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Defining ‘Good’ Mental Health: Insights from Frontline Construction Workers Across North America

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ABSTRACT

Construction workers experience disproportionately high rates of mental health challenges and suicide compared to other occupational groups, with the construction industry consistently reporting among the highest suicide rates in the United States. Yet little is known about how workers themselves define or make sense of “good mental health.” Existing research has predominantly focused on stressors, risk factors, and mental ill-health outcomes, with comparatively limited exploration of worker-defined understandings of wellbeing. This study examined worker-defined meanings of good mental health using qualitative responses from 497 field-based workers across the United States and Canada. Discourse analysis was used to identify shared meanings and underlying assumptions within worker responses. Five prominent discourses emerged: being comfortable with who you are, coping and functioning, happiness and contentment, balance and boundaries between work and home, and negative constructions defined by the absence of distress. These insights illustrate that workers primarily view good mental health as an internal state of calm, comfort, and autonomy rather than an outcome of productivity or performance. Practical implications include the importance of worker-centered interventions, the potential usefulness of toolkit-framed supports when paired with broader changes to how work is organized, and the need to respect workers’ desire for strong boundaries.

KEYWORDS

Construction workers;
mental health; discourse
analysis; worker wellbeing;
qualitative research

Introduction

Construction workers generally report higher levels of mental illness diagnosis (Nwaogu et al., 2022; Sherratt, 2017), higher risks of depression and anxiety (Burki, 2018) and mental health issues than other occupational groups and industries (Hutton et al., 2022; London et al., 2022). The connection between mental health disorders and suicide ideation and action (Gruttadaro & Beyer, 2021) has likely also led to higher rates of suicide amongst construction workers (Golzad et al., 2023; Tyler et al., 2024), a pattern replicated in the construction sector across the world (Nwaogu et al., 2019), and particularly in developed nations such as the UK, US and Australia (Lawani et al., 2023).

In response, considerable investment has been made by the North American construction industry to support worker mental health through a variety of interventions. These

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include the creation of tokens to ensure workers have suicide helpline numbers readily to hand (Associated General Contractors of America, 2023), the provision of mental health first aid training to the workforce (National Council for Mental Wellbeing, 2023), and the implementation of peer-to-peer support training and programs (Gruttadaro & Beyer, 2021).

There is also a growing body of academic research emerging around the subject (e.g. Chan et al., 2020; Sun et al., 2022). However, as a nascent topic area, the majority of this work is based on large-scale quantitative opinion surveys to quickly ascertain a broad-brush picture of its shape and form. Only a minority of studies draw on qualitative data to develop deeper understandings of mental health in the construction industry (Hutton et al., 2022). Indeed, Hon et al. (2024, p. 3167) go so far as to state that “... little is known about the way in which construction practitioners ‘describe’ their MH [mental health] and wellbeing.”

This lack of empirical insight as to what “good mental health” actually means to construction workers is problematic. Without understanding how workers themselves make sense of mental health, attempts to support worker wellbeing may struggle to achieve fit and resonance in practice. This is a familiar charge within construction health and safety more generally, with many things simply “done” to workers, whether they desire them or not (Sherratt, 2016). In fact, research has already found that existing mental health programs may already be overstepping in unwelcome ways, potentially making things worse for workers in this highly sensitive space (Bhandari & Sherratt, 2023).

This study aims to begin to remedy this situation by purposively exploring and unpacking North American construction worker understandings of what “good mental health” means to them. This will ensure that their voice has a platform within the wider literature and can be meaningfully taken into consideration in future studies. Such insights can also advance practice, supporting the development of appropriately framed and tailored interventions that find optimum fit and aligned ambitions with what good mental health means to construction workers across North America.

Although mental health is universally relevant, construction work possesses distinctive cultural and structural characteristics that shape how workers define and interpret mental health. Transient work patterns, long hours, strong trade identities, masculine norms, and clear physical boundaries between jobsite and home life influence how meaning-making occurs within this workforce. Understanding worker-defined interpretations in a construction-specific context is therefore critical for developing educational, support, and training interventions that align with the realities and values of construction workers.

Background

Conceptual background

The World Health Organization (World Health Organization, 2023) defines mental health as: “... a state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.” This definition underpins many conceptualizations of mental health used within construction management research. For example, Chan et al. (2020, p. 1) interpret this as signifying “... that good mental health is foundational for wellbeing and effective functioning (Herman & Jané-Llopis, 2005), whilst mental ill health (poor mental health) hinders an individual’s

ability to realize their potential, work productively, and contribute to their community” (Herrman & Jané-Llopis, 2012).

However, the term wellbeing does not have a standardized definition within psychological literature (Hutton et al., 2022). One suggestion is that mental wellbeing or wellness “refers to the degree to which one feels positive and enthusiastic about life. It includes the capacity to manage one’s feelings and related behaviors, including the realistic assessment of one’s limitations, development of autonomy, and ability to cope effectively with stress” (Manderscheid et al., 2010, p. 1). In contrast, mental illnesses are “... health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses can be associated with distress and/or problems functioning in social, work or family activities.” (American Psychiatric Association, 2023).

In practice, terms such as mental health, mental wellbeing, mental illness, and wellbeing often become muddled both in their operationalization and their interrelationships, and particularly within the construction management body of mental health research (Hutton et al., 2022). As the medical field itself continues to debate where the thresholds between health and illness lie (Richter & Dixon, 2023), and even whether a single definition of mental health is or can ever be attainable (Galderisi et al., 2015), it should perhaps not be surprising that boundaries also blur in an applied field.

