

The Identification of Underpinning Criteria of Employee Mental Health and Wellbeing in the Construction Industry

Sara Saboor¹, Vian Ahmed²

^{1,2} Department of Industrial Engineering, American University of Sharjah, United Arab Emirates.
g00080300@aus.edu

Abstract

Over time, the concept of mental health has been viewed as a critical issue for a community's well-being and a nation's success. Where one out of every four people on the planet suffers from some type of mental health problem, resulting in a global economic cost of one trillion dollars per year in lost productivity. As a result, it is critical that the concept be adopted as part of the policymaking process and political agenda. Several research on the idea of individual mental health have been documented in the literature. However, one component of personal life, the work-life, was not addressed in depth. Though the literature has proposed criteria and scales for mental health. However, these studies and scales, are narrowly focused on a certain component and set of criteria that affect employee mental health and wellness. Furthermore, there has been little or no report of mental health studies in terms of conceptual framework in the construction industry. As a result, the aim of this research is to identify the set of underpinning criteria that describe employee mental health and wellbeing in the construction industry to propose a conceptual framework.

Keywords

Mental Health, Construction sector, Social Sustainability, Employee Wellbeing

1. Introduction

Over time the concept of mental health has evolved into numerous theories. Despite the concept's dynamic nature, one of the assumptions that scientists and researchers continued to hold was the distinction between mental health and mental illness (Westerhof & Keyes, 2010). Mental health and mental illness are orthogonal to each other, as shown in Figure 2, because they belong to two distinct but connected continuums.

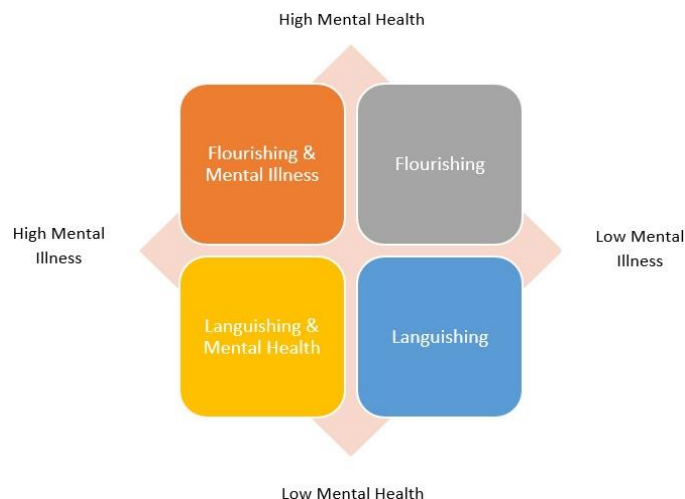


Fig.1. The Dual Continua Model of Mental health and mental illness, Source: (Westerhof & Keyes, 2010)

The picture illustrates the hypothesis of two continua, one of which represents mental health and the other, but orthogonal, continuum representing mental illness. An individual with high mental health and lower mental illness is said to be flourishing, as shown in the first quarter (clockwise). However, a person with high mental health and high mental illness can still be described as flourishing, even if they have challenges or periods of mental illness, as shown in the fourth quadrant. This means that mental health and mental illness are distinct ideas, and that the absence of mental illness does not necessarily imply the presence of mental health.

Mental Health and wellbeing have been recognized as a significant concept for the communities' wellbeing and to a nation's success. With the inclusion of this concept in the Sustainable Development Goals as an integral part of the came as an encouraging effort to promote the construct on a united global agenda. The universal nature of SDGs commits the world to prioritize and promote mental health and wellbeing (World Health Organization, 2016).

Therefore, this study focuses on the concept of Mental health and intends to identify the underpinning criteria that define mental health especially employees' mental health and wellbeing in an organizational setup.

2. Mental Health and Wellbeing

Throughout the history, the concept of mental health has been developed into three theories since 1958 till date namely, the pathogenic approach, salutogenic approach, and the complete state approach (Keyes, 2007).

