

# Work-related stress, anxiety or depression statistics in Great Britain, 2020

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# Summary



## Work-related Stress, depression or anxiety in Great Britain

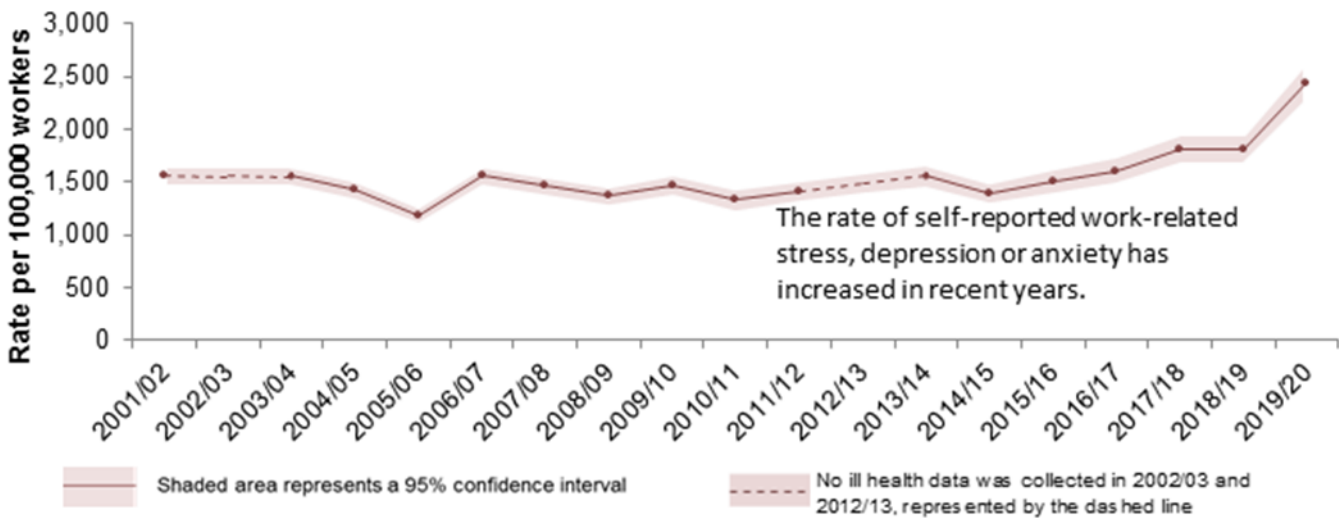
**828,000**

Workers suffering from work-related stress, depression or anxiety (new or long-standing) in 2019/20 Labour Force Survey (LFS)

**17.9 million**

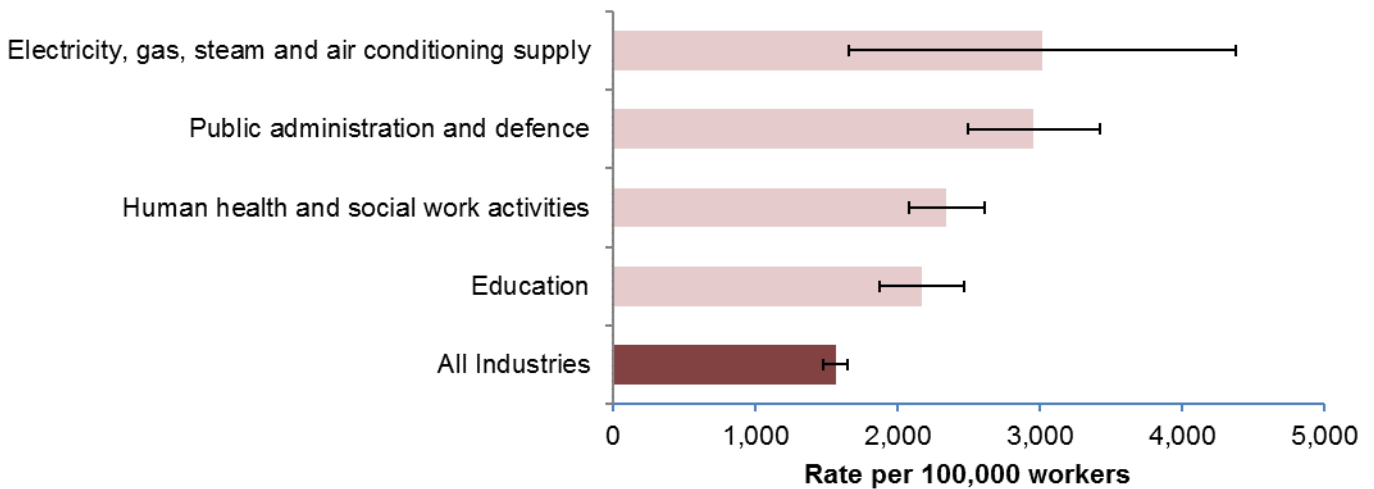
Working days lost due to work-related stress, depression or anxiety in 2019/20 Labour Force Survey (LFS)