Mental health research in the construction industry

Research of construction worker mental health has historically focused on the industry itself, seeking to determine what it is about construction that has resulted in its workforce suffering more than most (e.g., Chan et al., 2020; Nwaogu et al., 2022). Myriad construction industry-specific stressors (also variously termed risk factors, causation factors, or psychosocial hazards or risks) have been identified, with Newaz et al. (2022) finding over 100 individual factors of negative influence, all of which could unfortunately be considered “business as usual” for the industry (London et al., 2022). Such factors include high job demand (Chan et al., 2020; Tijani et al., 2020), low task autonomy (Nwaogu et al., 2023), role conflict and ambiguity (Sun et al., 2022). These stressors have been variously ranked and prioritized across a number of studies and also included in various models of worker mental health. For example, the Job Demand-Resources (JD-R) model developed by Demerouti et al. (2001) balances these stressors with the resources workers have available to manage them (e.g., Hon et al., 2024; Nwaogu et al., 2022).

Previous research has also explored how construction workers and professionals perceive psychological health risks and occupational stressors within construction environments, including the influence of workload pressures, interpersonal dynamics, autonomy, and organizational conditions on worker wellbeing (Fordjour et al., 2021; Van Heerden et al., 2025). Collectively, this body of work reinforces that mental health in construction is shaped not only by individual factors, but also by broader occupational and social conditions.

Researchers have also gone beyond the work environment, taking a more holistic view of the worker and their mental health. Considerations of work-life balance are common, for example Kotera et al. (2020) established that workers with good work-life balance had fewer mental health problems and less negative attitudes toward mental health problems, going so far as to suggest that work-life balance may be the primary predictor of worker mental

health (Turner & Lingard, 2020, p. 299). Others have argued that research should even be extended beyond the workplace into the personal lives of construction workers; better understandings of the interactions between all the psychosocial risk factors for mental ill health in a worker's daily life able to support more intelligent interventions on the jobsite (Chan et al., 2020). Whether such personal and private aspects of a worker's life should be included in occupational research raises many questions, not least around the ethical use of such data and the extent to which an employing firm should have visibility, influence and even control of the hours a worker is not actually at work (Sherratt, 2015). To unpack this debate further here is beyond the scope of this particular paper, however its existence is duly noted.

The worker voice

The predominantly quantitative approaches taken in the research of construction worker mental health to date are understandable, painting a necessarily broad-brush picture of the situation to inform rapid action. Yet without more nuanced understandings of how mental health makes sense to this particular demographic, there is a risk that untailored interventions lifted from other industries or workforces simply may not find a good fit on the jobsite.

The limited studies analyzing qualitative data undertaken to date suggest this is a fruitful avenue of enquiry. For example, Ellyon et al. (2020) explored the stigma of mental health issues with focus groups of construction workers, identifying that engaging with mental health interventions was often seen as a “weakness” on the construction site, suggesting that how such services are both marketed and accessed by workers is an important consideration. In their research that specifically focused on the connection between bodily pain and mental health among construction workers, Turner and Lingard (2020) found workers to be pragmatic about the situation. There was a sense of disempowerment and resignation that poor health was a consequence of working in construction, “it’s just the way it is” (Turner & Lingard, 2020, p. 1016), but also a connection to poor mental health, as workers whose pain was a result of their work “... had a higher severity of depression, anxiety and stress.” (Turner & Lingard, 2020, p. 1019).

Taking a more general approach, Hon et al. (2024) interviewed 33 construction practitioners, of which 18 were site workers, and used content thematic analysis on the resultant transcriptions to better explore the meanings ascribed to mental health at work. Hon et al. (2024) found that “interviewees demonstrated varied understanding about the notion of ‘mental health.’” They found safety and comfort to be critical terms used by workers, as well as conceptualizations of mental health as related to people’s mind and way of thinking. Quantizing their qualitative data, they revealed the keywords most frequently used by the interviewees, which included: stress, frustrated, anxiety, upset, whilst annoyed, low mood, mentally drained and depressed were used less frequently. They also found that workers, when asked to “... describe situations affecting mental health, their answers mainly focused on the artefacts of a few psychosocial hazards, but they struggled to identify a broader range of psychosocial hazards,” suggesting this is because mental health is not an easy topic to talk about, which in turn agrees with others’ findings around stigma as previously noted.

However, despite these notable studies, there is relatively little qualitative-based work undertaken around worker mental health (Hon et al., 2024), despite the

potential for such social-science based approaches to bring richer and more nuanced insights to contemporary understandings (Hutton et al., 2022). Indeed, Hon et al. (2024) state that although qualitative methods are recommended for increased in-depth understandings of mental health, few have been to date. This gap is important because many mental health interventions and organizational strategies are developed using externally defined understandings of wellbeing that may not align with how construction workers themselves conceptualize good mental health. Exploratory qualitative approaches therefore provide an important opportunity to examine how workers frame and make sense of mental health within the realities of construction work.

The limited exploratory research conducted to date has begun to offer deeper insight into how construction workers experience and make sense of mental health, yet the conceptual framing of mental health within the industry has largely remained narrow. Much of the existing work continues to view mental health as a single continuum ranging from illness to wellness, where improvement is defined primarily as the reduction of distress. Contemporary psychology, however, increasingly recognizes that mental health and mental illness are distinct yet related dimensions. This understanding is captured in the dual continuum model of mental health (Keyes, 2002), which posits that the absence of mental illness does not necessarily equate to the presence of mental wellbeing. Rather, individuals may experience varying degrees of both simultaneously, producing a more nuanced and multidimensional understanding of mental health (Westerhof & Keyes, 2010). Recent construction research has adopted this model to contextualize workers' experiences of both distress and wellbeing within the same analytical framework (Hutton et al., 2022). Situating the current study within this conceptual foundation allows for exploration not only of the absence or presence of mental illness but also of how construction workers actively define what constitutes "good" mental health in their own terms. This marks a point of departure from prior research that has predominantly sought to identify risk factors or symptoms, enabling an interpretive examination of how workers' own language constructs the meaning of mental health itself.

