being to NAHB mission.**

  A succinct call to action and a connection to the NAHB mission will help members understand why NAHB cares about well-being and why the work matters.

- **Tie the investment of mental health to professional and personal benefit.**

  Let members know that success of mental health promotion efforts impacts their chapter, their business, their families, and themselves. Connect leadership qualities to strong skills and beliefs around mental health.

- **Recruitment success requires personal touch from a trusted leader.**

  The "voice" of the pilot needs to be a trustworthy leader who is confident and competent in mental health literacy, and preferably someone who can share their own lived experience. The personal engagement invitation needs to be more like a tap on the shoulder to participate rather than a community-wide, blanket invitation. People need to appreciate that their input matters.

- **Recognize and reward people who volunteer to help.**

  What is recognized and rewarded gets replicated. NCHBA should be celebrated for their leadership as an early adopter of the mental health culture change at NAHB.

- **Improve technical implementation for Needs and Strengths Assessment.**

  *Specific survey recommendations:*

  - Given time constraints of many members, limit the survey to 10 questions/5 minutes.
  - Enlist captive audiences to complete the survey while they have gathered for other reasons (e.g., complete during a quarterly meeting time).
  - Consider survey completion incentives (e.g., name in a drawing for a valued piece of technology or gift card).
  - On "check all that apply" regarding lived experience, add "I have not been impacted by mental health challenges, addictive behaviors, or suicide."

  *Specific focus group/interview recommendations:*

  - Participants should be strategically selected and invited due to their roles and lived experiences.
  - Invitations should be framed as a leadership acknowledgement and nominees should be notified that their invitation was due to the belief that their input would be exceptionally helpful to the success of the program.
  - If focus groups/interviews are done in person, they should be held in locations that uphold privacy and offer comfort (e.g., closed rooms and refreshments).

**Offer one-day, in-person storytelling workshop/retreat as a pre-conference session to annual conference.**

- In-person retreats offer a much better learning and growth experience with deeper levels of connection and nicer opportunities for video production.
- Connecting the event to a conference where leaders are already attending may decrease the scheduling conflicts experienced during this pilot effort.
- Having a small group of 5–20 people at this event would create significant momentum and create a powerful community of change agents.
- Share videos and lessons learned at annual and regional conferences.

**Replicate and expand toolbox talk initiative**

The toolbox talks appear to be a great way to engage members privately about thinking about their mental health and the well-being of others around them. A deeper evaluation of this initiative is warranted to determine how they were used and whether or not they had a broader impact. We suggest in addition to assessing the program, members also be given a facilitation guide to bolster confidence.

# Actionable Recommendations and Timeline

**January to June 2023**

**Distribute findings from Needs and Strengths Assessment at NCHBA and NAHB.**

- Thank participants and NCHBA for investing time and effort to help community—both specific acts of gratitude to all the people who contributed as well as a public recognition of NCHBA for being an early adopter.
- Acknowledge these are just preliminary findings and that more work is needed.
- Highlight quotes and key findings from pilot in social media.
- Share findings during local meetings and follow up with small group (three-person) discussions: What do they think about the findings? How have they experienced distress, mental health challenges, addiction, or suicide? What can NAHB/NCHBA do to better support people going through tough times?

**Implement video distribution plan and leverage for new member engagement.**

- Follow video screening with small group discussions
- Enlist new member engagement with a specific call to action (e.g., join the local "Ground Crew" of Well-Being Champions—see next item).

**Develop local "Ground Crews" of Well-Being Champions and enlist them in a resources audit.**

- Enroll 5–7 people from each local chapter. People who have a passion for mental health are empowered to lead the work at grassroots level (see Appendix E for "Ground Crew" position description).
- Enlist the "Ground Crew" members to conduct a mental health resource audit (e.g., "kick the tires" of existing local mental health resources).
- Develop a What To Expect Document—a 2-page PDF that highlights contact information, services offered, and what people can expect from engaging with the services.
- Create a 12-month mental health resource promotion plan using diverse communication channels and strategies.

### Year-Round Engagement

**Facilitate monthly mental health literacy activities.**

- Local "Ground Crews" Well-Being Champions organize and facilitate these awareness-building activities.
- Example #1: Mental Health Moment Videos (see Appendix F for sample program)
- Example #2: Toolbox Talks (see Appendix G for sample program)
- Example #3: Socialize Mental Health Resources (e.g., lunch-and-learns with local mental health providers, an explanation on what to expect when calling 988, etc.) through diverse communication strategies.

