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**TRB** TRANSPORTATION RESEARCH BOARD

# TRB Webinar: Addressing Mental Health and Substance Use in Construction and Maintenance

*June 2, 2026*

*12:00 – 1:30 PM (eastern)*

# PDH Certification Information

1.5 Professional Development Hours (PDH) – see follow-up email

You must attend the entire webinar

Questions? Contact Andie Pitchford at [TRBwebinar@nas.edu](mailto:TRBwebinar@nas.edu)

*The Transportation Research Board has met the standards and requirements of the Registered Continuing Education Program. Credit earned on completion of this program will be reported to RCEP at RCEP.net. A certificate of completion will be issued to each participant. As such, it does not include content that may be deemed or construed to be an approval or endorsement by the RCEP.*



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Contact AICP ([AICPCM@planning.org](mailto:AICPCM@planning.org)), not TRB, with questions

# Purpose Statement

This webinar will translate NCHRP Synthesis 658: Mental Health, Suicide Prevention, and Addiction Mitigation in Construction and Maintenance into practical strategies transportation agencies can use to address mental health challenges, suicide risk, and substance misuse among construction and maintenance workers.

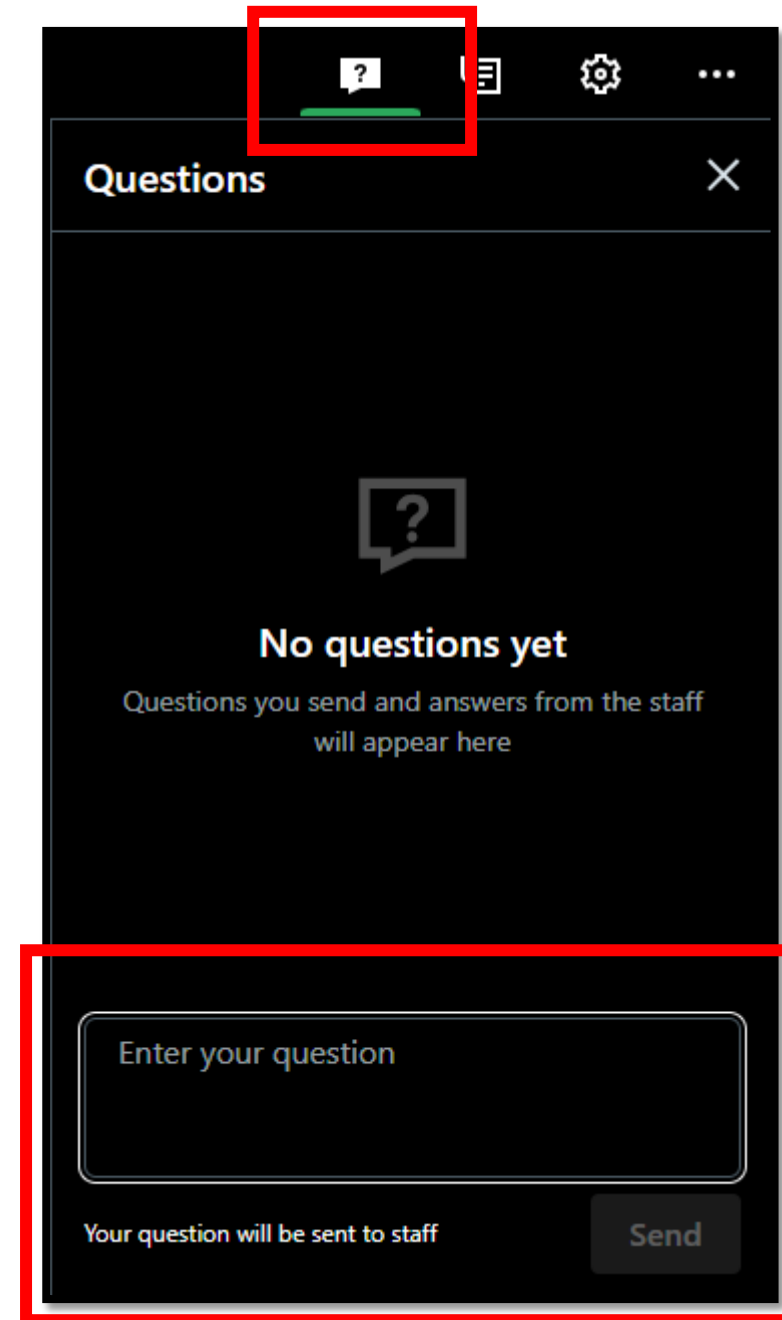
# Learning Objectives

At the end of this webinar, participants will be able to:

- Identify key mental health, suicide prevention, and addiction mitigation challenges affecting construction and maintenance workforces, and how these challenges intersect with safety and workforce performance; and
- Apply practical strategies and examples from *NCHRP Synthesis 658* to integrate mental health considerations into safety programs, workforce policies, and contractor engagement.

# Questions and Answers

- Please type your questions into your webinar control panel
- We will read your questions out loud, and answer as many as time allows



# Today's Presenters



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# Addressing Mental Health and Substance Use in Construction and Maintenance

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NCHRP Synthesis Project 25-06

NCHRP Synthesis Report 658

June 2, 2026

# Presented by:

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- **Mohammed S. Hashem Mehany** – Associate Professor, Colorado State University
- **Christofer Harper** – Associate Professor, Colorado State University
- **Dan Tran** – Professor, University of Kansas
- **Arlin Alvarez** - Statewide Wellness Program Administrator, TxDOT

# Agenda

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- Introduction and Background
- Objectives
- Approach
- Current State of Practice
- National Survey Findings
- Emerging Practices and Case Examples
- Key Findings and Challenges
- Recommendations and Future Opportunities
- Q&A

# Industry Realities

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The construction industry has one of the highest suicide rates nationally. Workers experience significant stress, anxiety, and burnout.



Substance misuse is a prevalent issue, often linked to coping mechanisms for workplace stressors.



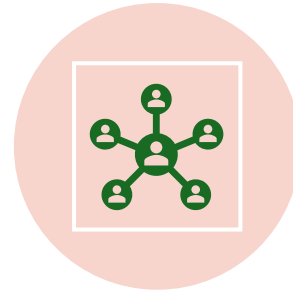
Stigma surrounding mental health remains a primary barrier to seeking help within the workforce.

# Why This Matters and Why Should DOTs Care?

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**Safety**



**Retention**



**Productivity**



**Culture**

# Objectives

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## Document

Document current DOT policies and programs for mental health and addiction.

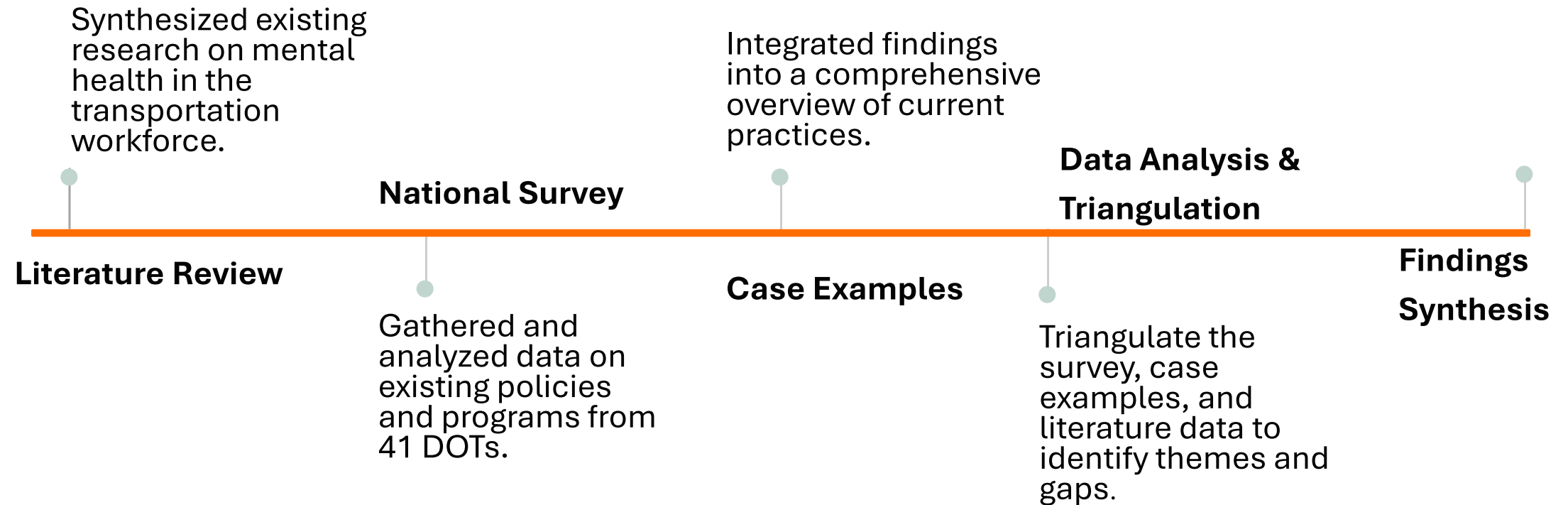
## Assess

Assess suicide prevention and mitigation strategies in practice.