Methodology

This study adopted an exploratory approach mobilizing discourse analysis to explore and unpack how construction workers framed and interpreted the meaning of "good mental health" through their own language and descriptions. Discourse analysis was selected because the study aimed not simply to identify what workers said, but to explore the broader assumptions, meanings, and social understandings revealed through their responses (Harper, 2006; Taylor, 2001). Consistent with a social constructionist epistemology (Burr, 2024; Gergen, 2009), the analysis treated language not as a direct reflection of objective reality, but as a means through which workers construct and communicate understandings of mental health within the social context of construction work. Through this approach, workers' individual voices can be collectively unpacked to explore the prominent understandings and positionings of good mental health found therein. This allows for the inevitable inconsistencies, discrepancies and contradictions within the data, as they are simply expected (Burr, 2024), while also enabling recurring shared understandings and positionings surrounding good mental health to be interpreted across the

dataset through discourse (Taylor, 2001). Discourses both shape and reveal how people see and make sense of the world (Gergen & Gergen, 2004; Paltridge, 2013) and their analysis has previously been used to explore mental health in other spaces to good effect (e.g. Harkness et al., 2005; Harper, 2006; Sukhera et al., 2022).

Data collection and sample

A self-reporting qualitative survey was distributed across United States and Canada through the networks of the Construction Safety Research Alliance and Construction Industry Institute. This approach was deemed most appropriate as it was able to reach large numbers of disparate and transient construction workers across the large geographical area of North America. While more in-depth qualitative methods may have yielded richer individual narratives, the survey format enabled broader participation and offered participants a greater degree of anonymity and flexibility when responding to a sensitive topic such as mental health. The resultant sample of responses from $n = 497$ field-based workers ultimately came from different construction industry sectors including but not limited to, power generation, utilities, commercial construction, specialized contractors, and client-based companies. To our knowledge, this represents one of the largest exploratory studies of construction workers' own perspectives on mental health conducted to date, providing an unprecedented opportunity to examine how workers themselves define and describe good mental health across a diverse range of contexts.

Participation was anonymous, voluntary, and with no compensation. Informed consent was secured from all participants, and the study was conducted in accordance with the Declaration of Helsinki and approved by the Institutional Review Board at University of Colorado at Boulder. Surveys were distributed using a standardized flyer and were administered on an independent online platform to circumvent any coercive feelings that could result from employers distributing and collecting hard copies. The questionnaire was designed to be completed by respondents without any external intervention. As participants were sampled from both the United States and Canada, the surveys were provided in English, Spanish, and French. The surveys were translated using Google translate and reviewed for accuracy and semantic equivalency by native speakers (Van de Vijver & Leung, 1997). The survey and protocol were approved prior to the research being undertaken by the University of Colorado Boulder Institutional Review Board (IRB).

The wider survey formed part of a broader mental health research initiative; however, the present study draws specifically on responses to just one open-ended qualitative prompt. This question was intentionally positioned at the beginning of the survey instrument to minimize the potential influence of subsequent survey content on participant responses. Participants were asked to respond to: *Please describe in a few words, what "good" mental health means to you?* These responses formed the data for this study. Participants were also given "decline to respond" option, and no specific identifiers were collected from the participants at any time to reassure anonymity and thus enhance engagement. The wording of the question was reviewed collaboratively by the research team and industry stakeholders to ensure clarity, accessibility, and relevance to construction workers across a range of occupational settings.

Demographic information was intentionally omitted to maximize perceptions of anonymity and reduce concerns surrounding identification given the sensitivity of mental health

disclosure within construction settings. Within the construction industry, mental health can also become closely associated with perceptions of fitness for duty, competence, reliability, and employability. Consequently, the collection of demographic or personally identifying information risked undermining participant trust in the anonymity of the survey and may have reduced openness or willingness to participate candidly.

Data analysis

Qualitative responses were exported from the survey platform and imported into NVivo 14 for analysis. Responses to the open-ended question were iteratively reviewed to identify recurring constructions, assumptions, meanings, and positionings surrounding “good mental health” across the dataset. Given the exploratory aim of this study, which was to understand how construction workers conceptualize “good mental health” in their own words, a discourse analytic approach was adopted. Discourse analysis is a well-established qualitative method for examining how meaning is constructed and negotiated through language. It has been widely applied in mental health and organizational research to uncover how cultural, social, and occupational contexts shape talk about wellbeing, identity, and stigma (Harkness et al., 2005; Harper, 2006; Sukhera et al., 2022; Wetherell et al., 2001). This approach is particularly appropriate for exploratory research where the goal is to reveal how people make sense of complex, under-theorized topics rather than to test predetermined categories or causal relationships (Burr, 2024; Taylor, 2001).

Accordingly, the analysis focused on recurring shared constructions of good mental health rather than on the enumeration of discrete themes. Responses were reviewed iteratively to identify patterned ways in which workers framed good mental health, including the assumptions, values, and forms of language through which these meanings were expressed. These patterned constructions were then compared across the dataset and refined into the broader discourses and subcomponents presented in Table 1. The table is therefore intended as an analytic summary of the dominant discursive formations identified across the responses, rather than as an exhaustive representation of all individual response

Table 1. Discourses, subcomponents, and exemplary quotes.

Discourse	Context	Illustrative analytic indicators	Exemplar Quote(s)
Being comfortable with who you are	Constructed as an internal state of self-acceptance, emotional steadiness, authenticity, and psychological comfort.	Calmness, self-acceptance, clarity, inner steadiness	<i>“Being comfortable with who you are.” (R174)</i>
Coping and functioning	constructed as the ability to manage life’s challenges, regulate emotions, and continue functioning despite adversity.	Managing stress, handling adversity, practical coping, avoiding harmful crutches	<i>“Able to handle the stresses of life without those stresses impacting how I think or act.” (R277)</i>
Happiness and contentment	constructed as experiencing happiness, optimism, satisfaction, and enjoyment while maintaining meaningful relationships.	Satisfaction, positivity, enjoyment of life, meaningful relationships	<i>“A sense of satisfaction with life and enjoyment in being alive.” (R155)</i>
Balance and boundaries	constructed as maintaining healthy boundaries between work and personal life while preserving time for recovery, family, and wellbeing.	Separating work and home, protecting personal time, emotional detachment after work	<i>“A good work/life balance—once away from work, being able to clear the mind.” (R148)</i>
Negative constructions	constructed through the absence of distress, anxiety, depression, chronic stress, or unhealthy coping behaviors.	Absence of distress, contrast to mental ill-health, relief from chronic strain	<i>“Not feeling depressed, anxious, or stressed out every day.” (R319)</i>

variations. The discourses identified through the analysis were not treated as mutually exclusive categories into which each response was singularly assigned. Rather, they represent recurring discursive formations and shared patterns of meaning observed across the dataset.