**Highlight expressed sources of well-being challenges first.**

- Sleep disruption
- Anger
- Substance use
- Family conflict
- Small business owner distress

### July to December 2023 and Beyond

**Share videos and findings from pilot at regional and national conferences.**

**Offer invitation-only leadership training for presidents of promising chapters to enlist their influence.**

- Host a 15–25-person, 90-minute leadership roundtable.
- Brief leaders on the problems needing to be solved.
- Discuss what to do among leaders.
- Recognize and reward leaders who participate.

**Replicate pilot (Needs and Strengths Assessment, Storytelling Project & Toolbox Talk Initiative) with new chapter.**

**Offer annual VitalCog train-the-trainer certification course** (see Appendix H for course description)

- 15 people for an 8-hour in-person or virtual course.
- Rotate regionally and/or offer as a pre-conference session.

**Initiate Peer Allies at Work program development** (see Appendix I for Program Description)

## Conclusion

From July 2021 to December 2022, the NAHB conducted a two-part member well-being initiative. The pilot program was implemented alongside NCHBA. Despite a modest level of engagement, the program provided meaningful insights and outcomes. Sharing lessons learned and increasing the scope of mental health programming are recommended as next steps in cultivating momentum in 2023.

# APPENDICES

## Appendix A: North Carolina Home Builders Association – "Blueprint for Worker Well-Being" Needs and Strengths Survey

Community Suicide Prevention, Mental Health, and Resilience Needs and Strengths Assessment

The following questions are designed to help the North Carolina Home Builders Association develop a comprehensive and sustained suicide prevention, mental health promotion, and well-being program.

**Confidentiality:**

Responses will be kept private and confidential to the extent permitted by law. In any report we might publish to the North Carolina Home Builders Association, we will not include any information that will make it possible to identify a survey participant. All survey responses are anonymous, not linked to any individual respondent, and stored securely only on the password-protected computers of the project team leaders.

**Possible risks to participants:**

The risks of participating in this survey are minimal. This survey includes questions about distressing professional or personal experiences with behavioral health and/or suicide, and some people may experience anxiety or become emotionally upset while answering these questions.

If at any time you would like to speak with someone confidentially regarding distress you might be experiencing or if you have concerns about others, you can contact the National Suicide and Crisis Lifeline (988) or text "HELLO" to 741741 (Crisis Text Line).

**Possible benefits to participants:**

Although there are no direct benefits anticipated from your participation in this survey, your contribution may help the effectiveness of the future efforts at the North Carolina Home Builders Association to develop a suicide prevention, mental health promotion, and well-being program. You may feel positively about this contribution.

**Compensation:**

There is no compensation for this survey.

**If you have questions or concerns about this survey, please contact Dr. Sally Spencer-Thomas at 720-244-6535 or SallySpencerThomas@gmail.com.**

*I have read and understand the survey description, and I consent to taking this survey:*

- ☐ Yes
- ☐ No

*What state do you reside in?*

*I would rate my current level of distress as:*

- ☐ Not at all distressed
- ☐ Somewhat distressed
- ☐ Distressed
- ☐ Very distressed
- ☐ Overwhelmed/Extremely distressed

*Over the past 6 months...*

- ☐ I am more distressed than I was 6 months ago.
- ☐ I am less distressed than I was 6 months ago.
- ☐ I am about the same.

*I have (check all that apply):*

- ☐ Lost a family member to suicide.
- ☐ Lost a friend to suicide.
- ☐ Been significantly impacted by the suicide death of someone who was NOT a family member or close friend.
- ☐ Had thoughts of suicide in the last year.
- ☐ Had thoughts of suicide in the past, but not in the last year.
- ☐ Lived through a suicide attempt.
- ☐ Cared for or supported someone close to me who was experiencing suicidal thoughts.
- ☐ I have lost someone to overdose or the consequences of addiction.
- ☐ I have lived/am living with or am in recovery from a substance use disorder or dependence (e.g., alcoholism, drug dependence, nicotine dependence).
- ☐ I have or am in recovery from another non-substance use addiction (e.g., gambling, compulsive eating/spending/sexual behavior).
- ☐ Cared for or supported someone living with an addiction.
- ☐ Experienced mental health problems (depression, anxiety, trauma, etc.) or significant distress.
- ☐ Been close to someone who was fighting suicidal thoughts, addiction, or mental health challenges.

