

Work related Stress, Anxiety and Depression Statistics in Great Britain 2016

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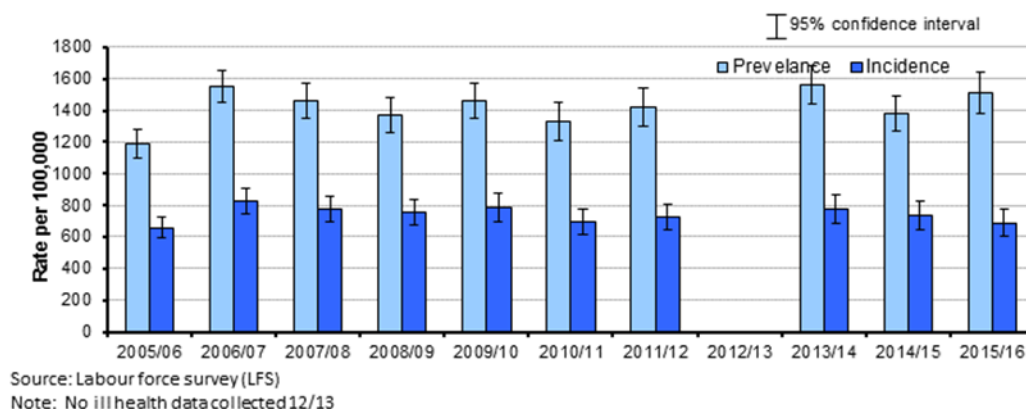
Summary

Work-related stress, depression or anxiety is defined as a harmful reaction people have to undue pressures and demands placed on them at work.

The latest estimates from the Labour Force Survey (LFS) show:

- The total number of cases of work related stress, depression or anxiety in 2015/16 was 488,000 cases, a prevalence rate of 1510 per 100,000 workers.
- The number of new cases was 224,000, an incidence rate of 690 per 100,000 workers. The estimated number and rate have remained broadly flat for more than a decade.
- The total number of working days lost due to this condition in 2015/16 was 11.7 million days. This equated to an average of 23.9 days lost per case. Working days lost per worker showed a generally downward trend up to around 2009/10; since then the rate has been broadly flat.
- In 2015/16 stress accounted for 37% of all work related ill health cases and 45% of all working days lost due to ill health.
- Stress is more prevalent in public service industries, such as education; health and social care; and public administration and defence.
- By occupation, jobs that are common across public service industries (such as healthcare workers; teaching professionals; business, media and public service professionals) show higher levels of stress as compared to all jobs.
- The main work factors cited by respondents as causing work related stress, depression or anxiety (LFS) were workload pressures, including tight deadlines and too much responsibility and a lack of managerial support.

Figure 1. Estimated prevalence and incidence rates of stress, depression or anxiety caused or made worse by work, for people working in the last 12 months.



Background

Work-related stress is defined as a harmful reaction that people have to undue pressures and demands placed on them at work. By its very nature, stress is difficult to measure and HSE has two different data sources from which to conduct analysis. The preferred data source used by HSE for calculating rates and estimates for stress, depression or anxiety is the Labour Force Survey (LFS).

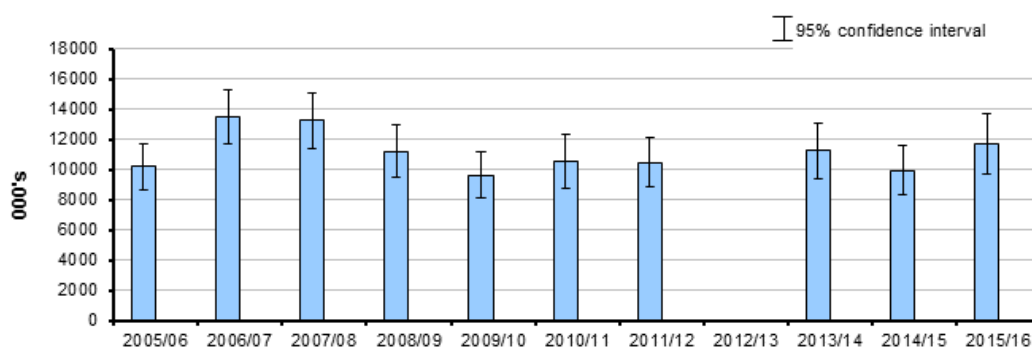
The LFS is a household survey consisting of around 38,000 households per quarter across Great Britain which provides information about the labour market. HSE commissions a module of questions in the LFS to gain a view of work-related illness based on individuals' perceptions.