Amongst which the first approach introduced was the pathogenic approach, informed by the Greek word pathos, which implies suffering or emotion of empathy. This approach describes health as the absence of illness. Later in history around 1979, the salutogenic approach was introduced that perceived health as the existence of positive feelings, capabilities, behaviour, and thinking. Finally, the last approach informed from the word hale implies being whole was called the complete state model (Iasiello et al., n.d.). Since then, the theory of mental health as a complete state of an individual's wellbeing has been adopted and accepted by the researchers that can be evident by the definition proposed by the World Health Organization (Allen et al., 2014),(World Health Organization, 2002) in their historic report in 2002 that defines mental health as:

“a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”

Thus, based on the explanation the complete nature of the construct as described by the World Health Organization can be described in terms of subjective wellbeing (emotional, psychological, and social wellbeing) where the person can perform positively and productively; is adopted for this study.

In addition, to the development of the concept itself, the measurement scales have also evolved in parallel. Which will aid the study understand and identify the criteria focused on by these scales and their limitation to define mental health and wellbeing.

2.1 Measurement Scales

The literature presents a range of theories and definitions related to mental health that have evolved over time and remained associated with various scales developed over time by various scholars and researchers to measure the concept. As a result, the purpose of this subsection is to highlight the most widely accepted and reliable scales by analysing when they were proposed, their purpose, and reliability measurement (Cronbach alpha) for internal consistency. As a result, the study will be able to identify present practices and scale limitations to address the issues. The literature has identified several scales; nevertheless, the section presents the most frequently acknowledged and dependable scales, such as:

A. *The Mental Health Continuum—Short Form*

The 14-item scale was developed from the long scales calculating the three forms of well-being including psychological, emotional and social wellbeing (Westerhof & Keyes, 2010). The scale has been used over the years in studies, with the internal consistency (Cronbach alpha) found to be 0.83 for psychological and emotional wellbeing and 0.74 for social wellbeing. The scale rate 0.89 on the reliability of the total measurement scale.

The most significant questions in the scale mentioned are: *“In the past month, how often did you feel: ...happy? ...that your life has a sense of direction or meaning to it? ...that people are good?”*.

B. The Brief Symptom Inventory (BSI)

Derogatis 1975 proposed the scale with the aim to determine the effect of the last seven days in an individual life. The scale has been widely adopted in the American mental health care. However, the scale is used to measure Obsessive-compulsive Complaints, social phobia, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoia, and Psychoticism (Westerhof & Keyes, 2010). The item in the scale includes: “During the past 7 days, how much were you distressed by nervousness or shakiness inside?” and “During the past 7 days, how much were you distressed by feeling afraid to travel on buses, subways, or trains?”. The BSI has been validated and considered reliable with an internal consistency of 0.95.

C. LSI-Z Life Satisfaction.

The scale developed in 1969 aids in the multidimensional measures by comparing the past and present life with a focus on own self and the mood tone of others around the individual (Himmelfarb & Murrell, 1983). The scale consist of 13 items on a five Likert scale was proposed especially for the elderly. The scale was intended to determinemental health generally but morale especially. The reliability of the total scale (Cronbach alpha) was found to be 0.743 for community patients and 0.837 in a clinical setting.

D. Trait-Anxiety Inventory.

The scale was developed by Spielberger et al. (1971) to measure the trait-anxiety. The 20-item scale with the four-point Likert scale includes measures for an individual overall feeling to determine the stable aspect of anxiety (Himmelfarb & Murrell, 1983). Where the internal consistency of the scale was found to be 0.87 for community patients and 0.929 in a clinical setting.

E. The Center for Epidemiological Studies Depression Scale (CES-D)

The scale was created by the National Institute of Mental Health Center for the general population. The 20-item scale on a four-point Likert response intended to measure the symptoms of depression with the emphasis on mood. The scale was designed to access the rate of occurrence of the symptoms over the former one week (Himmelfarb & Murrell, 1983). The reliability of the was found to be 0.851.

F. General Well-Being Scale:

The scale was developed in 1970 as a 14-item scale with a aim to act as a global index to subjective wellbeing and distress. The scale was intended to measure the feeling of an individual for the past month, (Himmelfarb & Murrell, 1983). The reliability of the total scale (Cronbach alpha) was found to be 0.881 for community patients and 0.915 in a clinical setting.