*These experiences impacted my well-being in the following way (check all that apply):*

- ☐ Disrupted sleep (significantly more or less than usual, nightmares)
- ☐ Isolation
- ☐ Increased alcohol use to cope
- ☐ Increased drug use to cope
- ☐ Difficulty concentrating
- ☐ Changes in eating (significantly more or less than usual)
- ☐ Challenges in getting to work because I felt unwell.

## Help-Giving

*In the last 12 months I have:*

- Reached out to someone I was worried might be suicidal.
- Asked someone if they were suicidal.
- Reached out to someone I thought was struggling with family, financial, legal, or mental health problems (depression, anger, substance abuse, addiction, anxiety).
- Connected someone I was worried about to someone else I thought could help him/her.
- Referred someone I was concerned about to a mental health or crisis resource.

*Perceptions of the North Carolina Home Builders Association Culture (Strongly disagree, Disagree, Neither Disagree or Agree, Agree, Strongly Agree)*

- *Our community is resilient.*
- *The resources offered by our organization to support the well-being of our community are accessible*
- *and effective.*
- *Leaders in our industry support our emotional health.*
  *We have a caring culture.*

## Opinions

The public has believed many different things about persons with mental health conditions and suicidal thoughts over the years, including some things that could be considered offensive. We would like to know what you think the public as a whole, or most people in general, believe about persons with mental health conditions or suicidal thoughts.

*I think the **TYPICAL PERSON** in our community believes... (Strongly disagree, Disagree, Neither Disagree or Agree, Agree, Strongly Agree)*

- Most persons with mental health challenges are to blame for their problems.
- Most persons with mental health challenges are unpredictable.
- Most persons with mental health challenges will not recover or get better.
- Most persons with mental health challenges are dangerous.
- Most persons with mental health challenges are unable to take care of themselves.

*I think the **CONSTRUCTION INDUSTRY LEADERSHIP** believes... (Strongly disagree, Disagree, Neither Disagree nor Agree, Agree, Strongly Agree)*

- Most persons with mental health challenges are to blame for their problems.
- Most persons with mental health challenges are unpredictable.
- Most persons with mental health challenges will not recover or get better.
- Most persons with mental health challenges are dangerous.
- Most persons with mental health challenges are unable to take care of themselves.

People differ in their attitudes to suicidal behavior, and there are no right or wrong answers. These statements may not reflect how you feel about people who attempted suicide, but how you believe others feel. You will probably disagree with some items and agree with others. **We are interested in your views about how other people feel.** First impressions are usually best in such matters. So, after you read each statement, let us know if you strongly agree, agree, disagree, or strongly disagree.

- Most people would willingly accept a person who attempted suicide as a close friend.
- Most people believe that a person who attempted suicide is just as intelligent as the average person.
- Most people believe that a person who attempted suicide is just as trustworthy as the average person.
- Most people feel that attempted suicide is a sign of personal failure.
- Most people think less of a person who attempted suicide.
- Most people in my community would treat a person who attempted suicide just as they would treat anyone.
- Most people who threaten suicide are just trying to get attention.

### What do you believe?

- I would support a friend or family member who decided to seek professional help for suicidal thoughts.
- I would be comfortable telling a friend or family member if I felt I needed professional help for suicidal thoughts.
- I believe that people who really want to die will find a way; it won't help to try to stop them.
- Most persons with mental health challenges are to blame for their problems.
- Most persons with mental health challenges are unpredictable.
- Most persons with mental health challenges will not recover or get better.
- Most persons with mental health challenges are dangerous.
- Most persons with mental health challenges are unable to take care of themselves.

### KNOWLEDGE OF AND ATTITUDES ABOUT RESOURCES

How familiar are you with the following resources?

- Crisis Text Line
- National Suicide Prevention Lifeline
- Military/Veterans Crisis Line
- 12-step programs
- Mental health resources in your community

How useful/accessible are these resources?

### KNOWLEDGE OF AND ATTITUDES ABOUT RESOURCES

- I would be willing to reach out if I noticed another North Carolina Home Builders Association member fighting substance use problems, mental health challenges, or suicidal thoughts.
- I feel confident and competent about my ability to start a conversation about suicide.
- I feel confident and competent about my ability to effectively listen to someone's emotional pain.
- I feel confident and competent about my ability to engage people in support resources when they are overwhelmed.