The complete dataset ($n = 497$) was analyzed in its entirety using an inductive and iterative process grounded in qualitative validation principles of credibility, transparency, and reflexivity (Gibbs, 2007; Maxwell, 2012). Every participant response was reviewed to achieve immersion in the data before open coding was undertaken to capture salient words, metaphors, and interpretive frames used by participants. Through repeated cycles of constant comparison (Silverman, 2024), codes were refined, grouped, and expanded into discursive themes that reflected shared cultural meanings. Memos and analytic notes were maintained to ensure interpretive rigor and to document evolving insights. Rather than treating language as a direct reflection of inner states, analysis focused on how respondents used language to construct, justify, and negotiate meanings of good mental health within the social world of construction work.

Iterative coding and constant comparison (Silverman, 2019) were used to support organization of the dataset, but the endpoint of analysis was the interpretation of discursive formations rather than the production of descriptive themes. Discourses were identified by examining recurring patterns in language, assumptions, values, metaphors, and subject positions through which workers made sense of good mental health. Subcomponents were then developed as analytic descriptors of how each discourse was constituted across responses. Response length varied substantially across participants, ranging from single-word responses to more detailed explanatory statements. While shorter responses constrained the depth of linguistic interpretation possible in some instances, they nevertheless contributed to broader recurring constructions and shared patterns of meaning observed across the dataset.

Discourse analysis was selected over more descriptive approaches such as thematic analysis because it allows interpretation of how language both reflects and shapes the social conditions in which workers operate. This interpretive depth has been validated across diverse health-related and occupational domains, including studies of physician stigma discourse (Sukhera et al., 2022), workplace stress communication (Harkness et al., 2005), and identity work in organizational contexts (Wetherell et al., 2001). Applying this method to construction work provides a theoretically and empirically grounded means to uncover how workers' talk reveals shared beliefs about autonomy, strength, and emotional boundaries, which are critical to understanding mental health in male-dominated manual trades.

Recent quantitative studies have shown that individual-level mental health interventions often yield limited and inconsistent outcomes, highlighting the need to first explore how workers themselves define and interpret mental health before designing or refining such programs (Fleming, 2024). Accordingly, discourse analysis provides an appropriate and validated foundation for this exploratory inquiry. The prominent discourses are unpacked in the subsequent sections. Where quotes are included, they are used as exemplars of the wider data, with the individual respondent noted (Rxxx) accordingly.

To ensure analytic rigor, coding was conducted iteratively by two researchers who independently reviewed responses and resolved discrepancies through discussion. Memos and constant comparison techniques documented how interpretive insights developed over time. Following discourse analytic conventions, prominence was determined by interpretive

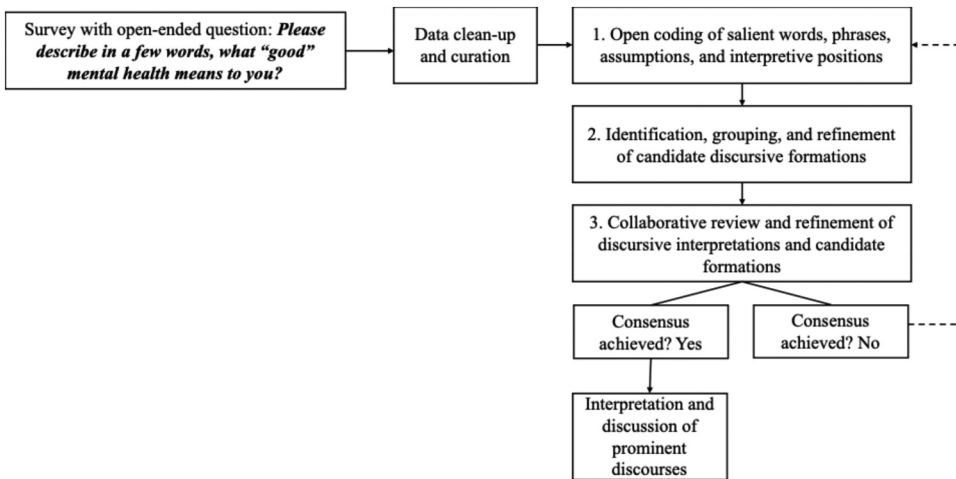


Figure 1. Overview of the iterative discourse analytic process used to identify prominent constructions of good mental health.

strength rather than numerical frequency; therefore, discourses are presented without quantitative counts. Repeated cycles of comparison revealed recurring and stable interpretive patterns across the dataset ($n = 497$), with no substantially new discursive formations emerging during later stages of analysis. This approach supports the credibility and transparency of the analytic process. Accordingly, the analysis focused on recurring constructions and shared patterns of meaning across the dataset rather than on the quantitative allocation of responses into discrete categories.

The overall analytic process is summarized in Figure 1. Although presented sequentially for reader accessibility, the analysis was inherently iterative. The research team moved repeatedly between the original worker responses, open coding, development and refinement of candidate discursive formations, and collaborative interpretation until coherent and analytically defensible discourses were established. The figure is intended to illustrate the overall progression of the analysis rather than imply a strictly linear process.