G. Affect Balance Scale:

The scale was developed in 1965 by Bradburn for the general population to measure life satisfaction in terms of positive and negative affect. The 10-item scale access the life satisfaction of the individual for the past few weeks with a yes or no questions (Himmelfarb & Murrell, 1983; Keyes, 2002). The reliability of the total scale (Cronbach alpha) was found to be 0.64 for community patients and 0.695 in a clinical setting.

It can therefore be argued that despite the fact that literature reports on various reliable scales to assess mental health, as shown in Table 3, these instruments tend to work in isolation or lack comprehensiveness, and do not reflect the World Health Organization's definition (WHO). This indicates a research gap; as a result, it is critical to create a comprehensive set of mental health underpinning criteria that can be used to improve employee mental health and wellbeing.

Table 1. Measurement Scale of Mental Health. Source: Author

Name	Year	Scale
Mental Health Continuum—Short Form	2006	14 items which correspond to our theoretical formulation of emotional, psychological, and social well-being.
The Brief Symptom Inventory (BSI)	1975	Somatization, Obsessive-compulsive Complaints, Interpersonal Sensitivity (social phobia), Depression,

LSI-Z Life Satisfaction. The Center for Epidemiological Studies Depression Scale (CES-D)	1969 National Institute of Mental Health Center	Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism Morale (Mental Health) - 13 items on a five Likert scale The 20-item scale on a four-point Likert response aimed to determine the symptoms of depression with the focus on mood
Trait-Anxiety Inventory	Spielberger in 1970	The 20-item scale with the four-point Likert scale comprises of measure for an individual general feeling to determine the stable aspect of anxiety
General Well-Being Scale	1970 by Dupuy	The 14-item scale was aimed to act as a global index to subjective well-being and distress
Affect Balance Scale	1965 by Bradburn	The 10-item scale was aimed to access the life satisfaction of the individual over the period of past few weeks with yes or no questions.

However, despite all these efforts by international organization such as World Health Organization (WHO) and proposed measurement scales over the period of time. The literature reports on several failures in the industry that leads to low productivity and performance, costs of illness, absenteeism, staff turnover, and onsite accidents as obvious from the case of the UK where about 80 million days are lost every year due to mental health illnesses that cost up to 1-2 billion pound each year (World Health Organization, 2016).

Therefore, it is essential to identify the underpinning criteria that affect employee mental health in the industry with a focus on the construction sector that is believed to be the backbone of the economy.

The construction sector is thought to be a substantial contributor to the global economy because of being a government and international investor-driven business. The construction business as a whole aids in the development of other industries; the construction industry's activities are scattered throughout several sectors such as transportation, real estate, manufacturing, commerce, warehousing, wholesale, and leasing services. It is regarded as the world's single largest industry as the construction sector alone employs 25% of the world's workforce, with the United Kingdom's construction sector alone generating 2.4 billion employments in 2019 (Smith et al., n.d.; UK Parliament, 2020).

In addition, reports have shown that Australia and the United Kingdom constructions sector has a 2 to 3.5 times greater rate of suicides than the other sectors of the industry nationwide (Kotera et al., 2020)(Sang et al., n.d.). In addition, the literature mentions several alarming reports that have been undertaken in the field. Work stress is also identified as a major issue affecting employee productivity, efficiency, and well-being in the Malaysian construction sector by (Joshi et al., 2020).

Thus, given the significance of this industry and the number of employment opportunity build by the sector, it is critical to address it while building a conceptual framework for employee mental health and well-being. Therefore, this study aims to identify the comprehensive set of underpinning criteria that define Employee mental health and wellbeing to develop a conceptual framework mental health and wellbeing in the construction sector.

3. Employee Mental Health and Wellbeing

This section aims to define employee mental health and its underpinning criteria that affect the wellbeing of an employee in an organizational setup.

Based on the definition by World Health Organization (WHO); employee mental health and wellbeing can also be defined as the state of an individual to realize his potential, to cope with natural life anxieties and strains, to be able to be productive and to make a contribution towards the community (World Health Organization, 2022).