### Demographics

- Race/ethnicity
- Gender
- Age
- Tenure
- Role

### Please explain your response to any question above that needs elaboration.

### Anything else you'd like us to know about?

# Appendix B: Facilitation Guide North Carolina Home Builders Association (NCHBA) Focus Groups and Interviews

## Needs and Strengths Assessment Focus Group Overview

This community resilience Needs and Strengths Assessment is intended to help the mental health and well-being of all our North Carolina Home Builders Association members. Through a listening phase program, facilitators will be gathering ideas to maintain, enhance, or develop the necessary resources. This phase is essential for success for many reasons:

1. We will create better products, services, and strategies when we customize our efforts based on the experiences and perspectives of members.

2. We will get greater buy-in from the community when they feel like they have been a part of the creation of the program.

3. We will identify much-needed champions, many with stories to share, about why emotional wellness, mental health promotion, and suicide prevention matter. These stories and passion are crucial to the success of the program.

4. We will capture baseline data that we can use later to identify changes over time as the North Carolina Home Builders Association's well-being program expands.

To help us with this listening phase, we are seeking support with focus groups and interviews. The purpose of focus groups is to learn from key influencers and leaders across the membership about their experiences, perspectives, and expertise to guide the development of the well-being program. As focus groups encourage group discussion and dialogue, these listening sessions will offer more opportunities for brainstorming ideas and approaching topics from multiple perspectives. These focus groups will consist of 8–12 people within the membership. The groups will be moderated by Dr. Sally Spencer-Thomas and our notetaker Jessica Lewis. The 2-hour discussion focuses on a predetermined set of questions. Interviews help us enroll thought leaders, influencers and "nay-sayers" in the process of change. Focus groups/interviews can be helpful in better understanding key roles, values, needs, barriers, and language. All responses will be kept completely confidential and all findings will be reported in the aggregate, reflecting patterns and trends from all focus groups and interviews.

**Questions: f you have questions or concerns about this survey, please contact Dr. Sally Spencer-Thomas at 720-244-6535 or SallySpencerThomas@gmail.com.**

## In-Depth Interview and Focus Group Recruitment

The following section describes how individuals can be selected and recruited to participate in the focus groups.

**STEP 1**

Identify focus group/interview participants and make sure candidates are a good fit for our stated goals above. (If you are unsure who may be a good fit, please reach out to Dr. Sally Spencer-Thomas).

- 1 focus group – managers (no top leaders)
- 1 focus group – nonmanagers
- 5 interviews – top leaders, influencers, people with lived experience with suicide/mental health/addiction, "nay-sayers"

**STEP 2**

If approved, contact candidates to determine if they are willing and available. Sample email:

*Subject Line: We want to hear from you about community resiliency*

*Hello XYZ,*
*We are partnering with Sally Spencer-Thomas, LLC (SST) to conduct focus groups/interview with to ask you about your thoughts on the content and format of our community resilience program. All your responses will be kept completely confidential and all findings will be reported in the aggregate, reflecting patterns and trends from all discussions.*
*Are you willing to help us? If so, do you have any openings in your schedule between now and XYZ?*

*Best regards,*
*XYZ*

**STEP 3**

Schedule focus group (2 hours for 8–12 people, 60-minute interviews) and send participants the information sheet.

**STEP 4**

On day of focus group, contact focus group participants to review information sheet and discuss any questions.

**STEP 5**

The following sets of questions (about 6–7 minutes each) will be asked by Dr. Sally Spencer-Thomas. Notes will be taken during the focus group. No identifiable information will be included in the recording.

**STEP 6**

The participant will be thanked for their time either by phone or follow-up email. In this communication, individuals will be told to reach out to Dr. Sally Spencer-Thomas if they have any additional ideas moving forward.

# Focus Group Guide

## Introduction

**Focus Group:** My name is Dr. Sally Spencer-Thomas. We're here today to talk with you about your experiences and solicit feedback that will help guide the development of a new mental wellness initiative. Your feedback is critical as we work with NCHBA leadership to develop a comprehensive program that increases member well-being while helping support members who are unhappy or emotionally distressed or unwell. Thank you for your willingness to participate in the development of this initiative, your participation is greatly appreciated. We'll be asking the group a variety of questions today and the information you share will be completely confidential. So, please make sure that what is discussed in this room stays in this room. We want to learn as much as we can from you. Of course, if you do not feel comfortable sharing your opinion on a specific topic, that's perfectly fine, too. Jessica Lewis will be taking notes so that we can capture all of your responses. Nothing you share will be connected with you individually. Each of you will be assigned a number to help us keep track of who shared what during our conversation. We will be discussing several distinct topics related to well-being, tools and resources needed, and program development, and we will have only about 6 minutes per topic, so please be mindful of sharing airtime. If we don't hear from you, we may ask you directly for your opinion so that your voice is heard. Before we begin, we'd like you to review and sign our information sheet. Does anyone have any questions before we get started?