The LFS provides national estimates and corresponding rates of the overall prevalence (total cases) of self-reported work-related illness during the previous 12 months, which includes long standing and new cases, it also provides estimates of work-related illness in the same period and of annual working days lost due to work-related illness. Estimates and rates relate to people working in the previous 12 months. Statistics presented in this document are based on the LFS data, unless otherwise specified.

In addition to the LFS, HSE also collects data on work-related stress through the Health and Occupation Research network for general practitioners (THOR-GP) across Great Britain. This network asks reporting general practitioners to assess whether new cases of mental ill health presented in their surgeries are work-related, and if so, what was the work-related cause of this disorder. The two data sources may reflect different perceptions of work related attribution to individual cases.

Longitudinal studies and systematic reviews have indicated that stress at work is driven largely by psychosocial factors and is associated with common conditions such as heart disease and anxiety and depression and may play a role in some forms of musculoskeletal disorders.

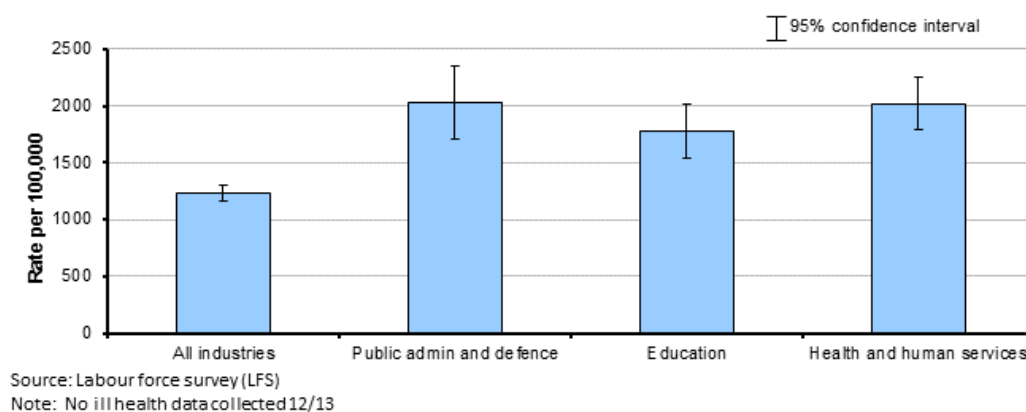
Figure 2. Days lost due to work related stress, depression or anxiety injury, for people working in the last 12 months, 2015/16



Work related stress by industry group

The prevalence rate for work related stress in all industries was 1230 cases per 100,000 people employed averaged over the three year 2013/14-2015/16. The broad industry category of public administration and defence; compulsory social security has a rate of 2030 cases per 100,000 workers; human health and social work activities at 2020 cases per 100,000 workers and education, 1780 cases per 100,000 workers each with a significantly higher rate than the average for all industries.

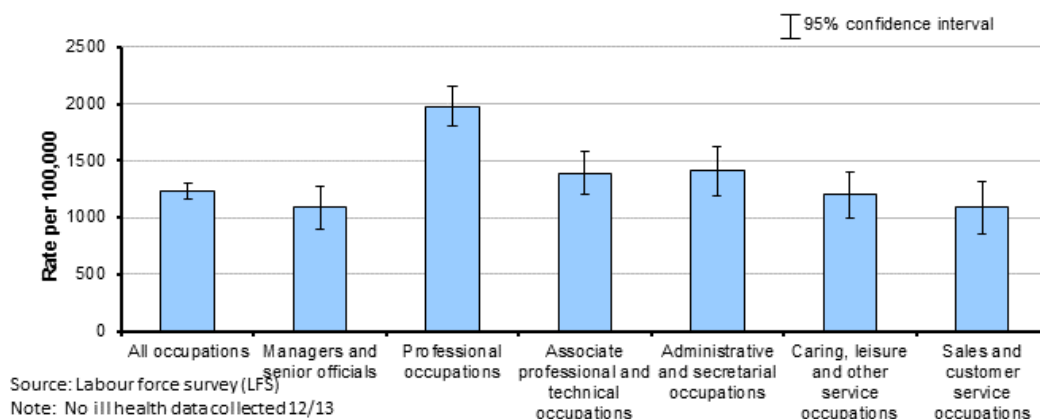
Figure 3. Prevalence rate for work related stress anxiety and depression by industry group, per 100,000 people employed in the last 12 months, averaged over the period 2013/14-2015/16



Work related stress by occupational category

Those occupational groups with the highest prevalence rates of work related stress broadly reflect the types of occupations found in the industries mentioned above.