Open coding served as an analytic aid for organizing recurring language and meanings; however, the endpoint of the analysis was not the generation of themes, but the interpretation and refinement of broader discursive formations constructed across the dataset.

Findings and discussion

Guided by this iterative process, five prominent discourses were identified that reflected recurring ways construction workers constructed and communicated the meaning of good mental health. Only one worker responded to the question what does “good” mental health mean to you? with the answer: “*I honestly don’t know.*” Whilst illuminating and candid, other responses provided additional attributes – even if it was just one word (e.g., “happy”) – that they felt described what “good” mental health meant to them. To provide a concise overview of these shared constructions, the prominent discourses identified through the analysis are summarized in Table 1. The discourses presented below emerged from workers’ own constructions of good mental health.

Table 2. Descriptive summary of recurring constructions identified across responses.

Recurring construction identified across responses	Responses (n)
Calmness, comfort, self-awareness, confidence, clarity, and related inward-facing constructions	262
Happiness, optimism, and positive outlook	202
Family and social relationships	107
Work and occupational context	100
Coping, resilience, and functioning	98
Work-life balance and boundaries	86
Stress or the absence/management of stress	83
Physical health and sleep	53
Self-improvement and personal growth	34
Harmful coping behaviors or “crutches”	20

While the endpoint of the analysis was interpretive rather than quantitative, descriptive summaries are presented in Table 2 to improve transparency regarding the breadth of the underlying dataset. The recurring constructions summarized below were identified across the responses and served as analytic supports during interpretation. Because individual responses frequently reflected multiple constructions simultaneously, the summaries are not mutually exclusive and should not be interpreted as frequencies of the five discourses. Rather, they illustrate the range of recurring constructions that informed the discursive interpretations.

Individual responses frequently contained multiple recurring constructions and therefore contributed to more than one row in this table. Counts are consequently not mutually exclusive and should not be interpreted as discourse prevalence or summed.

Being comfortable with who you are

Mental health is often defined in the literature in functional ways, setting out what those who have it can *do*, such as realizing their abilities, working well, contributing to society etc (e.g., World Health Organization, 2023). This creates a construct of mental health closely associated with activity, action and the doing of life, often framed within positive parameters.

However, for these construction workers the prominent discourse of good mental health found within the data did not entirely align with such common definitions; it was not active and did not prioritize doing, with or without delight. Instead, good mental health was most commonly constructed as a state of *being*. Good mental health was inner-directed, something an individual either had or sought from within. As one worker put it, good mental health is simply “*being comfortable with who you are*” (R174). This discourse was firmly centered on the individual and their state of being, abstracted from any situational contexts of either work or home.

Good mental health as a state of being emerged through various associated constructs that drew on familiar tropes from wider social discourses of self-care and wellness. As one worker put it: “*What good mental health means to me is clarity and peace of the mind*” (R92). For others it involved “*being centered, calm ...*” (R346) and “*... peaceful, grateful and happy*” (R434). Various different terms were used within the data to construct good mental health as something of a Zen state “*... in which you feel comfortable with who you are, what you are doing, and where you are in life.*” (R25). Indeed, aspects of self-reflection and a desire for satisfaction

and thus comfort were notable aspects of the discourse, suggesting that construction workers are perhaps more attuned to internal reflections of this nature than may have been previously envisaged. This finding adds context and nuance to the finding of Hon et al. (2024) who also found “comfort,” as an isolated term, to be something important to workers.

Notably, workers frequently emphasized personal autonomy, self-management, and individual responsibility within this discourse. Rather than defining good mental health primarily through external supports or workplace performance, many responses positioned it as something grounded in the worker’s own sense of steadiness, control, and self-acceptance. These constructions resonate with broader discussions of independence, self-reliance, and masculine occupational norms within construction work (Paap, 2006), alongside wider cultural notions of individualism and personal responsibility (Benke, 2022). However, these connections are interpretive rather than determinative and should not be understood as uniformly representative of all workers within the dataset. More importantly, autonomy and self-management were frequently articulated alongside constructions of calmness, comfort, emotional steadiness, and reflection. This distinction is important because the discourse did not simply reproduce a familiar image of the emotionally hardened construction worker; rather, workers often used the language of self-possession and personal control to describe states of comfort, stability, and internal balance.

Within the data, this discourse was also drawn upon to underpin and empower more active constructs of good mental health, better reflecting those found within the literature. For example, good mental health as a state of being was able to subsequently enable “*positive thinking, self-confidence*” (R15) and “*self-confidence, and the ability to enjoy your time while living in it.*” (R171). For others, a calm state of being created a space for them in which they could go on to actively achieve “*clear thinking, no distractions, no worries, good concentration, positive outlook*” (R114), as well as “*estabilidad emocional*” (R253 – trans: emotional stability) and “*the ability to handle adversity with grace*” (R287). For these workers, the foundations established through the discourse of good mental health as a state of being enabled them to act in ways they felt were aspirational in life, developing these constructions into a secondary but still prominent discourse of good mental health as doing. Action was constructed in a variety of ways; through the abstract by which workers framed their ability to act in beneficial ways due to self-confidence and other assertive concepts grounded in their state of being, or more practically by shaping appropriate emotional responses and “*reacting calmly and intelligently to adversity and problems*” (R471). This facet of the discourse not only expanded it to embrace and encompass actions and interactions but also enhanced understandings as to the realizable consequences of such actions when constructed through good mental health.

Another thread of this discourse, also with close associations to individualism and autonomy, took this internalized state further toward self-actualization. This aspect of the discourse revealed construction workers to be aspirational, ready and willing to take control of their future by constructing good mental health as a state through which ambitions can be realized and achieved. For example, building on the discourse of good mental health as a state of being, this worker stated: “*satisfied with your life but at the same time striving to better yourself*” (R239). Good mental health was also positioned as fundamental to the process of “*continued self-improvement, striving for personal growth both professionally and at home.*” (R7).