## About You

*We'd like to learn a bit about you. Your names won't be attached to your responses.*

1. Tell us a little about you and your role, how long you've been an HBA member, and why the topic of mental health and emotional well-being matters to you.

## Well-Being Culture

*Think of culture as an iceberg; culture is the unspoken norms, values, and priorities that drive behavior. There are no right or wrong responses, so please answer honestly.*

2. What are the parts of the HBA membership that matter most to you?

3. What might make things difficult for members? Probe: What drives hardship? How has the pandemic impacted you and other members?

4. If you could just pull a lever and change one thing to make life better for members, what would you change and why?

## Mental Health and Emotional Well-Being

*Now we'd like to discuss mental health and emotional well-being. We'd like to learn more about your views and experiences on this topic.*

5. How would you describe what it looks like when a member is feeling well mentally and emotionally? How would you describe what it would look like if someone here was feeling unwell mentally and emotionally? Probe: What kinds of activities do individuals engage in for self-care? Is sleep an issue for members and, if so, what have you observed?

6. Sometimes, people are very willing to help others in emotional distress but don't always know how. Does this seem true to you? Why or why not?

7. Do you have any stories about how members responded to someone going through distress or a hard time? Follow-up: What worked? What didn't work? What do you wish you would have known? What have you been surprised by?

8. What are the mental health resources you know about for members needing emotional support? What do members think about these resources? What might be barriers to accessing them?

## Content and Implementation

*Now, we'd like to discuss your ideas for a community resilience program and what you believe would work best at the NCHBA for people like yourself. We want to promote factors for members' well-being while letting members know that the NCHBA has their back during hard times.*

16. What can be done to ensure the success of this program?

17. What challenges do you anticipate with the development and implementation of this program? What can be done to address these challenges?

18. If you were able to develop a comprehensive and effective member well-being program, what would it include? When we think of a comprehensive approach, we consider PREVENTION (what would help us build resilience), INTERVENTION (what would help us catch emerging concerns when they are small), and CRISIS RESPONSE (what would help us respond to mental health crises, like addiction, suicide attempts, or suicide deaths).

19. How might well-being be "baked in" to other member priorities?

20. Where do members get credible information? How do they know what to pay attention to?

21. Thinking ahead, what would success for this program look like to you and the other members? How can we measure whether this initiative is making a difference for you?

## Final Thoughts

*Our final question provides you an opportunity to share anything else you think would be helpful for our team to know.*

22. Is there anything else you'd like to share with us about your experiences or how we can best develop this program?

# Appendix C: NCHBA Sample Personal Story and Video Grant and Release

### Personal Story and Video Grant and Release

This grant and release form gives permission to the North Carolina Home Builders Association (NCHBA) to use, reproduce, electronically publish, and display in all media your name, photograph, video, and any information provided to the NCHBA by you. All members participating in the Virtual Storytelling Workshop will be asked to sign this form.

Terms and Conditions
I (your name) hereby consent to the use of my statements, including the right to use my name or pseudonym, provided as part of the Virtual Storytelling Workshop and grant to the North Carolina Home Builders Association ("NCHBA") and NCHBA's assigns, licensees, and successors, including the National Association of Home Builders, the right to copy, reproduce, and use all or a portion of the statements (the "Personal Story") for incorporation in NCHBA's Blueprint for Worker Well-Being Pilot Program (the "Work").
This grant expressly includes the right to take, edit, alter, copy, exhibit, publish, distribute, and make use of any and all video taken of me to be used in and/or for any lawful purpose, although once it is final, the video will not subsequently be edited or altered without providing me the opportunity to review it before it is exhibited, published, or distributed. This grant shall continue indefinitely, unless I otherwise revoke this grant in writing.

I retain the right to review and approve the final video before publication, although approval will not be unreasonably withheld.