Figure 4. Prevalence rate of work related stress by broad occupational category, per 100,000 people employed in the last twelve months, averaged over the period 2013/14-2015/16

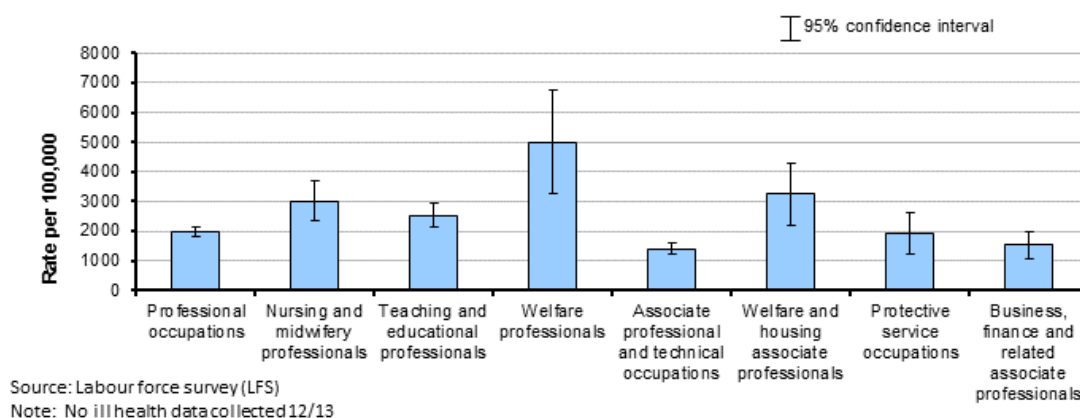


The professional occupations category has significantly higher rates of work related stress than the rate for all occupations. For the three year period averaged over the professional occupations category 2013/14-2015/16 had 1980 cases per 100,000 people employed, compared with 1230 cases averaged for all occupational groups.

However the broad categories of skilled trades and elementary occupations had significantly lower rates of work related stress at 550 and 750 cases per 100,000 respectively.

Looking more closely at the broad category of professional occupations we can assess which professions are driving the higher rates of work related stress. Nursing and midwifery professionals at 3010 cases per 100,000 workers, Teaching professions at 2530 cases and Welfare professionals at 4990 cases all have statistically significantly higher rates of work related stress, anxiety and depression than the rate for all occupational groups.

Figure 5. Prevalence rate of work related stress within the category of professional occupations per 100,000 people employed averaged over the period 2013/14-2015/16



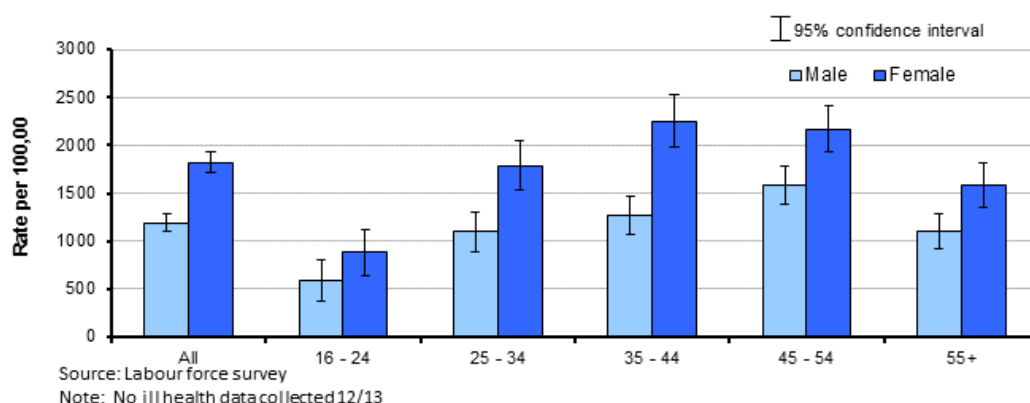
Work related stress by age and gender

In the three year period 2013/14-2015/16 the prevalence rate for work related stress in males was 1190 cases for males and 1820 cases for females per 100,000 workers. Females had a statistically higher rate than males in this period.