The discourse of good mental health as a state of being was the prominent to emerge from the data, commonly associated with the less prominent discourses of doing and self-actualization. Construction workers predominantly understand good mental health to be something personal, positioned and bounded within the individual. It is made sense of through a self-reflective lens, seeking an almost nirvanic place of calm and comfort, drawing on a language of wellness and self-care that seems at odds with the highly technical, macho and hard-edged lexicon of the jobsite. Yet in contrast to the collective nature of much wellness activity, for construction workers the discourse and its associated constructs remain highly individualistic, with autonomy and control notably present, and associated with response and reaction, as well as self-development. Responsibility for and the continued management and ownership of good mental health is therefore accepted by, acknowledged and even welcomed by the workers themselves.

For those seeking to develop programs and interventions to support good mental health amongst construction workers, these findings bring several illuminating insights. Firstly, they suggest that interventions should clearly reference the individual and their personal situation and growth. As good mental health is understood as a state of being, support to develop and sustain that inner beneficial state is likely to be welcomed by majority of the workforce. The comfortable use of language was also interesting, suggesting that there is no need for performative “macho” translations of wellness terminology, as construction workers are themselves quite comfortable with the established lexicon. Indeed, construction workers seem to not only be highly self-reflective but arguably philosophical in how they associate themselves with good mental health and how they understand it as a state of being. As one worker philosophized: *“He is richest who is content with the least, for content is the wealth of nature.”* (R251)

However, the independence and autonomy of the construction worker also remains present in the discourse and should be respected within any initiative. Something of a paradox therefore emerges, construction workers are confident and individualistic, yet they are also – perhaps as a consequence of this self-assured state – very open to self-evaluation and existentialist reflection on their quest to find *“... peace and happiness in the world around you”* (R222).

Coping when life happens

In contrast to the overarchingly positive discourse of good mental health as a state of being, doing and self-actualization, a less prominent discourse present within the data was that of good mental health as a more mundane and pragmatic state of coping and functioning. Highly utilitarian in its shape and form, this discourse was distinct from the contented and comfortable ways of being and doing, and instead constructed good mental health as a means through which one dealt with life, coped, endured or in the extreme, simply survived.

At times, this discourse presented good mental health as the ability to cope and function, something closely aligned with the World Health Organization (2023) definition: *“... a state of mental wellbeing that enables people to cope with the stresses of life ...”* As one worker put it: *“Having my baseline of stress and anxiety be low enough that when ‘life’ happens I am able to take on the added stressors”* (R196). Indeed, stress, pressure, emotional triggers and other challenges were common features of this discourse, invoked as the threats

against which good mental health was able to provide some measure of protection: “... able to handle the stresses of life without those stresses impacting the way they think or act on a daily basis or making them feel hopeless” (R277). In common with the prominent discourse found within the data, here good mental health is also constructed as internal to the individual (i.e., as a state of being), before shifting in emphasis to the beneficial consequences that state could then bring to everyday life. In this way, although sharing familial roots, this discourse was distinct in the way it invoked action and understood good mental health as a springboard to living rather than a more solid and static internal foundation. It also reveals that the workforce is pragmatic about their situation, able to recognize and acknowledge that sometimes things won’t go well, but also that this is not a permanent state, and it can be overcome or endured.

The discourse drew on both a range of consequences and a range of spaces in which such consequences happened. For example, one worker said: “*Being a positive person even on the difficult days and having positive ways to deal with issues that arise*” (R185). For this worker, good mental health enables them to cope in challenging times, whilst also invoking a common trope found within the discourse, that of ways to cope. Indeed, various self-management mechanisms and other ways of reinforcing the internal state of good mental health as a way to cope were common within this discourse. For example, as one worker said: “*Good Mental Health: The ability or proper skillset to manage high emotions by coping and/or deescalating in a healthy way*” (R9). For this worker, good mental health provided them with skills that not only enabled them to cope but also make good choices about how that coping manifested. Acknowledgment that construction workers can make bad health and lifestyle choices could be found throughout the data, as one worker explicated: “*Being relaxed and have the ability to function on a day by day basis without the need for a crutch be it alcohol, tobacco ...*” (R67).

At the far extremes of this discourse, coping became surviving: “*Feeling like you can get through life without wanting to commit suicide. Finding ways to cope that aren’t self sabotaging. Able to process through emotions to find the root cause versus reacting from the initial trigger emotion*” (R321). For this worker, good mental health is constructed respectively as survival, endurance, and ultimately the space in which to think clearly. The prioritization of suicide within this particular response, and the very existence of this discourse, although not as prominent within the data as some others, suggests that concerns about construction worker mental health are well-founded. For many workers the challenges of their realities reduces good mental health to a baseline of functionality from which they can then tackle issues as they arise. As this research was inspired by statistical data that reveals that many construction workers are currently finding things challenging, their construction of good mental health as a way to cope with such realities is very understandable.

This discourse also revealed insights that could help shape interventions more effectively. Throughout the discourse, workers drew on a lexicon of tools and skills in their constructions of good mental health as a way to cope. This could be a way to help enhance practical interventions, by drawing on similar language and the construction of good mental health as a “toolkit” for self-management, giving workers “*The ability to cope with life situations and understand changing conditions in your approach*” (R63). Given the nature of the everyday work of construction, talking about good mental health through the tropes of tools and other tangible resources or skills makes sense. Indeed, some workers detailed the

application of such tools, detailing specific tools that may be needed when facing different mental health challenges and concerns: “*Attuned to how you are feeling and have tools and strategies to deal with poor mental health experiences like depression, anxiety, anger, fear etc.*” (R497). This insight could help frame interventions through a “toolkit” approach that draws on workers’ shared understandings of good mental health as something practical, manageable, and actively maintained. Given the nature of construction work, framing mental health through the familiar language of tools, skills, and self-management may better align interventions with how workers themselves conceptualize coping and wellbeing.

Vivre Heureuse!