I hereby release, discharge, and agree to hold harmless NCHBA, its members, officers, directors, employees, and agents, and NCHBA's assigns, licensees, and successors, including the National Association of Home Builders, its members, officers, directors, employees, and agents, and Sally Spencer-Thomas, LLC, from any liability that may arise from any such use and distribution of the Personal Story, including, but not limited to, any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright.

But for the right to revoke the grant, I acknowledge that I have no ownership rights in the Work. I hereby warrant that I am of full legal age and have the right to contract in my own name. I have read this grant and release before signing below, and I fully understand the contents, meaning, and impact of this grant and release. I understand that I am free to address any specific questions regarding this grant and release.

Please indicate that you understand and agree with the terms of the media release:

* I agree to the terms and conditions of the media release.

# Appendix D: Storytelling Video NCHBA Sample Distribution Plan

The Leadership Council meeting at the 2023 IBS presents an ideal forum, along with a follow-up NAHBNow blog post and NAHB and NCHBA social media postings.

### NAHB meetings

- 2023 IBS Leadership Council meeting in Las Vegas (could be a topic with the roving reporter talking with Gary and/or Brandon).
- Select committees
- Provide a press release incorporating a link to the video for the state reps and National Area Chairmen

### NAHB print and social media postings

- Post it to our resources page: https://www.nahb.org/advocacy/industry-issues/safety-and-health/mental-wellbeing
- NAHBNow Blog
- NAHB Facebook
- NAHB Twitter
- May be the subject of a story in Professional Builder Magazine (an NAHB media partner)

### State and local meetings

- Make it available to state and local associations upon request
- Share it with the Executive Officers Council

### NCHBA

- First-quarter board meeting
- NCHBA regional meetings
- NCHBA social media
- Post it here: https://www.nchba.org/mental-health/
- May be the subject of a story in North Carolina Builder Magazine

# Appendix E: Building Your Well-Being Ground Crew

## "Ground Crew" Well-Being Champions

### Position Description

#### What: Leadership role to help build a mental health program at work

- Estimated time: Average 1 hour per week for 3 months.
- Tasks: Mental health resource audit, meet 3–4 times for 1 hour.
- Goal: Create a What To Expect Document and promotional plan.

#### Who: Looking for 5–7 people who may have the following...

*Roles, Skills, or Areas of Expertise*

- Leadership
- Human resources, benefits
- Safety
- Well-being/engagement
- Employee resource group
- Training/staff development
- Communications/marketing
- Spirit of service
- Natural listeners/compassion
- Courage

*Lived Experience*

- People who have lived with a mental health condition (e.g., depression, anxiety, etc.) or extreme distress/overwhelm
- People who have experienced trauma or are in long-term recovery from addictive behavior
- People who have lived through suicidal thoughts or a suicide attempt
- People who have lost loved ones/co-workers to suicide, overdose, or the consequences of addiction
- People who have been supporters for friends or family who have gone through tough times

# Appendix F: Mental Health Moments (Micro-Learning Videos) Sample Program

### Mental Health Moments Micro-Learning Videos – 12-month set

- 12 EA: 3- to 10-minute animated videos. One per month, branded to NAHB.
- Presented in both English and Spanish.
- Distribution: Estimated release on the tenth of each month (confirm during planning).
- Topics include (choose 12—one for each month):
  - Trauma
  - Anxiety
  - Depression
  - Substance use and addiction
  - Insomnia
  - Grief and Loss
  - Anger
  - Loneliness
  - Pain management
  - Psychological safety and emotional intelligence
  - How to help kids and teens going through hard times
  - Suicide prevention
  - Conflict resolution
  - Travelers
  - Burnout

# Appendix G: Toolbox Talk Initiative Sample Program

During times of prolonged toxic stress, burnout is common. Many workers can find themselves overwhelmed, anxious, and even hopeless. Workplaces are in a critical position to lead their workers toward resilience.