Within males looking at age group breakdowns it is estimated that in age categories 16-24 years (590 cases) - 25-34 years (1100 cases) and 35-44 years (1270 cases) had significantly lower rates than all persons combined in this period. However the age category with higher rates of work related stress was in the 45-54 year age category at 1590 although not statistically significantly higher than all persons combined.

Within female age categories the 25-34 years 35-44 years 45-54 years were all statistically higher than the rate for all persons combined at 1790 cases, 2250 cases and 2170 cases respectively. The higher rates reported by females is likely to be a product of the proportion of females in the public services and vocational occupations such as teaching and nursing and cultural differences in attitudes and beliefs between males and females around the subject of stress.

Figure 6. Prevalence rate of work related stress by age and gender per 100,000 people employed averaged over the period 2013/14-2015/16

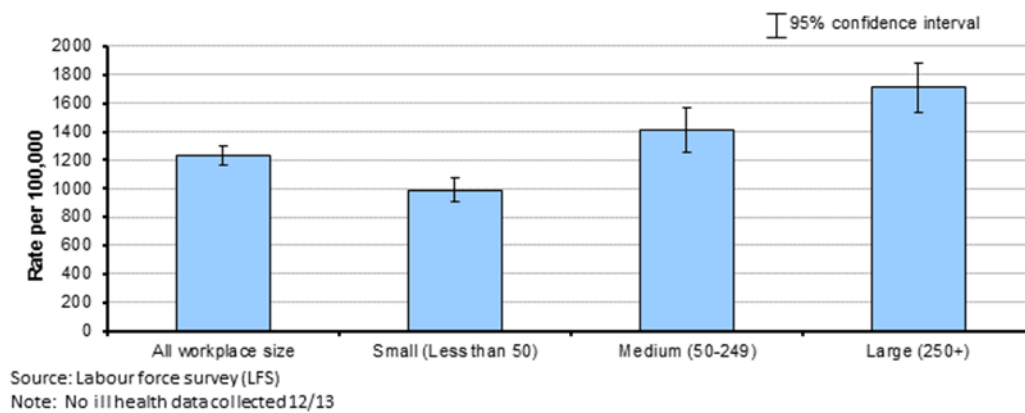


Work related stress and company size

Compared with all workplaces combined, small enterprises had significantly lower rates of work place stress anxiety and depression whilst medium and large enterprises had significantly higher rates.

The rate for all workplace size (current/most recent job) 1230 cases per 100,000 workers with Small (Less than 50 employees) 990 cases, Medium (50-249 employees) 1410 cases and Large (250+ employees) 1710 cases.

Figure 7. Prevalence rates of work related stress for small, medium and large enterprises per 100,000 people employed in 2015/16

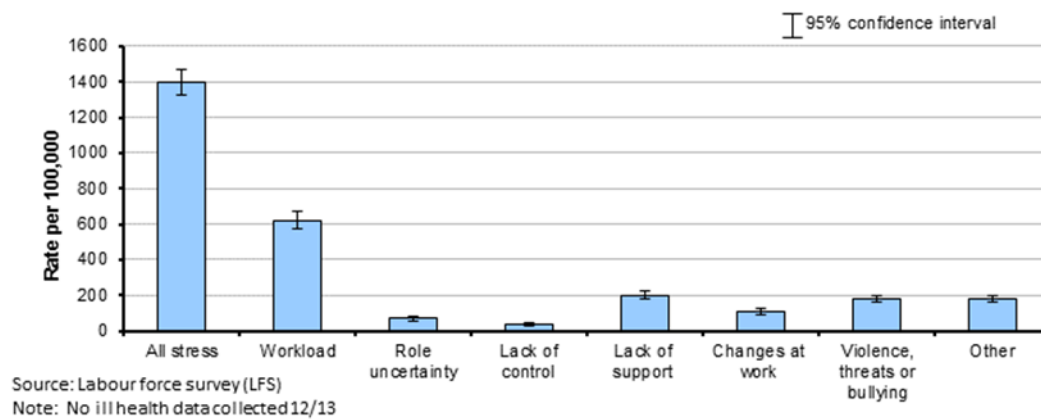


Causes of workplace stress

The predominant cause of work related stress from the Labour Force Survey (2009/10-2011/12) was workload, in particular tight deadlines, too much work or too much pressure or responsibility.