## Identify

Identify implementation challenges and barriers to effective support.

# Research Approach



# Literature Review Insights

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## Workforce Stressors

- Long hours, demanding schedules, high-pressure environments in sometimes remote locations.

## Cultural Challenges

- Stigma and reluctance to seek help.

## Organizational Gaps

- Limited industry-specific frameworks, and difficulty reaching the frontline.

## Emerging Best Practices

- Growing interest in peer support and safety integration.

# National Survey

- Questionnaire developed from literature review
  - Participant information
  - Current practices/frameworks to support employee mental health and wellbeing, suicide prevention, and substance use and addiction
  - Programs or initiatives implemented at DOTs to promote mental health and well-being.
  - Systems to measure or track the implementation of mental health and well-being programs
  - Barriers to Implementation
  - Others
- Distributed to voting members of the AASHTO Committee on Construction

APPENDIX A

## National Survey Questionnaire

The Transportation Research Board (TRB) is preparing the NCHRP Synthesis Project 20-05/Topic 56-04, "Practices on Mental Health, Suicide Prevention, and Addiction Mitigation in Construction and Maintenance." This synthesis is being conducted for the National Cooperative Highway Research Program (NCHRP), under the sponsorship of the American Association of State Highway and Transportation Officials (AASHTO), in cooperation with the Federal Highway Administration (FHWA).

The goals of this questionnaire are to: (1) document policies, procedures, programs, initiatives, and guidelines that state DOTs have in place to educate and promote employee mental health, suicide prevention, and addiction mitigation; (2) collect examples of programs and initiatives, such as peer support, partnerships, and training efforts, including those tailored to non-standard shift workers; (3) gather information on practices used to measure and track the implementation and effectiveness of these efforts; and (4) identify organizational factors, communication challenges, and contract language that influence the success of mental health and addiction mitigation initiatives. The results of this project will benefit you by providing insights into current practices, innovative solutions, and strategies for improving mental health and wellbeing within DOT workforces.

Your expertise and experience are critical to the success of this important project. We thank you in advance for your time and thoughtful consideration. The final report of this project will be provided to your agency. Note that DOT survey responses will be shown in the published synthesis report. However, the identity of survey respondents will remain anonymous.

If you are not the appropriate person at the DOT to complete this questionnaire, please forward it to others within your agency that can complete the survey, and cc the principal investigator so that we can follow up with them as needed.

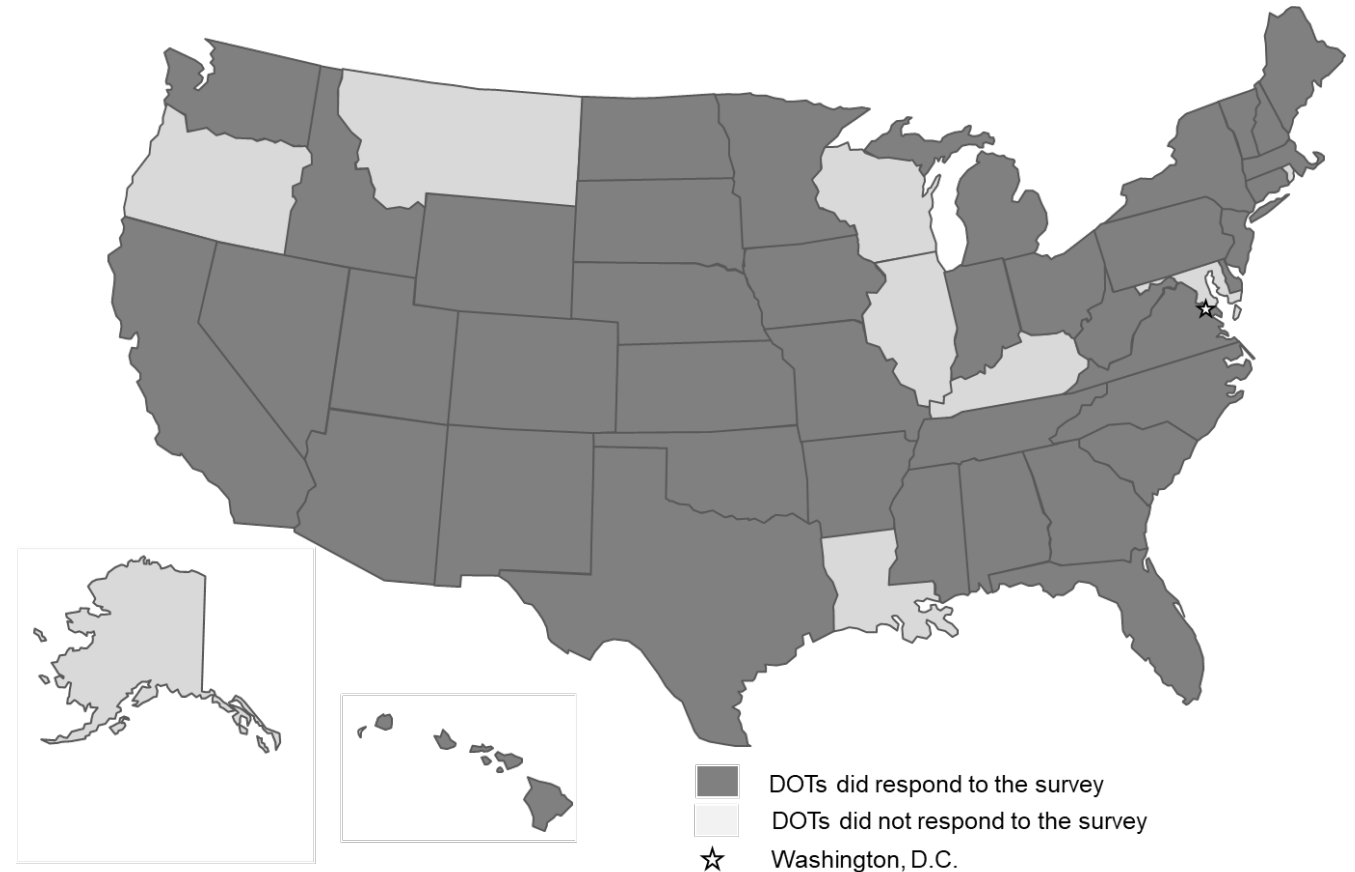
If you have any questions about the survey or would like to discuss the research topic, please feel free to contact the principal investigator using the contact information below.