The Toolbox Talk Initiative offers workplaces four tools to improve their ability to navigate distress, overwhelm, and other mental health challenges:

- **Leadership Talking Points:** For the rollout to increase buy-in.
- **Pulse-check survey:** A brief, anonymous coping survey to your community that asks, "How's it going out there? What's making things worse? What's helping? What do you need?" This pulse-check helps us in many ways:
  - The distribution of the survey serves as a tangible reminder that the organization is listening and cares
  - The real-time data allows us to pivot to offer coping cards that are most needed
  - The results aggregate feedback to help you see the ebbs and flows of distress in your workforce.
- **Toolbox Talks:** Digital graphics that provide simple, digestible action steps people can easily take to help themselves, someone they care about, and their communities with regards to their mental health and resilience needs. These cards can be especially helpful during this challenging time of uncertainty, but also as regular routines resume. If desired, one card per week will also be directed to managers and leaders.
- Digital graphics that provide simple, digestible action steps people can easily take to help themselves, someone they care about, and their communities with regards to their mental health and resilience needs.
- Choose from 75 unique cards with client logo, color, and QR codes to drive to resources.
- 18 total suites of 3 cards each around a connected topic (e.g., anxiety, substance use).
- Client will need to select a file type for the cards (additional file types will increase cost).
- Each week or so, you get three cards—one awareness, one check-up, and one coping skill.
- Suites of content include (you pick 18 of these topics):

Gratitude
Emotional intelligence
Sleep
Emotional regulation
Trauma
Helping others
Pain management
Supporting kids and youth going through tough times
Leadership during crisis
Addiction recovery
Stigma and barriers to help-seeking
Burnout
Psychological safety

Stress and threat responses
Anxiety
Anger
Soul exhaustion
Thought regulation

Loneliness and social support
Well-being tips when traveling
Numbing behaviors
Making meaning

# Appendix H: VitalCog for Construction 8-Hour Train-the-Trainer Certification Course

The 8-hour train-the-trainer certification course (up to 15 people) certifies participants with the credentials/trainer tools to deliver the 60-to-90-minute VitalCog training described below.

## Appendix I: Peer Allies at Work Program Development

The 8-hour train-the-trainer certification course (up to 15 people) certifies participants with the credentials/trainer tools to deliver the 60-to-90-minute VitalCog training described below.


### Are you losing people and productivity due to mental ill health and addiction?

Did you know that...

- In the midst of a mental health emergency, many organizations find that mental health services are inaccessible and inadequate?
- Distressed workers report reluctance to reach out for fear of punishment and humiliation from their supervisors?

### Trusted, knowledgeable, and skilled workplace Peer Allies make a difference and save lives!

Peer Ally programs provide natural support for workplace mental health. Peer Allies are regular people who connect with co-workers based on training in communication, empathy, and mental health and addiction recovery. They aren!t therapists—but they are more than work buddies. Peer Allies can be trusted help for connecting to specialty services such as crisis counseling and addiction recovery resources. They earn trust by skillfully listening, sharing meaningful experiences, and bridging peers to valuable supports.

Peer Allies are people trained to provide peer support to others in their field and community

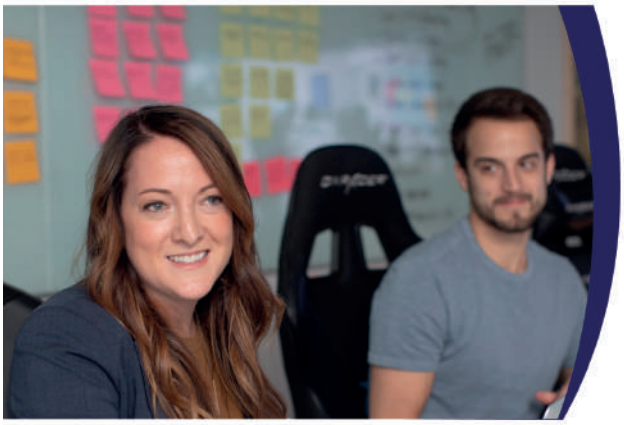
Peer Support is proven to enhance well-being, reduce risks, and empower workers

Peer Ally programs have aided police, construction workers, disaster workers, military units, and many more

## PEER ALLY SOLUTIONS FOR THE WORKPLACE

### How can Peer Allies benefit our workplace or industry?

Nearly everyone struggles at some point. As a connecting anchor, work communities are natural places for peer support to emerge. When augmented with skills training and robust structure, the benefits include improved wellbeing, increased job satisfaction, and potentially significant reductions in distress, substance use, and suicide. The added value of the "helper effect" can motivate staff, mitigate burnout, and fortify team spirit as those who take on roles as Peer Allies foster a new sense of personal meaning and connection to their workplace peers.