Vivre Heureuse, or “*living happily*” (R465) to translate from the worker’s original French, was a widely observed discourse to emerge from the data. A highly pervasive discourse that found associations with and involvement within many of the other discourses, but was also frequently invoked in isolation as a brief response to the question posted, for example as one worker simply put it: “*Don’t worry be happy*” (R390). The World Health Organization (2023) opens its definition of mental health by describing it as: “... a state of mental wellbeing ...,” with wellbeing itself also generally associated with optimism or happiness (Manderscheid et al., 2010). Many construction workers also agree that good mental health is about happiness: “*A sense of satisfaction with life and a feeling of bliss and enjoyment in being alive*” (R155).

However, this discourse also strayed into more pragmatic spaces. For one worker this meant: “*Being happy, feeling financially secure*” (R366) as they added a tangible and practical necessity to their specific understanding. Indeed, through the associations of this discourse and its entanglement with others, many such aspects were positioned as necessary enablers for the attainment of happiness. For example, for this worker: “*Good mental health means that you are feeling good about where you are in life, what you do for a living and are establishing good relationships both in professional and personal life*” (R280), their work and other people, both at work and outside of it, are valorized as their vital ingredients for good mental health. For another worker, good mental health meant “*morning sunrise, friends and a quality steak*” (R26). Each worker inevitably has a different “recipe” for happiness that ultimately enables: “*Being able to enjoy the day or life.*” (R342).

For many construction workers, good mental health effectively is wellbeing, associated with feelings of contentment and purpose in life, and generally being happy and positive in outlook. However, as should be expected, this discourse of happiness quickly became highly diverse when associated aspects of life were considered, reflecting the diversity and individual characters of the workers themselves. The prominence of this discourse thus further serves to reiterate that one size does not fit all with regards to mental health, and what enables happiness in one worker may not have the same success in another.

Balance(s) and boundaries

The philosophical nature of construction workers could also be found in another prominent discourse to emerge from the data, that of good mental health as balance and boundaries. As one worker put it in a quote they shared in response to our question: “*Nietzsche: He, who has*

a why to live for, can bear almost any how" (R323). For many construction workers, the why is what matters most to them – the how is what happens on the jobsite.

These two aspects of life also remained distinct throughout this discourse, which was unquestionably one of segregation. As one worker put it: *"A good work/life balance. Once away from work being able to clear the mind and focus on nonwork-related activities"* (R148). Notwithstanding the prioritization of work within work/life balance (likely a result of the familiarity of this trope which has seemingly ossified the correct and acceptable prioritization of these two human endeavors in terms of their relative importance) for this worker, non-work is actually their priority once they are no longer physically on the jobsite. They construct three clear steps for that process – leaving a place, forgetting it, and then refocusing on not-work. Although what the latter may resemble is not shared, that this dissociative process can even occur speaks volumes to the nature of construction work and its workers.

Construction workers must physically be in a specific space to work. This is a very different situation from those who work predominantly on computers or in offices, and for whom the boundaries of work and life have become much more blurred in recent years (Mellner, 2016), particularly post-covid with increases in remote/flexible working. Construction workers still have to go to a jobsite for their working day, but that also means they have what could be today considered something of a luxury – that of leaving. They can and do check out at the end of each day. Although some workers may be able to take paperwork home, for many field workers, the act of leaving the jobsite simply means no more work can be done.

Such tangible separation was also invoked by another worker, who drew on the foundational discourse of good mental health as coping to develop their understandings: *"it means that you have the training to be able to cope with the stresses of the job and to be able to separate that from your family and home life"* (R193). For this worker, a clear separation between work and home is actually a goal of good mental health, whether it can be attained or not. Such understandings of balance and firm boundaries were remarkably consistent throughout the data, with separation and segregation as the shared root. For this worker: *"Be happy don't take work home"* (R458) the discourse of good mental health as happiness built and depended on the discourse of balance and boundaries for its realization.

Various models of mental health conceptualize it as a balance, and the importance of family (Lingard & Turner, 2023) and the ability to not be mentally affected by the work environment when at home (Kotera et al., 2020) have been highlighted as critical for worker mental health. Construction workers agree, but they are also firm about their boundaries – this is not just about having a good balance between work and home, this is about a total segregation. This could have significant consequences for more recent theorizing of construction worker mental health that seeks to stretch out into this protected space to also understand workers' home lives outside of work (Chan et al., 2020). Yet the prominence of this discourse within the data strongly suggests that such an overstep would really not be welcome. Simply ensuring workers have sufficient time with family and can take their full allocations of paid time off etc. are all practical steps that can contribute positively to the wellbeing of the workforce with regards to life outside of work, but that space remains just that – outside of work. It is something to be protected. More importantly, systemic industry issues should also be considered, as one worker said, good mental health would be: *"Not*

being forced into a position where you have to decide between seeing your children or earning a pay cheque” (R348) The familiar long working hours and poor work life balance (Chan et al., 2020; Tijani et al., 2020) of construction work invoked as clear examples of what good mental health, for them at least, is *not*.

The discourse of balance and boundaries enhances understandings of how workers themselves make sense of work/life balance. Balance is certainly of importance, but the equal prioritization of boundaries with the discourse is a novel finding. The desire for clear segregation between work and home suggests that proactive work interventions directed at workers’ home lives may struggle to find fit with a workforce who do not want to consider anything about their work whilst at home, and perhaps also vice-versa.

Negative constructions of good mental health

A final aspect of note that emerged from the analysis, although it emerged less frequently but remained analytically important, was the construction of good mental health through the negative. For a few workers, their only point of reference was poor mental health: *“not feeling sad, lonely and depressed all the time like I do”* (R179). Despite the prompt question explicitly seeking a response about good mental health, several workers constructed good mental health as the absence of poor mental health: *“Not feeling depressed, anxious and stressed out on a daily basis”* (R319). For others, although the negative formed part of their overall shared understanding of good mental health, it emerged as a part of the larger discourses previously unpacked. This was particularly the case when referencing the common crutches used to prop up mental health, such as smoking or drinking, which were themselves almost unanimously positioned as evidence of a lack of good mental health.