Additionally, the research conducted by (Page & Vella-Brodrick, 2009) defines the concept of employee mental health and wellbeing by focusing on what, why, and how of employee wellbeing and mental health. The research proposed three essential items of employee well-being as (1) subjective well-being; (2) workplace well-being and (3) psychological well-being

However, from the literature, (National Program for Happiness & Wellbeing, 2018) it was found that the concept of employee mental health and wellbeing has been related globally with different outcomes only such as: *United States of America* focus on health care cost to evaluate the outcome of employee mental health, *Asia* assess the result of employee mental health and wellbeing in terms of Absenteeism, *Singapore* adopts social capital as a measure of employee mental health and wellbeing, *Europe* assess the outcome of employee mental health and

wellbeing in terms of High Morale and *UK* determines the outcome of employee mental health and wellbeing in terms of Productivity

Therefore, it can be argued that these results only provide a general picture of an employee's mental health and do not describe the comprehensiveness and in-depth understanding of employee mental health and wellbeing as proposed by the World Health Organization (WHO). As a result, the next section aims to uncover the underpinning criteria of employee mental health and wellbeing that can be used to provide a conceptual framework.

3.1 Underpinning Criteria of Employee Mental Health

The literature reports on several studies that looked into the impact of various criteria or elements on employee mental health and wellbeing. However, these studies were limited in that they concentrated on only one or a few factors, failing to give a comprehensive evaluation and definition of employee mental health and wellbeing in the workplace. This study conducted an extensive literature review that identifies the underpinning criteria of Employee mental health & wellbeing and categorizes them into four categories: organizational factors, personal factors, social factors, and environmental factors.

1. Organizational Factors

The workplace or an organization is a predominant part of an individual life. The size, business activities, and sectors of an organization vary; nonetheless, despite these variances, organizational factors have an important impact in an employee's life and mental health. Organizational factors, as defined by (Valaitis et al., 2018), are the pillars that support the whole structure of the company and help with operational and functional management. The organizational structure (hierarchy), operational policies of the organization (Work Design, Management involvement, and awareness, Welfare schemes, Appraisal scheme, Supervisory Competencies, Growth Opportunity, and Training), and functional policies of the organization (Shift System, Work Timings) are all examples of such factors as summarised in Table 2.

Table 2. Organizational Factors. Source: Author

Factors	Criteria	References
Organizational Factors	Organization Structure (Hierarchy), Shift System, Management involvement and awareness, Work Timings (No. of hours), Flexible work systems or Fixed, Work Design (Job control, job fit, autonomy, challenge, and job meaningfulness), Growth opportunity (Promotion) Timely Payment of Salaries (Satisfaction Pay/inflation) Welfare schemes, Appraisal scheme, Role conflict/ambiguity/role clarity, Competencies of supervisors, Training	(Spell & Arnold, 2007), (Ailabouni et al., n.d.; Lambert et al., 2006; Lim et al., 2020; Rahman et al., 2017; Valaitis et al., 2018)

2. Personal Factors

Though external factors have a substantial impact on employee mental health and wellbeing, but personal determinants are individual features and characteristics that influence how people make decisions, behave, and form relationships. As a result, personal issues have a substantial impact on an individual's and an employee's overall wellbeing at work [63]. Some of the personal factors identified by literature are Demographics (Age, Education, Past Experience, Level of Academic Achievements, Individual Culture), Personality (Work motivation/ Intrinsic motivation, Optimism, Trait Anxiety, Hostility), and Situational factors are (Sleep Quality, Emotional Exhaustion, Contract Type, Work-Life balance, Spousal support, Job demand, and Job satisfaction) as summarised in Table 3.

Table 3. Personal Factors. Source: Author

Factors	Criteria	References
Personal Factors	Work motivation/ Intrinsic motivation, Sleep Quality, Emotional Exhaustion, Spousal support, Optimism, Level of academic achievements, Education, Past experience, Age, Individual Culture, Trait Anxiety, Hostility, Job demand, Job satisfaction, Contract Type, work-life balance	(Ailabouni et al., n.d.; Allen et al., 2014; V. A. Lambert et al., 2007)(Ibrahim & al Marri, 2015; Sageer, 2012)(Ibrahim & al Marri, 2015)

3. Social Factors

Since an individual's life is made up of two domains: the organizational domain and the personal domain. Therefore, social aspects and support in both are deemed necessary for a calm and productive life [82]. Many research [50, 54] have indicated that interpersonal relationships/workplace conflict, group dynamics, peer support, leadership style, supervisor support and acknowledgement, and organizational commitment are all important drivers of employee mental health and wellbeing. As investigated from the literature, the relationship between employee wellbeing and social support (the frequency with which employees receive support or assistance from co-workers, supervisors, friends, and families) and discovered that social support is negatively related to depression and has a significant impact on employee health and wellbeing. Some of the social factors are summarised in Table 4.