Mohammed S. Hashem M. Mehany, Ph.D., PMP, Principal Investigator

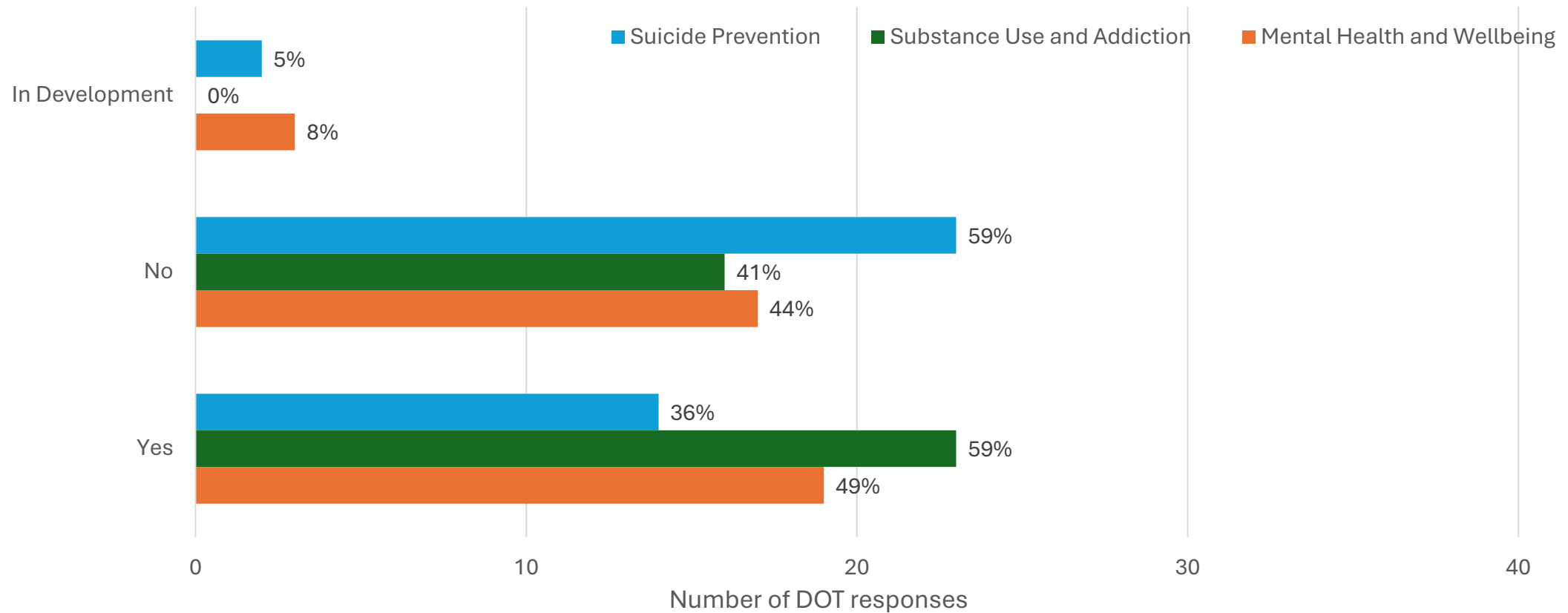
# National Survey Responses

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- Web-based survey distributed to AASHTO Committee on Construction (COC)
- Representatives from all 50 state DOTs and Washington, D.C.
- 41 total responses (80 % response rate)



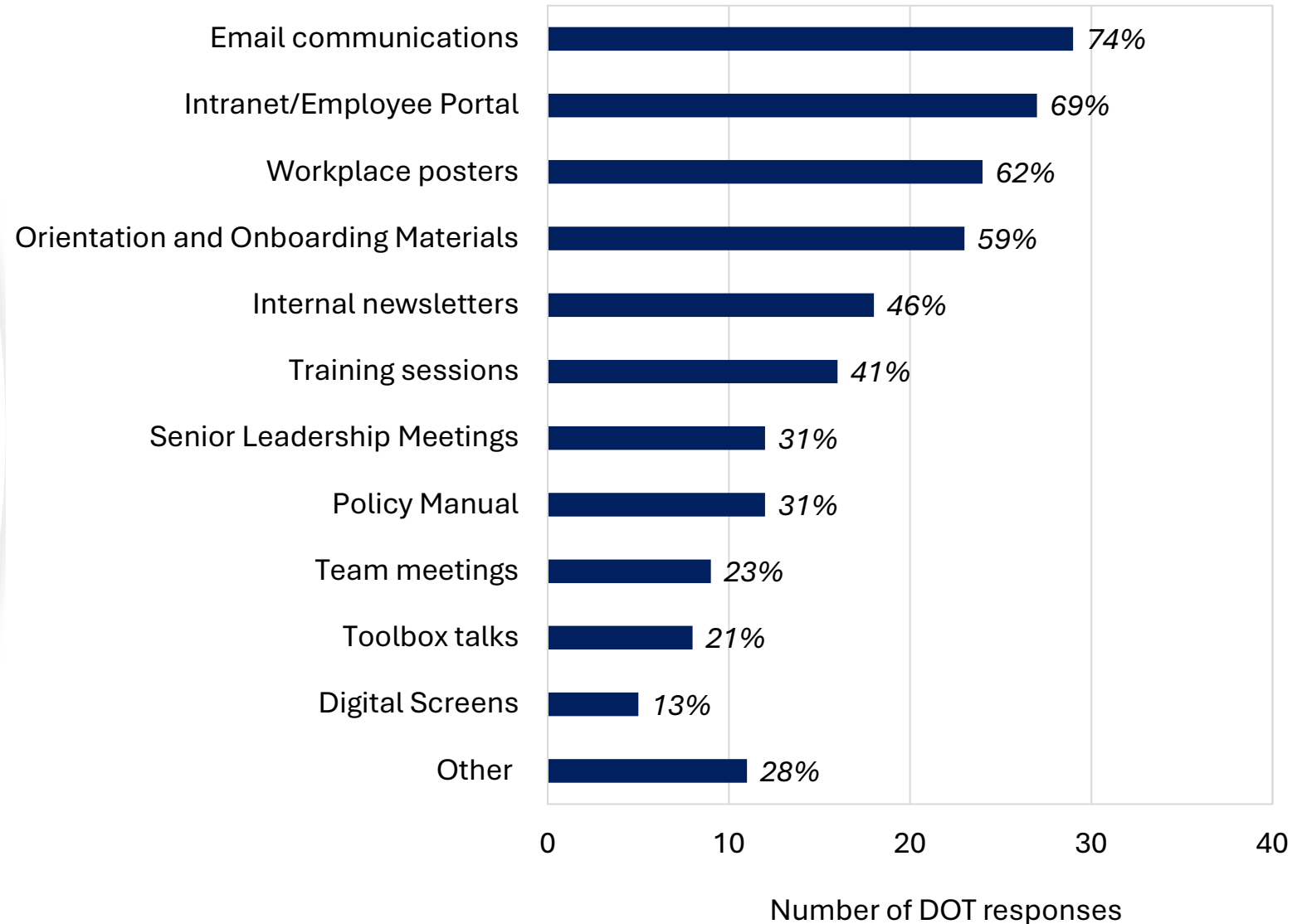
# Formal Policies or Guidelines (n=39)



# Communication Avenues for Policies & Programs (n=39)

## The Top Five Avenues

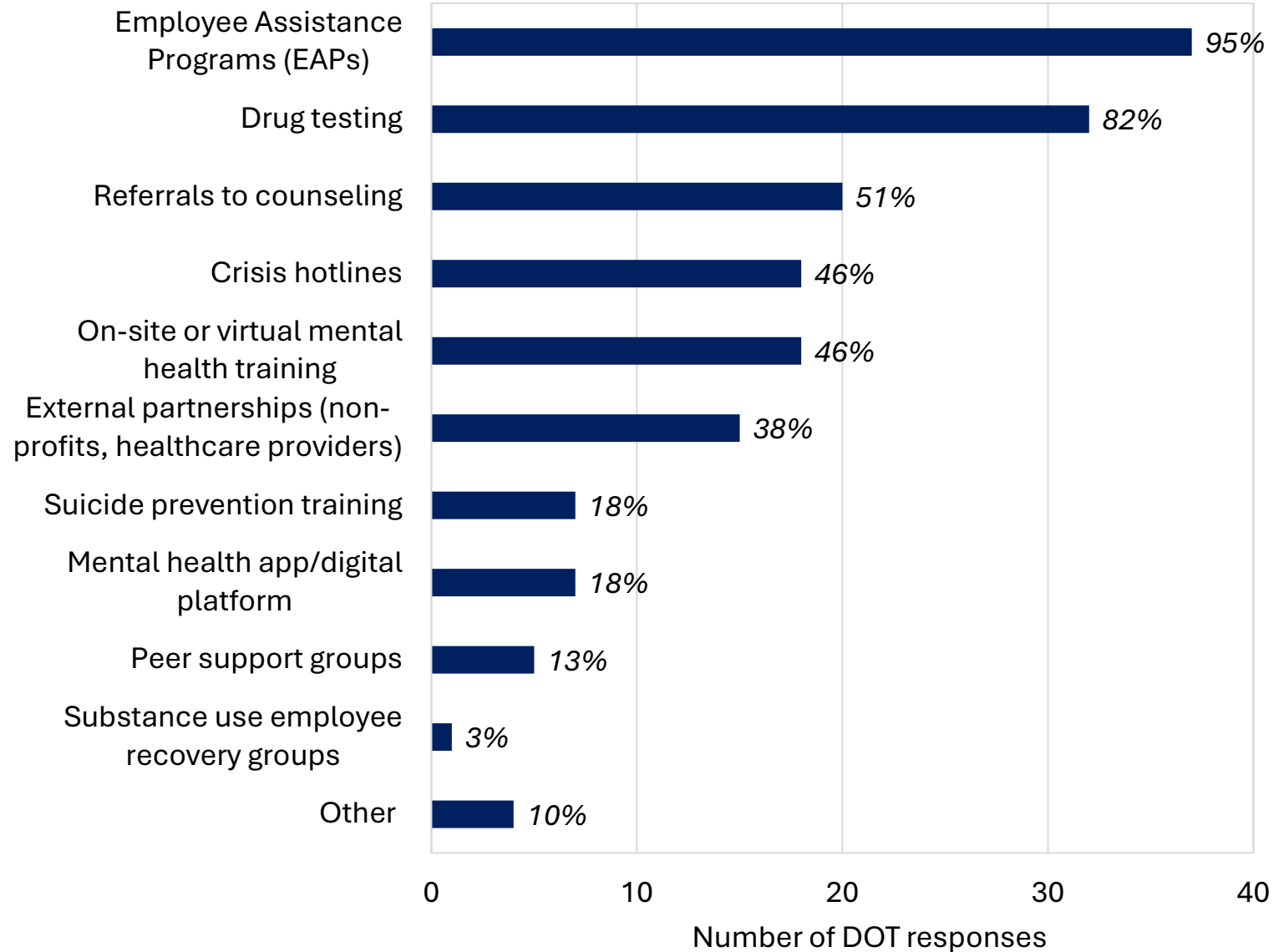
- Email communications
- Intranet/Employee Portal
- Workplace posters
- Orientation and onboarding materials
- Internal newsletters