Collectively, the discourses identified across the dataset reveal that construction workers primarily conceptualized good mental health not as a clinical condition or organizational outcome, but as a deeply personal and internally managed state associated with calmness, coping, balance, autonomy, and emotional steadiness. Although the discourses varied in emphasis and orientation, they consistently reflected workers’ desires for self-management, practical coping capacity, and clear boundaries between work and personal life. Together, these findings illustrate the importance of grounding future mental health initiatives within worker-defined understandings rather than relying solely on externally imposed or clinically derived conceptualizations of wellbeing.

Limitations

This study has several limitations. First, the sample was self-selected, which may reflect responses from workers more willing or comfortable discussing mental health. Second, responses were text-based, and individuals often provide greater elaboration in spoken formats, which may constrain narrative depth. Third, the prompt asked broadly about “good mental health,” which may have elicited general reflections alongside construction-specific interpretations. Fourth, demographic information was not collected to preserve anonymity, limiting subgroup comparisons. This decision was also informed by broader industry concerns surrounding stigma, employability, fitness for duty, and confidentiality when discussing mental health within construction settings. Fifth, although the qualitative survey approach enabled broad participation across the construction industry, the brevity of

some responses limited the depth of linguistic and contextual interpretation possible within the analysis. Finally, as an exploratory qualitative study grounded in discourse analysis, findings are not intended to generalize but to illuminate shared constructions among participants.

Implications for practice

The findings also highlight the limits of relying primarily on individual level wellness programs. Workers described good mental health as an internal state shaped by broader life circumstances, including calmness, balance, self-acceptance, and a strong separation between work and home. These aspects of wellbeing are unlikely to be meaningfully influenced by short wellness activities or brief training modules. When interventions focus too narrowly on individual behaviors, they risk overlooking the structural features of construction work that contribute to stress and strain. This misalignment may help explain why individual level programs have produced mixed results in construction settings.

Instead, the findings suggest that individual supports are most effective when paired with broader efforts to address the systemic conditions under which construction work is contracted and performed. The discourses of coping, boundaries, and balance point to the influence of work hours, schedule predictability, travel demands, and production pressure in shaping workers' mental health. Without attending to these industry realities, individual level tools, although potentially helpful, operate within narrow margins. The practical implication is to situate wellness initiatives within a wider strategy that also considers job design, pacing, opportunities for recovery, and the overall organization of work. This more holistic alignment is more likely to support workers in ways that reflect how they themselves conceptualize good mental health.

Conclusion and recommendation

This research sought to explore and unpack how North American construction workers understand good mental health. Although considerable investments are being made across the industry to support worker wellbeing, many existing programs have been developed without grounding in worker defined interpretations of what good mental health actually means. By drawing on discourse analysis of almost 500 workers' contributions, this study brings the worker voice into clearer focus and highlights the internal, reflective, and individualized ways workers conceptualize their own mental health.

The findings show that workers often situate good mental health as an internal state characterized by calmness, comfort, balance, and a clear separation between work and home. These understandings complicate simple assumptions that mental health can be defined solely through functioning or productivity. They also provide insight into the types of language and framing that may resonate with workers, including concepts of self-reflection, steadiness, and personal growth.

These insights offer an opportunity for more nuanced thinking about how mental health is understood within construction contexts. Interventions and support programs that recognize workers' diverse interpretations, respect personal boundaries, and acknowledge the individuality of mental health experiences may find greater acceptance. The findings

also suggest that construction workers may respond more positively to approaches that frame mental health in practical, internally manageable, and non-pathologizing terms. Across the discourses, workers frequently constructed good mental health through ideas of steadiness, coping, balance, self-management, and comfort with oneself rather than through clinical or diagnostic framing. This has important implications for how organizations, educators, and mental health practitioners communicate about mental health within construction settings. Interventions framed around practical coping, self-management, maintaining balance, and accessible support mechanisms may therefore achieve stronger resonance with workers than approaches perceived as overly medicalized, impersonal, or detached from everyday occupational realities. Similar concerns surrounding stigma, confidentiality, accessibility, and perceived relevance have also been observed in broader workplace mental health and employee assistance literature (Moore et al., 2023; Siddiqui et al., 2026). More broadly, by illuminating how workers themselves make sense of mental health, this study provides a foundation for future research seeking to better align industry practices, organizational strategies, and educational efforts with worker defined notions of wellbeing.

For mental health professionals working with construction populations, the findings further reinforce the importance of culturally and occupationally situated approaches to communication, engagement, and support, particularly within workforce contexts where autonomy, self-reliance, and strong work-home boundaries remain highly valued (Matthews et al., 2021). This may be particularly important in occupational settings where concerns surrounding stigma, judgment, confidentiality, and cultural relevance continue to shape willingness to engage with formal support systems (Siddiqui et al., 2026).

Overall, the study deepens understanding of how construction workers conceptualize good mental health and emphasizes the value of incorporating worker perspectives into both academic inquiry and practical decision making. The findings are relevant for researchers, educators, and practitioners who aim to design programs that fit more closely with workers' lived experiences and the meanings they ascribe to mental health. The study also demonstrates the value of exploratory qualitative approaches for examining how occupational groups construct and negotiate understandings of mental health within their own social and cultural contexts. Future research may benefit from further examining how these constructions vary across trades, organizational structures, cultural settings, and evolving forms of work within the construction industry.

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Author contributions

CRediT: **Fred Sherratt**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Writing – original draft; **Evan Stoddard**: Data curation, Formal analysis, Investigation, Project administration, Writing – review & editing; **Siddharth**

Bhandari: Conceptualization, Data curation, Funding acquisition, Investigation, Project administration, Supervision, Writing – review & editing.

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Data availability statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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