### How do organizations create Peer Ally programs?

With a methodical approach, Peer Ally programs are simple to establish and maintain. Our experts have helped dozens of national and global companies in technology, entertainment, construction, health care, the military and first response build effective peer supports based on three key areas:

**1 PEER ALLY PROGRAM DESIGN**

Step-by-step success for building your peer support program with custom decision-making and technical tools

**2 WORKPLACE MENTAL HEALTH LITERACY & RESOURCES**

Practical AUDIT information, resource analysis, and culture change strategy for staff and leadership

**3 PEER ALLY SKILLS TRAINING**

Internationally recognized training emphasizing competence and confidence

**CONTACT US for consultation and first steps today.**

INQUIRIES TO: sallyspencerthomas@gmail.com workplacepeers@palliance.net

# Appendix J: NCHBA Toolbox Talk Initiative


## New Toolbox Talks to Promote Member Health & Wellness

NCHBA is partnering with NAHB and the Job-Site Safety Institute to launch a Member Mental Health and Wellness Initiative. As part of this initiative, over the next several weeks NCHBA will release new Toolbox Talks that provide simple, digestible action steps you can easily take to help yourself or those on your jobsite in regards to their mental health and resilience needs.

You may choose to print and share these graphics in-person on job sites.

### Anger

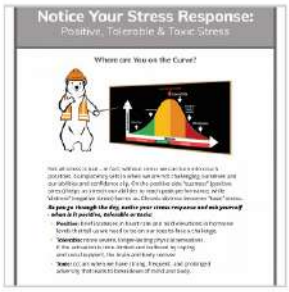

GET IN TOUCH: Call Text Email

# Appendix J: NCHBA Toolbox Talk Initiative

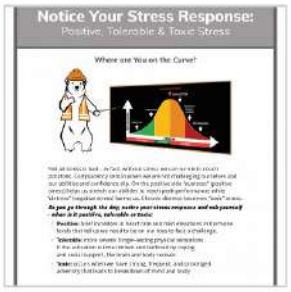
### Anxiety




### Stress & Threat Responses








GET IN TOUCH: Call Text Email

### Trauma




GET IN TOUCH: Call Text Email

# Appendix J: NCHBA Toolbox Talk Initiative

## Sleep




## Resources to Identify and Understand Issues

Did you know that construction workers are particularly susceptible to mental health issues?

Construction can be a great job. There's satisfaction working as a team to build places that people appreciate and use. Builders take pride in what they do, but there is also a lot of stress on the job.

The Centers for Disease Control and Prevention (CDC) lists construction as one of the jobs with the highest rate of death by suicide and substance abuse.

More construction workers die by suicide each day than all workplace-related fatalities combined, with a rate of 43.5 suicides per 100,000 workers, second only to the mining and oil/gas extraction industry. The COVID-19 pandemic has exacerbated mental health issues across the country.

For tips on how to speak with workers on a jobsite about mental health, use this **toolbox talk** as a reference guide.

**GET IN TOUCH:** Call Text Email

NCHBA is partnering with NAHB, the ASAE Research Foundation and the Job-Site Safety Institute to start to change the culture in the construction industry around mental health awareness.

## 2023 Quarterly Meetings

**February 21**
NCHBA 1st Quarter Board Meeting
*Greenville*
**October 3**
NCHBA Third Quarter Board Meeting
*Concord*

**May 23-24**
NCHBA Legislative Conference & 2nd Quarter Board Meeting
*Raleigh*
**December 5**
NCHBA 4th Quarter Board Meeting & Installation
*Winston-Salem*

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**GET IN TOUCH:** Call Text Email

# About Dr. Sally

Dr. Sally Spencer-Thomas holds a deep commitment to not only help prevent suicide, but also encourage people to sustain a passion for living. As a clinical psychologist, mental health advocate, and researcher, she sees the issues from many perspectives. Her heart, however, is called and her dedication to the mission unwavering due the suicide death of her brother. Her goal is to give voice to people who've lived through depression, addiction, and the impacts of suicide and leverage their wisdom to develop bold, gap-filling strategies and programs—approaches that empower cultural and systems change in our workplaces, education systems, and communities.

Changes that support people into recovery and a life worth living.

Sally is the lead author on the National Guidelines for Workplace Suicide Prevention and president of United Suicide Survivors International. She is an accomplished speaker with a popular TEDx talk and a White House address to her credits. Her construction clients past and present include JE Dunn, Hensel Phelps, Sundt, Ames, Granite, Mortenson, Whiting-Turner, Quanta Services, the United Association, the SMART Union, and many others.

For this work, she was recognized as one of ENR's top 25 Newsmakers in construction in 2021.

**Dr. Sally Spencer-Thomas**

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