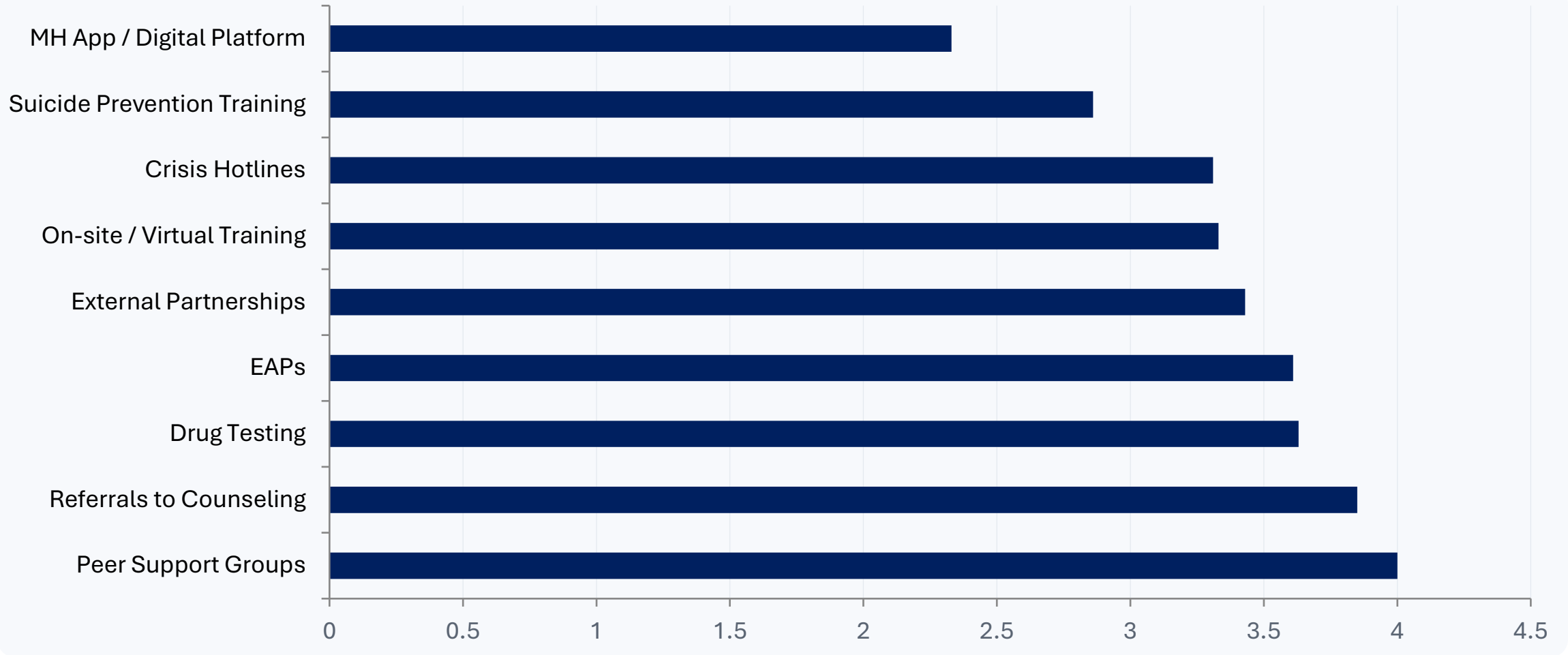
# Programs & Initiatives Implemented by State DOTs (n=39)

## The Top Five Programs or Initiatives

- Employee Assistance Programs (EAPs)
- Drug testing
- Referrals to counseling
- Crisis hotlines
- On-site or virtual mental health training



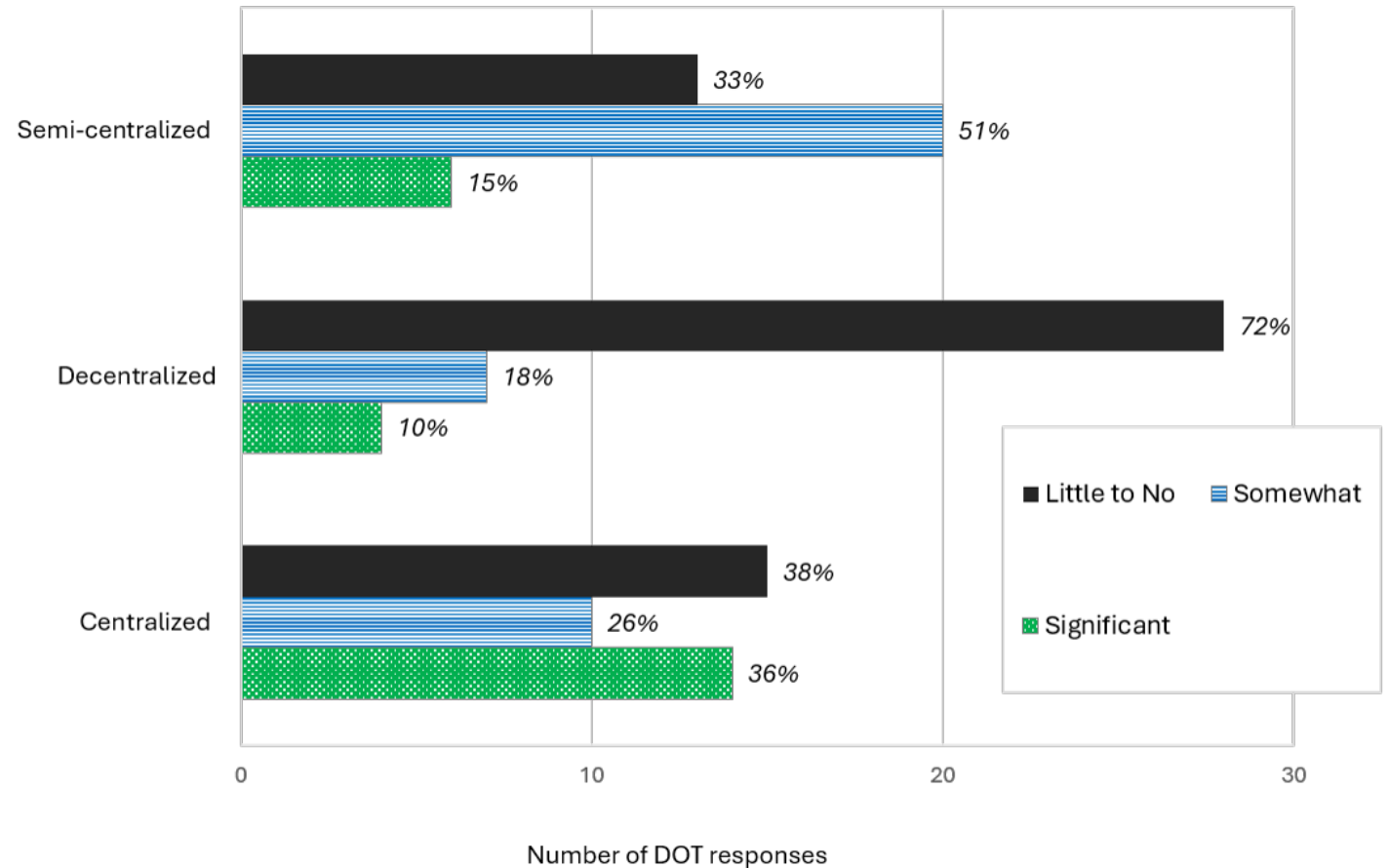
# Effectiveness of Programs: Weighted Scores (n=39)