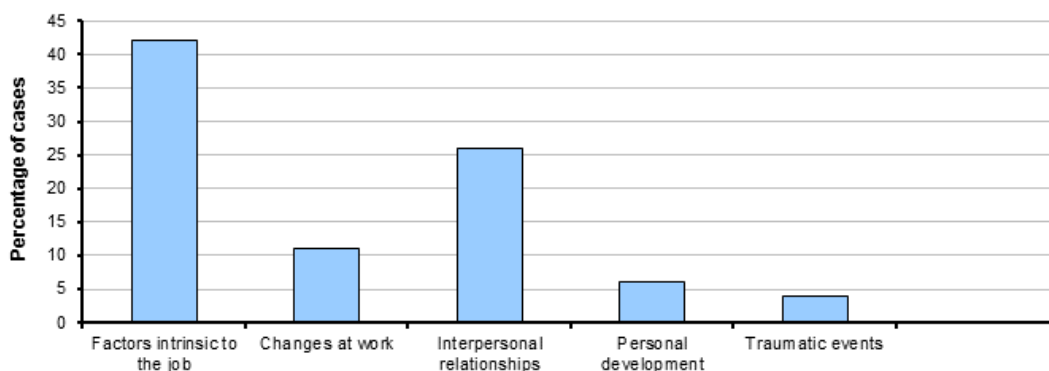
Other factors identified included a lack of managerial support, organisational changes at work, violence and role uncertainty (lack of clarity about job/uncertain what meant to do.)

Figure 8. Estimated prevalence rates of self-reported stress, depression or anxiety by attributed causation averaged 2009/10 - 2011/12



The general practitioners network (THOR-GP 2012-2014) identified an analysis of work related mental ill health cases by precipitating events and diagnosis. They concluded that workload pressures were the predominant factor, in agreement with the LFS, with interpersonal relationships at work and changes at work significant factors also.

Figure 9. Analysis of mental ill-health cases reported to THOR-GP according to precipitating event THOR-GP, three-year aggregate total 2013 to 2015



The THOR network of specialist physician's network offers some case study examples of work related stress and how these were dealt with.

Example of work related stress case presented to physician in the THOR scheme

Case of the Quarter – THOR

Work-related stress in a 43 year old male local authority employee

Earlier this year all of his department were advised that they had to reapply for their posts, and he was retained but on a temporary contract in a different location. Surgery for keratoconus in 1992 left him sensitive to bright light and with difficulties driving at night. In his previous post the workstation had been adapted to meet his visual requirements and the location had meant he had little night driving in wintertime. Requests to his new line manager for occupational health input in view of his medical condition were declined. Over a period of a few weeks he developed sleeping difficulties and felt exhausted. He found it difficult to concentrate at work and was noted to be increasingly irritable at home. When initially seen he had a tachycardia and raised blood pressure. He was signed off work and on review after two weeks was feeling much better and his pulse and BP had returned to normal. After a further two weeks he was able to return to work with occupational health input. A constructive meeting with senior management took place and it was arranged for him to return to his original location and duties under new line management, with all adjustments to be undertaken and checked before his return.

Job insecurity, insensitive management and low personal “control” are some of the factors involved in work related stress. A change in behaviour can often be the presenting symptom of stress. The abnormal physiological response associated with stress can be reversible on dealing with the background issues. He had always found his work to be enjoyable and is doing so once more.

Conclusion

Work related stress depression and anxiety continue to represent a significant ill health condition in the workforce of Great Britain. Work related stress accounts for 37% of work related ill health and 45% of days lost, in 2015/16. The occupations and industries reporting the highest rates of work related stress remain consistently in the health and public sectors of the economy. The reasons cited as causes of work related stress are also consistent over time with workload, lack of managerial support and organisational change as the primary causative factors.

National Statistics

National Statistics are produced to high professional standards set out in the National Statistics Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

An account of how the figures are used for statistical purposes can be found at www.hse.gov.uk/statistics/sources.htm .

For information regarding the quality guidelines used for statistics within HSE see www.hse.gov.uk/statistics/about/quality-guidelines.htm

A revisions policy and log can be seen at www.hse.gov.uk/statistics/about/revisions/

Additional data tables can be found at www.hse.gov.uk/statistics/tables/.

For further information on stress, anxiety and depression statistics,
www.hse.gov.uk/statistics/

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