Table 4. Social Factors. Source: Author

Factors	Criteria	References
Social Factors	Social support, Association with supervision, Employee perception of supervisor's, Interpersonal conflict with co-workers/ bullying, harassment and violence, Social Relationships, Group/Team structure/ Workgroup attachment, Leadership Style, Organizational commitment, and Demographic nature of Team	(Allen et al., 2014; Chatziioannidis et al., 2018; Ibrahim & al Marri, 2015; Rahman et al., 2017; Repetti, n.d.)

Environmental Factors

Several studies in the literature suggest that the environment has a positive impact on employee mental health and wellbeing. Where [88] argued in that work environment factors such as lighting, noise, color, and air quality affect employee productivity, health and wellbeing, job satisfaction, and morale. The research took a descriptive technique, obtaining data from secondary sources such as websites, journals, and books. The study concluded that the workplace environment does have an impact on an employee's overall well-being, and that the company should bear this in mind. Following environmental factors that impact Employee mental health and wellbeing are summarised in Table 5.

Table 5. Environmental Factors. Source: Author

Factors	Criteria	References
Environmental Factors	Organization Arrangement, Culture, Working environment and condition (Lighting, Noise, Colour, and Air quality), Work stress/ Workload and Job Security/Safety	(Han & Hyun, 2019; Patterson et al., 2004; Sarode & Shirsath, n.d.)

As a result, this study conducted a thorough literature analysis in order to identify a set of underpinning criteria for employee mental health and wellbeing. The study divides the underpinning criteria for employee mental health and wellbeing into four categories: organizational factors, personal factors, social factors, and environmental factors and proposes a conceptual framework a shown in Figure 2.

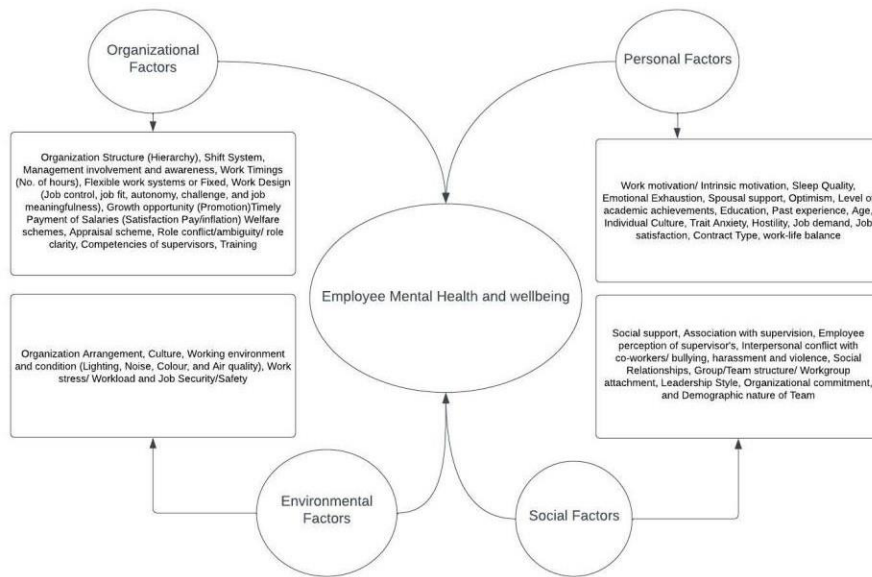


Fig 2. Employee Mental Health & Wellbeing Conceptual Framework. Source: Author

It can therefore be concluded from these findings that organizational, personal, social, and environmental factors have an impact on Employee Mental Health and wellbeing as presented in the conceptual framework. Thus, the framework can be adopted for decision making process that can aid organization take strategic decision to enhance Employee Mental health and wellbeing of their employees.

4. Conclusion

Mental health and wellbeing especially employee mental health has been identified as a significant factor of success and competitive advantage for an organization over its competitors. Where construction sector has believed to be the most sensitive sector that reports alarming statistics of mental health issues. Thus, to address the research gap of literature which reports that the existing studies tend to focus on a specific or narrow range of criteria which fails to explain the comprehensive nature of the concept.