*Weighted effectiveness scores (0 = Not Effective → 4 = Very Highly Effective)*

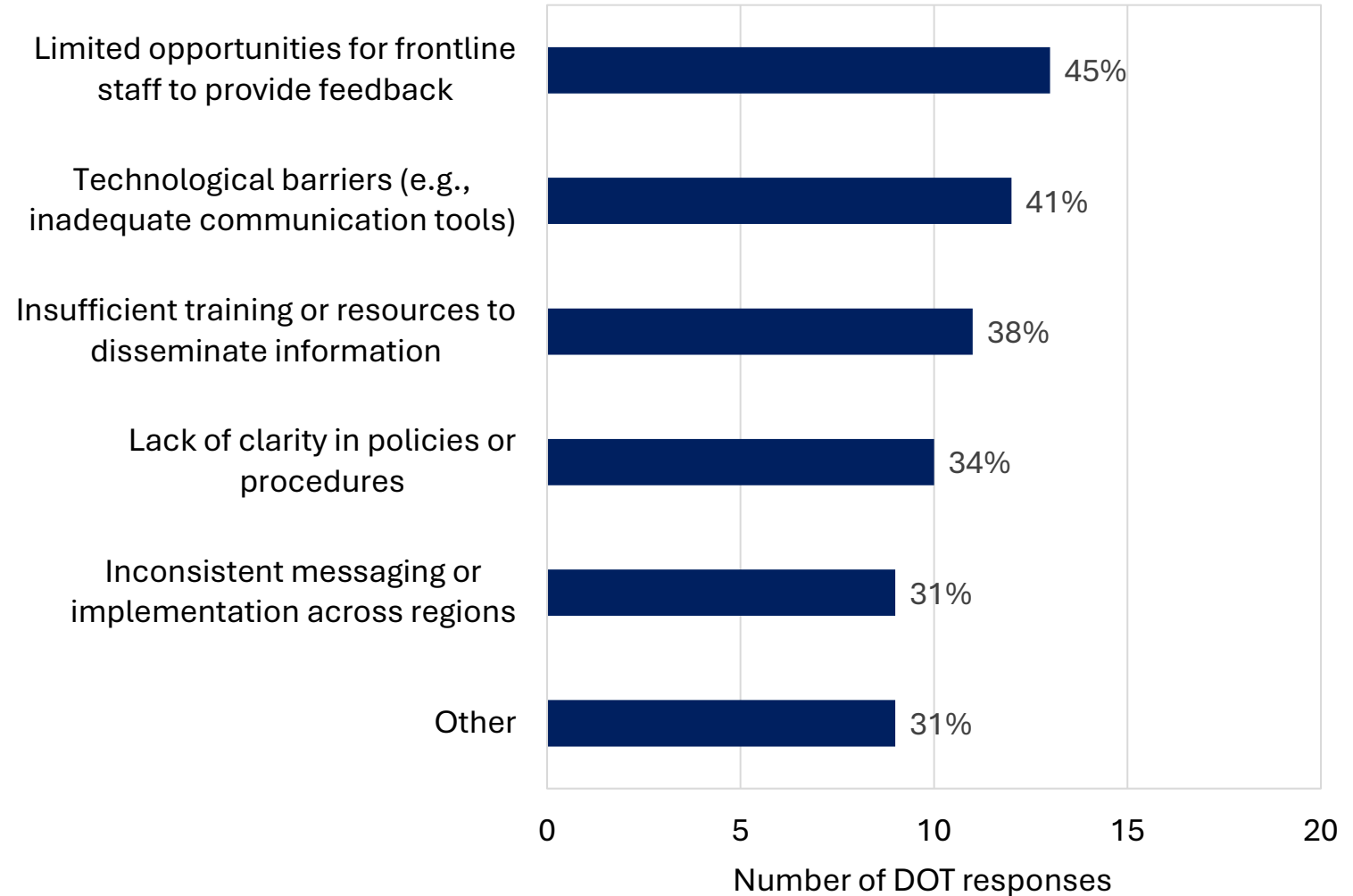
# DOT structure and mental health and wellbeing program implementation (n=39)

- 38% DOTs: HR is responsible for mental health, suicide prevention, and addiction initiatives/programs (38%)
- 74% DOTs have faced challenges in communication

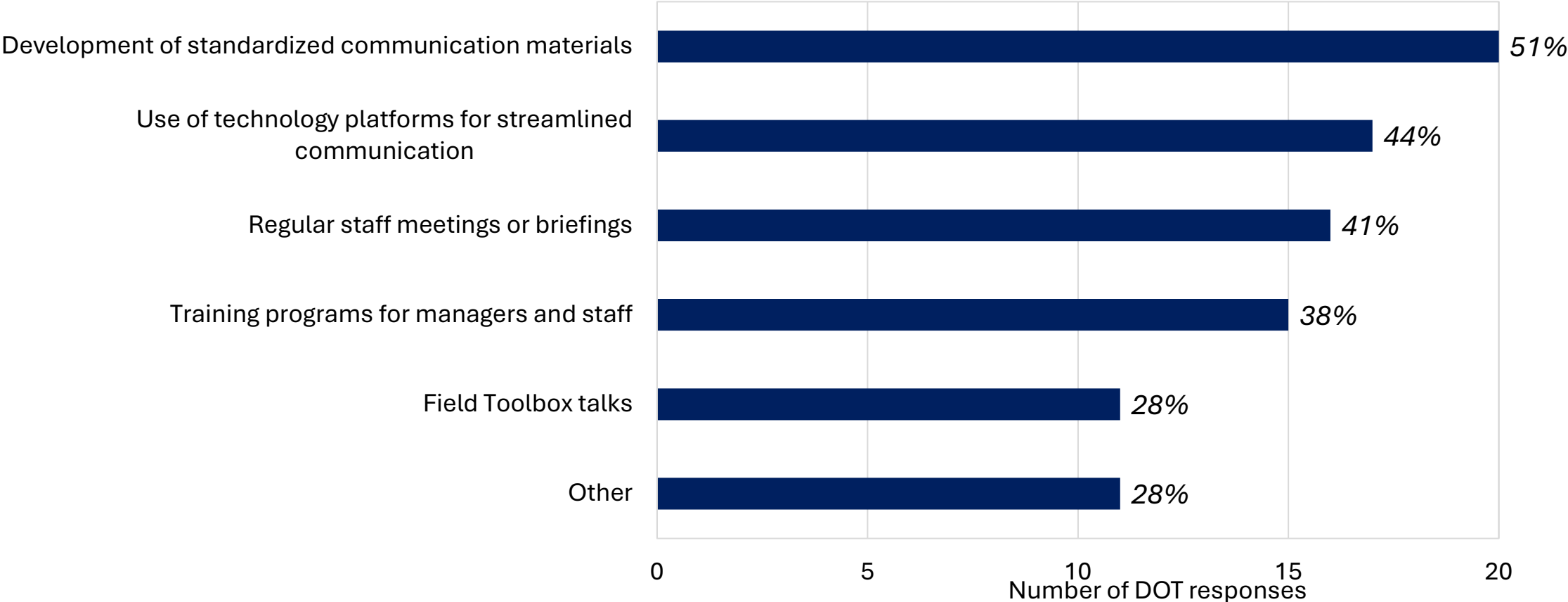


# Communication Challenges: HQ to Frontline Staff (n=29)

- Field managers are resistant to admitting the need for help
- Frontline leadership is hesitant to facilitate mental health programs
- Many employees seek external resources before using agency programs
- Discussion of MH not consistently integrated into operational dialogues



