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Increasing Suicidal Tendency Among Construction Workers During the Corona Pandemic and After Corona- An Original Research

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KEYWORDS	Abstract:		
Suicidal tendency;	Introduction-The construction sector is regarded as one of the main economic foundations of society		
Construction worker;	and construction workers make up a sizable share of the paid labour force worldwide. The risk of		
mental health;	suicide is higher for construction workers in various places of the world.		
workplace;	<u>Aim</u> - The aim of the study is to investigate the increasing suicidal tendency among construction		
COVID-19	workers during the corona pandemic and after corona.		
	Method- 100 patients (construction workers) samples were collected for study from the hospital who		
	 visited during and after covid period. The swab test i.e. RTPCR performed. <u>Findings:</u> They showed the symptoms such as lethargy, anxiety, symptoms related to lungs. <u>Conclusions:</u> In light of critical lessons learned from past financial crises, it is imperative that 		
	businesses, gover	mments and workplaces move quickly to	reduce the risk of suicide among susceptible
	populations, inclu	iding construction workers. It will be po	ssible to prevent many deaths and save many
	livelihoods by a	nticipating, planning for and taking a	ction to reduce this danger, especially for
	labourers with le	ss expertise.	

Introduction-

Globally, the construction sector employs an estimated 7% of the world's paid workforce¹ and

accounts for about 13% of global gross domestic product (GDP).² Excess mortality from suicide among construction workers has been consistently observed in countries such as the United Kingdom³, the USA⁴, Denmark⁵, Italy⁶, Australia⁷ and Canada⁸. In England for example, the risk of suicide among low-skilled male construction workers is over three times higher than the male national average⁹. Here we have to investigate the increasing suicidal tendency among construction workers during the corona pandemic and after corona in North India.

<u>Method</u>- This study was conducted at Karpagam medical college and Hospital in Tamilnadu.100 patients

(construction workers) were selected for study from the hospital who visited during and after covid period. Their swab test i.e. RTPCR performed.

Findings: They showed the symptoms like-

- 1. Stress
- 2. Lethargy
- 3. Anxiety
- 4. Weakness
- 5. Joint pain
- 6. Problems related to lungs
- 7. Oral manifestations like ulcers, plaques, gingivitis.

Economic crises and suicide: why COVID-19 may represent the (im) perfect storm of risk factors for construction workers

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The constellation of differential exposures and differential vulnerabilities characteristic of the construction

sector represents a recognised high-risk public health situation in many countries preceding the COVID-19 pandemic. The economic and labour market shock resulting from the COVID-19 pandemic has the potential to exacerbate suicide risk profoundly in this substantial proportion of the working population. We focus here on suicide because of its severity as an outcome, acknowledging that there are also various other impacts of economic shocks on physical and mental health. We also acknowledge that there is likely to be substantial global variation, with

construction sectors in some countries more affected than others. Forecasts emerging from the World Bank suggest

that the COVID-19-induced global recession will be the most severe since the Second World War, and will precipitate economic declines in per capita outputs in the largest share of economies since 1870 [10].

Globally, the economic contraction associated with COVID-19 is already leading to substantial job losses across many sectors. In September of 2020, the International Labour Organization estimated that workhour losses recorded in the second quarter of 2020 (compared to the final quarter of 2019) were 17.3%, equivalent to 495 million full time jobs, a pattern that appeared to be sustained over the third quarter, with projections that fourth quarter statistics will be more dire than previously predicted [11]. The summative picture emerging from these statistics is of a bleak economic forecast that is unlikely to ease quickly. The association between recession or economic contraction and suicide is well recognised [12]. The global financial crisis (GFC) of 2007-2009 was associated with an excess in suicides across the world [12–14]. A study of global public data from 63 countries found that the relative risk of suicide related to unemployment attributable to the GFC was 20-30% [13]. Similar estimates were reported elsewhere such as in Australia, with an estimated 19-22% increase in the suicide rate

among the unemployed in association with a rise from approximately 4% to 6% unemployment [27], and a

7% increase in suicide among employed men [14]. Alarmingly, the course of COVID-19 and its economic, social and health consequences are as yet indeterminate and it is likely that the mental health costs of COVID-19 will not be fully realised and reckoned for many years. Recognising the different vulnerabilities of different groups within society is essential to informing coordinated and proactive intervention efforts. Construction worker vulnerability to unemployment and financial hardship due to the COVID-19- induced economic contraction highlights their current precariousness. This, combined with vulnerabilities unique to the industry and its workforce composition, represents an unfortunate confluence of factors that places them at particularly heightened risk of suicide during and after the COVID-19 pandemic.