This research aids in identifying the extensive set of 37 underpinning criteria that define employee mental health and wellbeing in construction sector. The proposed conceptual framework can be validated by adopting Structural equation modelling to provide empirical evidence regarding the relationship and impact of identified criteria on EMW. Furthermore, the criteria can be adopted for the development of decision support tool that allows the organizations or decision-makers to enhance Employee mental health and wellbeing in their organization.

References

- Ailabouni, N., Gidado, K., & Painting, N. (n.d.). *Factors affecting employee productivity in the UAE construction industry — The University of Brighton*. Retrieved March 18, 2022, from <https://research.brighton.ac.uk/en/publications/factors-affecting-employee-productivity-in-the-uae-construction-i>
- Allen, J., Balfour, R., Bell, R., & Marmot, M. (2014). Social determinants of mental health. *International Review of Psychiatry*, 26(4), 392–407. <https://doi.org/10.3109/09540261.2014.928270>
- An Empirical Study of the Relationships between the Flexible Work Systems (FWS), Organizational Commitment (OC), Work Life Balance (WLB) and Job Satisfaction (JS) for the Teaching Staff in the United Arab Emirates (UAE) | Semantic Scholar*. (n.d.). Retrieved March 18, 2022, from <https://www.semanticscholar.org/paper/An-Empirical-Study-of-the-Relationships-between-the-Gudep/3ebd77fa1407160db09e17217fb875707420bc91>

- Chatziioannidis, I., Bascialla, F. G., Chatzivalsama, P., Vouzas, F., & Mitsiakos, G. (2018). Prevalence, causes and mental health impact of workplace bullying in the Neonatal Intensive Care Unit environment. *BMJ Open*, 8(2), e018766. <https://doi.org/10.1136/BMJOPEN-2017-018766>
- Han, H., & Hyun, S. S. (2019). Green indoor and outdoor environment as nature-based solution and its role in increasing customer/employee mental health, well-being, and loyalty. *Business Strategy and the Environment*, 28(4), 629–641. <https://doi.org/10.1002/BSE.2269>
- Himmelfarb, S., & Murrell, S. A. (1983). Reliability and Validity of Five Mental Health Scales in Older Persons. *Journal of Gerontology*, 38(3), 333–339. <https://doi.org/10.1093/geronj/38.3.333>
- Iasiello, M., Agteren, J. van, & Muir-Cochrane, E. (n.d.). *Evidence of the Complete State Model of Mental Health: Implications on public policy and practice — SAHMRI*. Retrieved March 18, 2022, from <https://portal.sahmriresearch.org/en/publications/evidence-of-the-complete-state-model-of-mental-health-implication>
- Ibrahim, M. E., & al Marri, A. (2015). Role of gender and organizational support in work-family conflict for accountants in UAE. *International Journal of Commerce and Management*, 25(2), 157–172. <https://doi.org/10.1108/IJCOMA-03-2013-0026/FULL/PDF>
- Joshi, J. P., Paramasivan, L., Wahid, N. A., & Somu, H. (2020). Determinants of Work Stress for Construction Industry Employees in Malaysia. *Proceedings of the First ASEAN Business, Environment, and Technology Symposium (ABEATS 2019)*. <https://doi.org/10.2991/aebmr.k.200514.021>
- Keyes, C. L. M. (2002). The Mental Health Continuum: From Languishing to Flourishing in Life. *Journal of Health and Social Behavior*, 43(2), 207. <https://doi.org/10.2307/3090197>
- Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist*, 62(2), 95–108. <https://doi.org/10.1037/0003-066X.62.2.95>
- Kotera, Y., Green, P., & Sheffield, D. (2020). Work-life balance of UK construction workers: relationship with mental health. *Construction Management and Economics*, 38(3), 291–303. <https://doi.org/10.1080/01446193.2019.1625417>
- Lambert, E. G., Hogan, N. L., & Allen, R. I. (2006). Correlates of correctional officer job stress: The impact of organizational structure. *American Journal of Criminal Justice*, 30(2), 227–246. <https://doi.org/10.1007/BF02885893>
- Lambert, V. A., Lambert, C. E., Petrini, M., Li, M., & Zhang, Y. J. (2007). Workplace and personal factors associated with physical and mental health in hospital nurses in China. *Nursing & Health Sciences*, 9(2), 120–126. <https://doi.org/10.1111/J.1442-2018.2007.00316.X>
- Lim, Y. C., Hoe, V. C. W., Darus, A., & Bhoo-Pathy, N. (2020). Association between night-shift work, sleep quality and health-related quality of life: a cross-sectional study among manufacturing workers in a middle-income setting. *BMJ Open*, 10(9), e034455. <https://doi.org/10.1136/bmjopen-2019-034455>
- National Program for Happiness & Wellbeing. (2018). A GUIDE TO HAPPINESS & WELLBEING IN THE WORKPLACE. <https://www.hw.gov.ae/en/download/a-Guide-to-Happiness-and-Wellbeing-Program-in-the-Workplace-1>
- Page, K. M., & Vella-Brodrick, D. A. (2009). The “what”, “why” and “how” of employee well-being: A new model. *Social Indicators Research*, 90(3), 441–458. <https://doi.org/10.1007/S11205-008-9270-3>
- Patterson, M., Warr, P., & West, M. (2004). Organizational climate and company productivity: The role of employee affect and employee level. *Journal of Occupational and Organizational Psychology*, 77(2), 193–216. <https://doi.org/10.1348/096317904774202144>
- Rahman, K.-U., Akhter, W., & Khan, S. U. (2017). Factors affecting employee job satisfaction: A comparative study of conventional and Islamic insurance. *Cogent Business & Management*, 4(1), 1273082. <https://doi.org/10.1080/23311975.2016.1273082>
- Repetti, R. L. (n.d.). *4:0 r|LLI Social Factors in the Workplace and Mental Health*.