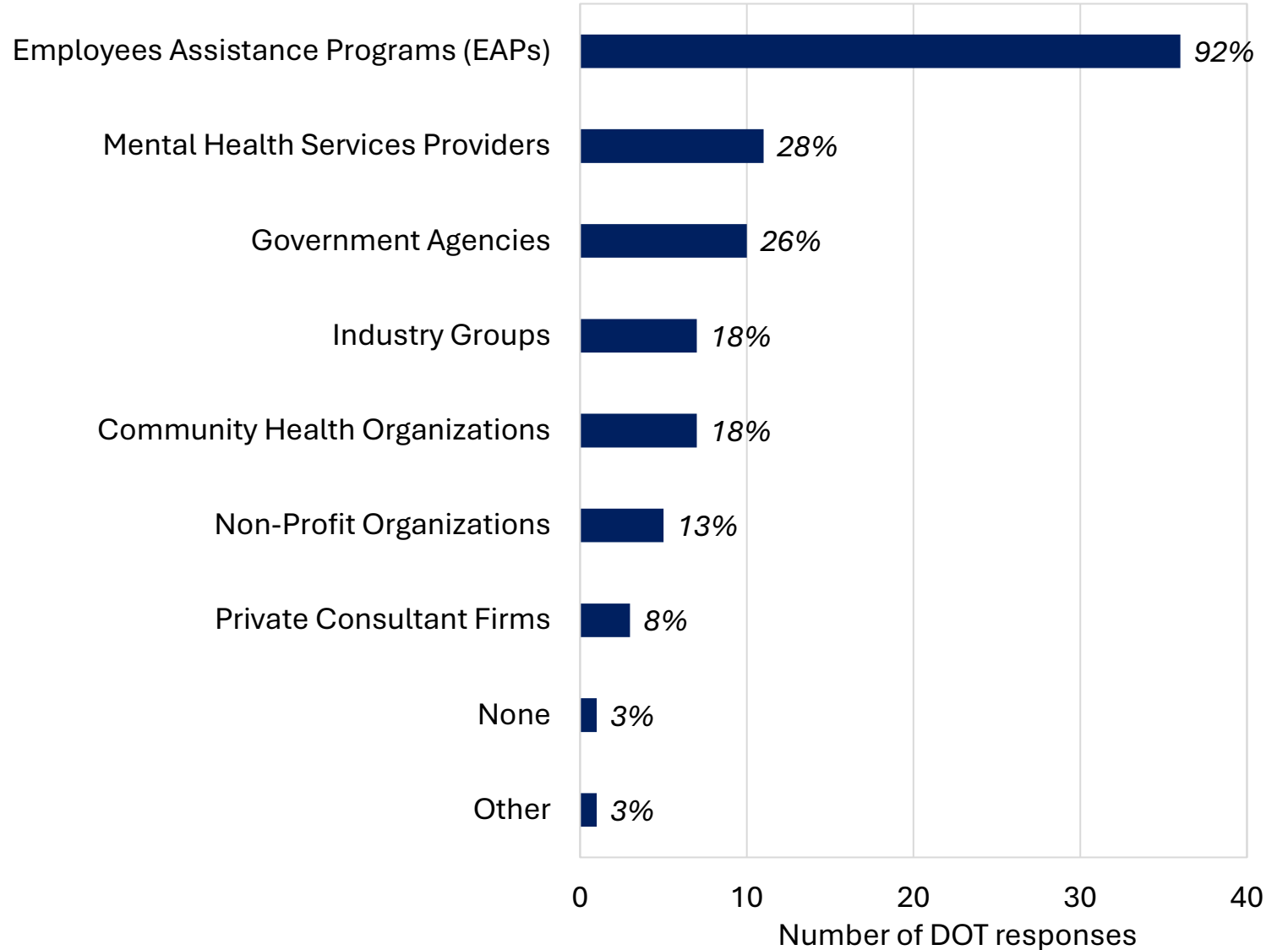
# Approaches to Address Communication Gaps (n=39)



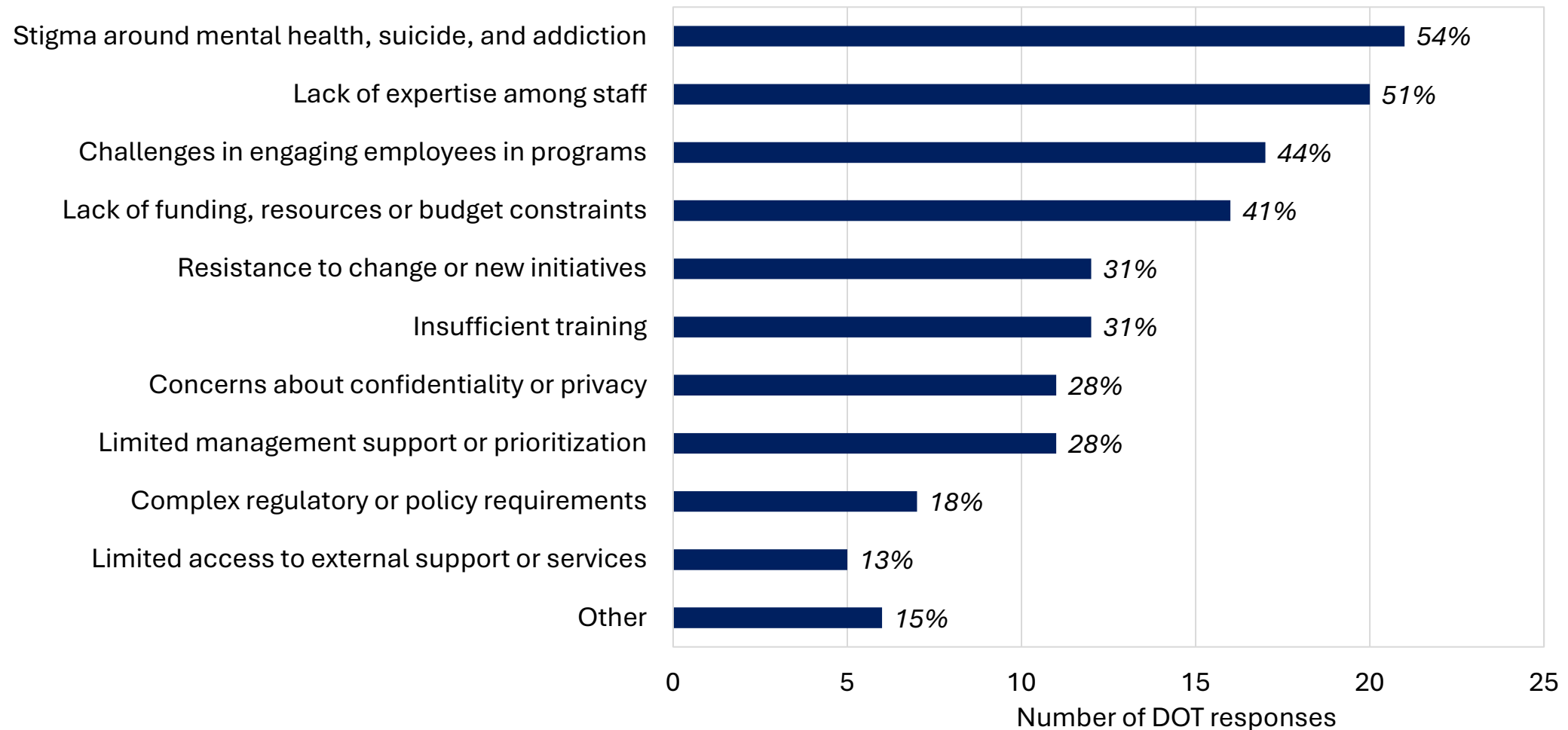
# Sample Innovative Practices

- Mental Health First Aid training
  - Peer support programs
  - Lunch-and-learns on workplace stress
  - Virtual counseling via Employee Advisory Service
  - Enhanced stress continuum programs
  - External MH presentations via Teams Live
- Portable MH discussion toolbox for field teams
  - Workers' comp coverage for PTSD
  - On-site Licensed Clinical Social Worker (LCSW)
  - Employee mentorship programs
  - Collaboration with AGC on work-life balance initiatives

# External Partnerships Supporting Mental Health (n=39)



# Barriers to Implementation




# Case Examples

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Case examples conducted with 5 selected state DOTs to collect in-depth details regarding state DOT programs for mental health, suicide prevention, and addiction mitigation



Qualified DOT participation by evaluating whether:

- The agency completed the survey
  - The agency has in place programs
  - The agency had personnel willing to participate
- 

Case Example DOTs:

Alabama, Kansas, Michigan, Mississippi, and Texas

- Covers all four AASHTO Regions

# Alabama DOT

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## Program Structure

- Statewide program integrating mental health, suicide prevention, and addiction mitigation
- Led by Division of Risk Management with third-party consultant support
- Implemented across five regions and 10 areas statewide

## Awareness and Communication

- Internal website with policies and procedures
- Monthly newsletters and office policy boards
- Supervisors and managers reinforce messaging locally

## Organizational Approach

- Supervisors connect struggling employees with support resources
- Agency working to normalize mental health conversations and reduce stigma
- Employees comfortable discussing mental health are encouraged to support others

# Alabama DOT

## Programs & Resources

- Monthly training available to all employees
- ATSSA provides external mental health and safety training
- Employees can request counselors through Risk Management
- Social worker available through Division of Enforcement
- Three no-cost mental health sessions provided annually

## Performance Measurement

- Confidentiality limits formal program evaluation
- Voluntary employee feedback used when available
- Training participation and attendance trends are tracked

## Key Challenges

- Difficulty reaching frontline field personnel
- Need for additional low-cost and accessible resources
- Continuing efforts to help employees recognize warning signs

# Kansas DOT

## Organizational Structure

- Expanded mental health initiatives beyond traditional EAP around 2020
- Division of Safety oversees mental health and suicide prevention programs
- Strong leadership support from agency leadership and safety personnel

## Awareness & Communication

- Emails, flyers, wallet cards, and district meetings used for outreach
- Agency messaging emphasizes: “It is ok to not be ok”
- Challenges remain in helping field personnel recognize warning signs

## Organizational Dynamics

- District personnel play a key role in communicating initiatives
- Mental health increasingly included in district meetings
- Field personnel often difficult to reach due to limited office/email access

# NATIONAL SUICIDE Prevention Lifeline

**DIAL: 988**

suicidepreventionlifeline.org

## Learn the Warning Signs

**Suicide Warning Signs**

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- ❖ Talking about wanting to die or to kill oneself.
- ❖ Looking for a way to kill oneself, such as searching online or buying a gun.
- ❖ Talking about feeling hopeless or having no reason to live.
- ❖ Talking about feeling trapped or in unbearable pain.
- ❖ Talking about being a burden to others.
- ❖ Increasing the use of alcohol or drugs.
- ❖ Acting anxious or agitated; behaving recklessly.
- ❖ Sleeping too little or too much.
- ❖ Withdrawing or feeling isolated.
- ❖ Showing rage or talking about seeking revenge.
- ❖ Displaying extreme mood swings.


**IN CRISIS?  
text  
HELLO  
to  
741741**

Free 24/7,  
confidential  
crisis  
support  
by text.


**The Lifeline  
is FREE,  
confidential, and  
always available.**

**HELP  
a loved one, a friend,  
or yourself.**

Community crisis centers answer Lifeline calls.

 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
www.samhsa.gov

Contact: State of Kansas  
Employee Assistance Program  
Call: 888.270.8897  
TRS: Dial 711  
Online: [guidanceresources.com](http://guidanceresources.com)  
App: GuidanceNow  
Web ID: SOKEAP



**Suicide Is Preventable**  
**Dial: 988 or you can call the  
Lifeline at 1-800-273-TALK (8255).**  
**With Help Comes Hope**

# Kansas DOT

## Programs & Initiatives

- Partnership with Kansas Highway Patrol peer support program
- Certified peer support personnel provide interventions after traumatic events
- Mandated drug and alcohol policies for drivers and operators

## Performance Measurement

- Primarily relies on voluntary employee feedback
- Formal evaluation limited by time and resource constraints
- Anonymous surveys discussed as a future option

## Key Challenges

- Building trust and employee buy-in
- Central office messaging sometimes viewed as “office chatter”
- Field staff may miss important information and resources

# Michigan DOT

## Program Structure

- Statewide Employee Service Program (ESP) available to all state employees
- Internal substance abuse program also available
- Mental health support coordinated through state agencies and DOT personnel

## Awareness and Communication

- “Monday Minute” newsletter highlights available resources
- Area engineers conduct one-on-one conversations with employees
- Agency collaborates with construction organizations

## Programs and Initiatives

- Free counseling and 24-hour services
- Wellness sessions focused on workplace issues and coping skills
- Employee Resource Group (ERG) supports executive leadership initiatives

# Michigan DOT

- Mental Health Programs
  - Free counseling
  - 24-hour services
  - Wellness Sessions (30- to 90-minutes)
  - Employee Resource Group (ERG)

## Wellness Sessions Available



Get to Know ERP for Employees



Navigating Communication in the Workplace



Coping with Grief and Loss



Coping with the Stress of Change and Uncertainty



Prioritizing Self-Care and Stress Management



Practicing Mindfulness to Support Wellness



Managing Anxiety and Building Resilience



Work Life Balance



Understanding Burnout and What to do About it



Beating the Winter Blues



Promoting Positive Interactions in the Workplace



Secondary Traumatic Stress



Time Management How to Make the Most Out of Your Day



Understanding Trauma and Building Resiliency



Creating Healthy Habits



Coping with Caregiving

# Michigan DOT

## Performance Measurement

- Voluntary verbal feedback collected through managers and ERG
- ESP performance assessed externally by another state agency
- Annual reviews include work-life balance considerations

## Organizational Dynamics

- Mental health normalization largely driven through grassroots efforts
- “Safety moments” incorporated into monthly meetings
- Ongoing challenges reaching and engaging all employees
- Standardized mental health training currently under development

# Mississippi DOT

## Program Structure

- Statewide EAP includes mental health, suicide prevention, and addiction services
- HR department oversees initiatives with district-level support
- External healthcare providers lead several programs
- Substance abuse program mandated statewide

## Awareness & Communication

- Communication through emails, managers, flyers, and word-of-mouth
- EAP representatives visit sites statewide
- Lunch-and-Learn sessions used to increase awareness
- Field workforce communication remains challenging

## Programs & Services

- Short-term counseling and crisis services
- Trauma debriefings and grief counseling
- Supervisor and employee training
- Flexible counseling and vendor options available

# Mississippi DOT

## Performance Measurement

- Confidentiality limits formal evaluation efforts
- Feedback typically collected voluntarily through HR or supervisors
- Agency interested in developing stronger performance measures

## Organizational Dynamics

- Traditional safety culture focused primarily on physical safety
- District events used to reach field personnel and traveling staff
- Field personnel may resist central office initiatives
- Regional counselors considered as a future improvement

# Texas DOT

## Organizational Structure

- Three personnel oversee employee health and wellbeing initiatives
- Separate programs for mental health, suicide prevention, and addiction mitigation
- HR manual includes program guidance and resources

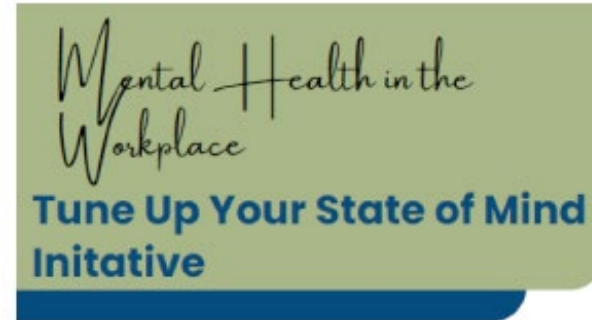
## Awareness & Communication

- District wellness leads support local outreach
- Maintenance managers communicate directly with field crews
- Monthly wellness materials and annual wellness fairs
- Partnership with local NAMI chapters

# Texas DOT

## Programs & Initiatives

- Mental Health Awareness Campaigns
- “Tune Up Your State of Mind” initiative
- Q.P.R. Suicide Prevention Training
- District visits, assessments, and educational support materials



### Initiative Goals

#### **Education**

Enhance awareness of mental health, including identifying warning signs, common conditions, and effective coping strategies.

#### **Promote Resources**

Promote mental health resources and ensure employees know where to seek help, whether for themselves or others.

#### **Normalize Mental Health Conversations**

Talking openly about mental health fosters a safe environment for sharing and accessing necessary resources.

Initiative designed with four foundational components. District selects program components and level of implementation. It is not a statewide initiative. Leaders have the autonomy to decide what is best for their district.