Preparing for and responding to, this potential crisis

Considerable insights have been gleaned from extensive studies of economic shocks and their associated impacts on public health, and should inform responses. In highincome countries, many people who die by suicide are experiencing mood disorders or substance use problems at the time of death [15]. Investment in mental health services is therefore crucial. Mental health services commonly fail to engage men – both in terms of initiating contact, and in retaining engagement when contact is made - and it is therefore vital that investment is made in mental healthcare approaches that are tailored to men's needs in general, but particularly to bluecollar men's needs in the construction and related sectors. The growing availability of online or telehealth services may offer an opportunity to engage in ways that minimise stigma and other barriers. Mental healthcare-directed interventions must also be complemented by prevention and control in the workplace and in the general community. Industry based suicide prevention programmes can play a critical role. Some are consistent with best practice suicide prevention and Mrazek and Haggerty's spectrum of interventions for reducing the risk of mental disorders

[16]. MATES in Construction in Australia, for example, has been shown to have social validity among construction

workers [17], effectiveness in shifting beliefs around suicide [18], and effectiveness in improving suicide prevention literacy, intentions to offer help to workmates and intentions to seek help for themselves [19]. Employers, in addition to being key partners in industry-

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based are obliged to ensure programmes, psychologically as well as physically safe working conditions in most industrialised democracies. Many employers and unions also provide support services for workers in distress - such as employee assistance programmes (EAPs). For precariously employed construction workers, union membership can offer access to EAPs, redundancy funds and other services. All construction sector stakeholders have important contributions to make in mitigating the economic impacts

of the pandemic; the scaling up of existing programmes would be most expeditious. Finally, governments at all levels have critical roles to play through unemployment and retraining programmes, and stimulation of the economy through investment and/or incentivising sustainable jobs and sustainable businesses [20]. Other government efforts – such as measures to strengthen housing stability – will complement labour market strategies.

Inequities within construction workers and the need for an intersectional eye

It's crucial that methods take intersectionality into consideration and try to comprehend how many identities and axes of disadvantage may affect how construction workers experience their jobs. Recognizing that some populations are more vulnerable to suicide than others is essential to this. It is well known that laborers and other lower skilled construction workers are most vulnerable to suicide, and that during the Great Financial Crisis, their suicide rates rose more than those of better skilled professionals in the industry [21]. This could be explained by the fact that they are usually younger than other workers and, as unskilled laborers, are subjected to worse working conditions and lower pay [22]. It is also well recognized that unskilled laborers face greater social disadvantages and are more susceptible to losing their jobs. As a result, they will be especially vulnerable to the effects of COVID-19 since they lack the social means to mitigate the effects of being unfavorable exposed to working conditions, unemployment, or both. In addition, the construction sector globally depends significantly on migrant labor [35]. Because they frequently work informally, migrant construction workers are more susceptible to dangerous, unfair, and occasionally unlawful work arrangements and practices [23]. Migrant workers also endure high

rates of stigmatization and discrimination in many nations, which exacerbates their marginalization [24]. When the economy is contracting, migrant workers are more likely than other workers to lose their jobs. Numerous migrant workers and their families face health and wellbeing risks due to limited access to social protection (many are excluded from health and income security measures) [24]. Experiences of stigmatization and discrimination may make it more difficult to access social safety and help. Construction workers' convergence of these differential vulnerabilities and exposures is extremely significant for public health, especially since it is consistent with societal injustices that put more socially disadvantaged groups at higher risk of suicide and overall worse health outcomes [25]. Ensuring that all workers have access to social protection, which has been identified as essential to combating COVID-19, international labour standards includes providing them with financial support during periods of unemployment, cheap healthcare, and sickness benefits. This is also in line with more general calls for mental health strategies to be less treatmentfocused and more social determinant-focused [26]. These are approaches that are applicable and relevant to many sectors and will lay the groundwork for a more equitable world after COVID-19.

Conclusion-

Worldwide, construction industries are considered to be key economic pillars of the societies they operate in, and construction workers constitute a sizeable proportion of the paid workforce. There are many different needs and imperatives that governments around the world are grappling with as they rapidly try to respond to the challenges that the COVID-19 pandemic has presented. Rightly, the initial focus has been on addressing the most pressing and salient health effects of COVID-19 infection and transmission. But the public health risks clearly extend beyond that of the immediate effects of the virus, and the economic impacts of COVID-19 represent a particular risk to construction workers around the world. Anticipating and preparing to mitigate this risk, particularly

among low skilled construction workers, will save many livelihoods, as well as lives.

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