- Sageer, A. (2012). Identification of Variables Affecting Employee Satisfaction and Their Impact on the Organization. *IOSR Journal of Business and Management*, 5(1), 32–39.
<https://doi.org/10.9790/487X-0513239>
- Sang, K. J. C., Dainty, A. R. J., & Ison, S. G. (n.d.). THE IMPACT OF THE STRUCTURE AND CULTURE OF THE CONSTRUCTION INDUSTRY ON EMPLOYEE WELL-BEING: DIRECTIONS FOR FUTURE RESEARCH. *Heriot Watt University. Association of Researchers in Construction Management*, 1, 495–503.
- Sarode, A. P., & Shirsath, M. (n.d.). The Factors Affecting Employee Work Environment & It's Relation with Employee Productivity. *International Journal of Science and Research*. Retrieved March 18, 2022, from www.ijsr.net
- Smith, D., Ahmed, V., & Saboor, S. (n.d.). *BREXIT: Assessing the Impact on the UK Construction Industry & Mitigating Identified Risks*.
- Spell, C. S., & Arnold, T. J. (2007). A Multi-Level Analysis of Organizational Justice Climate, Structure, and Employee Mental Health†. *Journal of Management*, 33(5), 724–751.
<https://doi.org/10.1177/0149206307305560>
- UK Parliament. (2020). *Construction Industry*. <https://www.parliament.uk/business/news/business-industry-and-consumers/industry/construction-industry/>.
- Valaitis, R., Meagher-Stewart, D., Martin-Misener, R., Wong, S. T., MacDonald, M., & O'Mara, L. (2018). Organizational factors influencing successful primary care and public health collaboration. *BMC Health Services Research*, 18(1), 420. <https://doi.org/10.1186/s12913-018-3194-7>
- Westerhof, G. J., & Keyes, C. L. M. (2010). Mental Illness and Mental Health: The Two Continua Model Across the Lifespan. *Journal of Adult Development*, 17(2), 110–119.
<https://doi.org/10.1007/s10804-009-9082-y>
- World Health Organization. (2002). *Nations for Mental Health*.
https://www.who.int/mental_health/media/en/400.pdf.
- World Health Organization. (2016). *World health statistics 2016: monitoring health for the SDGs sustainable development goals*.
- World Health Organization. (2022). *Mental health in the workplace*.
<https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/mental-health-in-the-workplace>.