**#1: Assessment** - Identify awareness, knowledge, and resource gaps for a targeted mental health promotion strategy.

**#2: Section Visits** - Explain the initiative overview. Distribute assessment, discuss interests, and address questions.

**#3: Training with Licensed Professional Counselor** - Contract LPC to provide customized training. Funding provided by district.

**#4: Educational Support Material** - Monthly 'Mental Health in Minutes' Tip-Sheet + Supervisor Tips. Individual and group resource materials.

# Texas DOT

## Performance Measurement

- Uses qualitative metrics and employee feedback
- Pre- and post-surveys conducted for QPR training
- Employees becoming more comfortable discussing mental health
- Confidentiality continues to limit formal evaluation

## Organizational Dynamics

- Urban districts generally more receptive than rural districts
- Supervisor engagement varies across districts
- Mental health increasingly integrated into safety operations
- Communication barriers persist due to limited field technology access
- Additional funding and resources needed to expand initiatives

# Case Study Insights

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**Leadership:** Visible executive support is key.

**Peer Integration:** Peer roles strengthen trust and encourage early help-seeking.

**Safety Link:** Connecting wellbeing to safety protocols.

**Culture Shift:** Fostering an open, supportive environment.

# State DOT Perspective: What This Means Moving Forward

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- Employee health & wellbeing is not separate from safety operations.
- Shift from reactive to preventive safety culture.
- There is value in learning from peer DOTs.
- Leading indicators should drive future decisions.
- Long-term success requires organizational commitment.

# Overarching Synthesis Themes

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**Awareness:** Growing recognition of mental health importance.

**Inconsistency:** Programs vary widely across agencies.

**Access:** Reaching field staff is challenging.

**Leadership:** Management support is crucial for success.

# Key Findings & Organizational Challenges

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## Common Support Mechanisms



Employee Assistance Programs (EAPs)



Mental health and supervisor training



Peer support initiatives



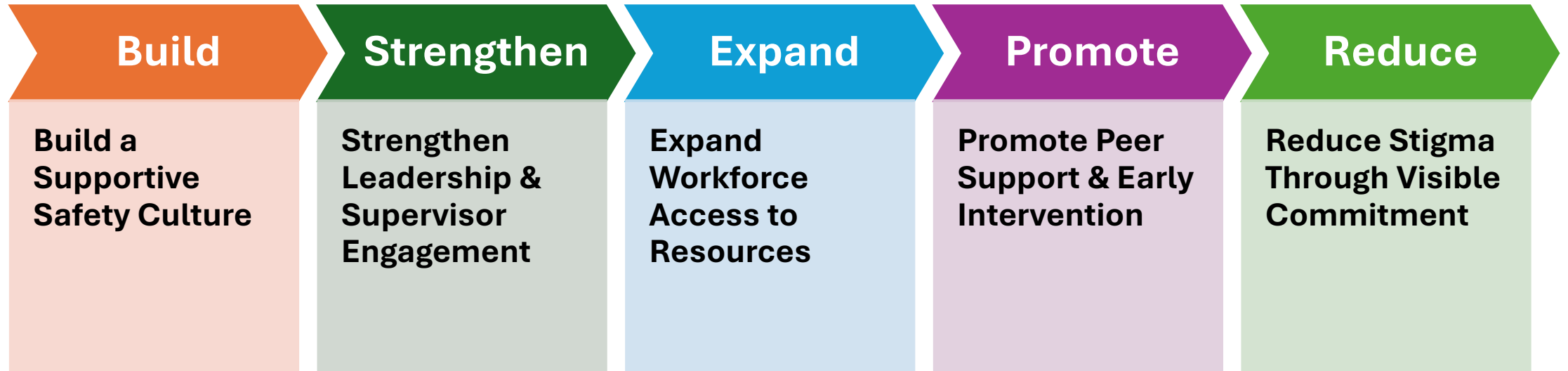
Counseling referrals and crisis resources

## Major Implementation Challenges

- Difficulty reaching frontline and field personnel
- Inconsistent leadership engagement
- Limited formal feedback and evaluation mechanisms
- Technology and communication barriers

# Recommended Practices

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# Questions



# Today's Presenters



**Arlin Alvarez**  
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**Daniel Tran**  
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➤ **July 12-15, 2026**

*65th Annual Workshop on Transportation Law*

<https://www.nationalacademies.org/events/1089>

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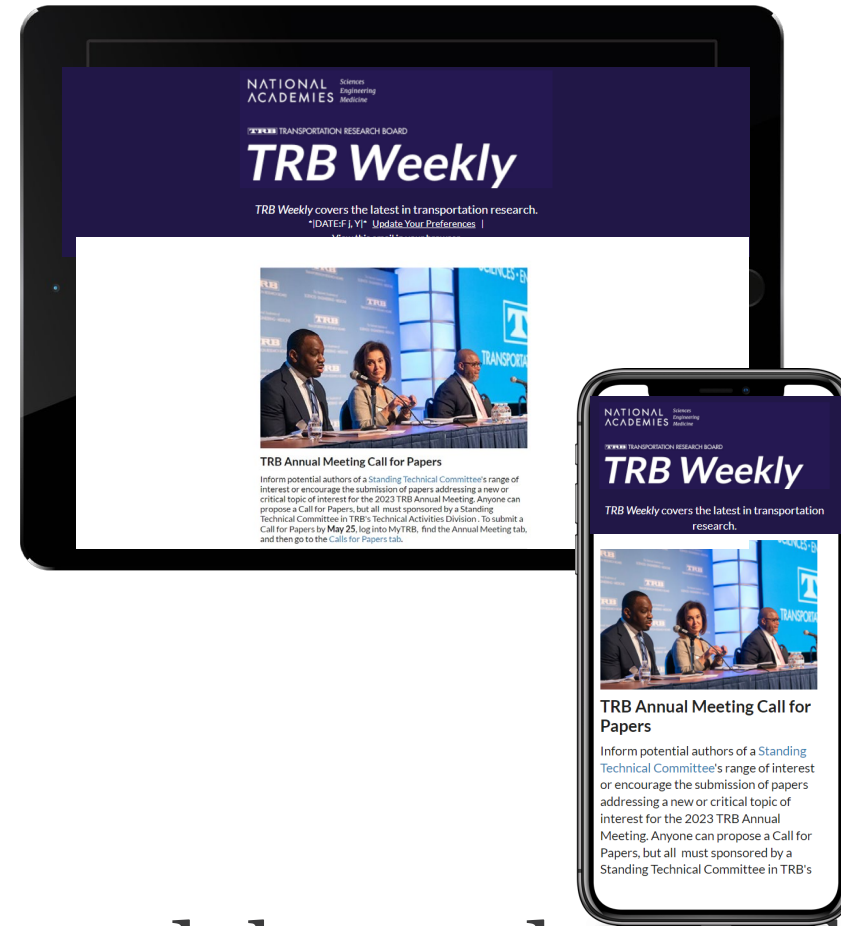


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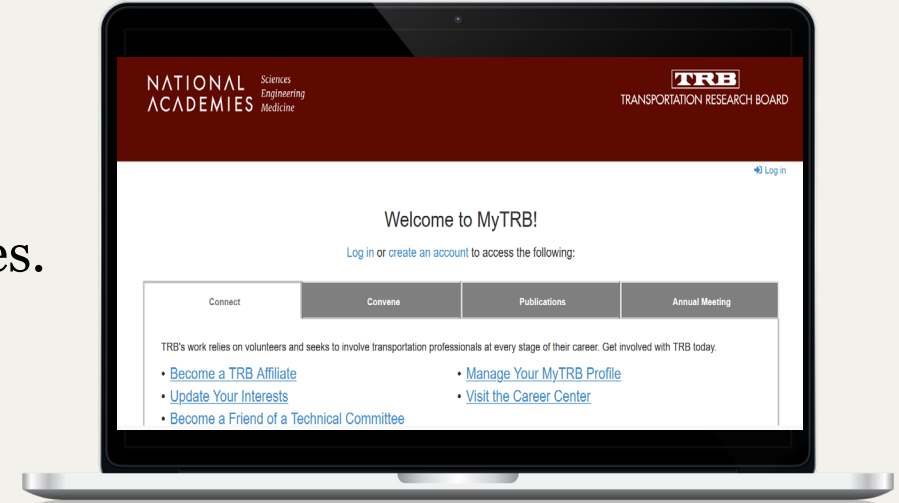


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