Work-related Stress, depression or anxiety per 100,000 workers: new and long-standing



Source: LFS annual estimate, from 2001/02 to 2019/20

Industries with higher than average rates of stress, depression or anxiety, averaged 2017/18- 2019/20



Source: LFS, estimated annual average 2017/19-2019/20  
95% confidence intervals are shown on the chart.

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 2019/20 was 828,000, a prevalence rate of 2,440 per 100,000 workers. This was statistically significantly higher than the previous period.
- The rate of work-related stress depression and anxiety has increased in recent years.
- The number of new cases was 347,000, an incidence rate of 1,020 per 100,000 workers. The total number of working days lost due to this condition in 2019/20 was 17.9 million days. This equated to an average of 21.6 days lost per case. Working days lost per worker due to self-reported work-related stress, depression or anxiety shows no clear trend.
- In 2019/20 stress, depression or anxiety accounted for 51% of all work-related ill health cases and 55% of all working days lost due to work-related ill health.
- Stress, depression or anxiety is more prevalent in public service industries, such as education; health and social care; and public administration and defence. By occupation, professional occupations that are common across public service industries (such as healthcare workers; teaching professionals 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 were workload pressures, including tight deadlines and too much responsibility and a lack of managerial support (2009/10-2011/12).
- Disruption to the economy towards the end of 2019/20 due to the emergence of COVID-19 as a national health issue had the potential to have impacted on workplace injury and work-related ill health data for 2019/20. A paper setting out the issues in more detail along with results of analysis of the headline data from the Labour Force Survey and RIDDOR found that COVID-19 does not appear to be the main driver of changes seen in the latest years data (see Annex 1)

# Introduction

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. HSE's preferred data source for calculating rates and estimates for work-related stress, depression or anxiety are self-reports from the Labour Force Survey (LFS).

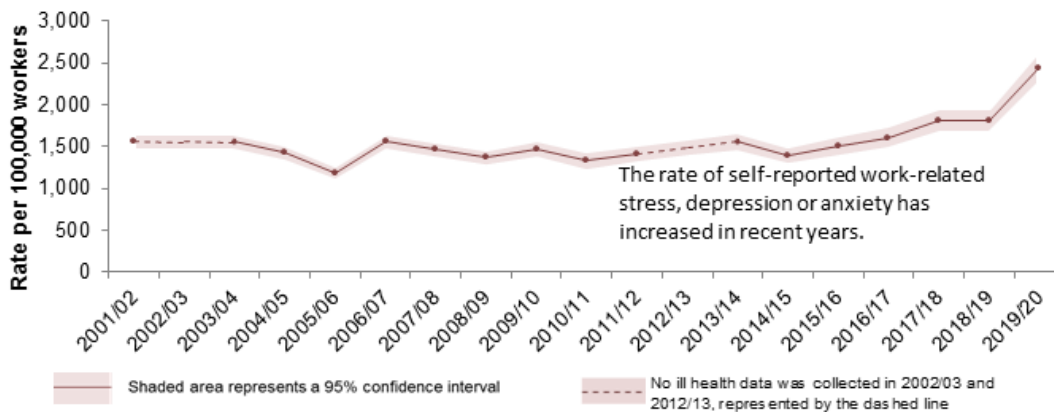
Previously HSE also collected data on work-related stress through The Health and Occupation Research network for general practitioners (THOR-GP). These data although historic provide a general practitioners perspective and still useful data on work-related causes of stress. The two data sources may reflect different perceptions of work-related attribution to individual cases.

## Scale and trend in work-related stress, depression or anxiety

In 2019/20 there were an estimated 828,000 workers affected by work-related stress, depression or anxiety. This represents 2,440 per 100,000 workers and results in an estimated 17.9 million working days lost. In 2019/20 work-related stress, depression or anxiety accounted for 51% of all work-related ill health and 55% of all days lost due to work-related ill-health.

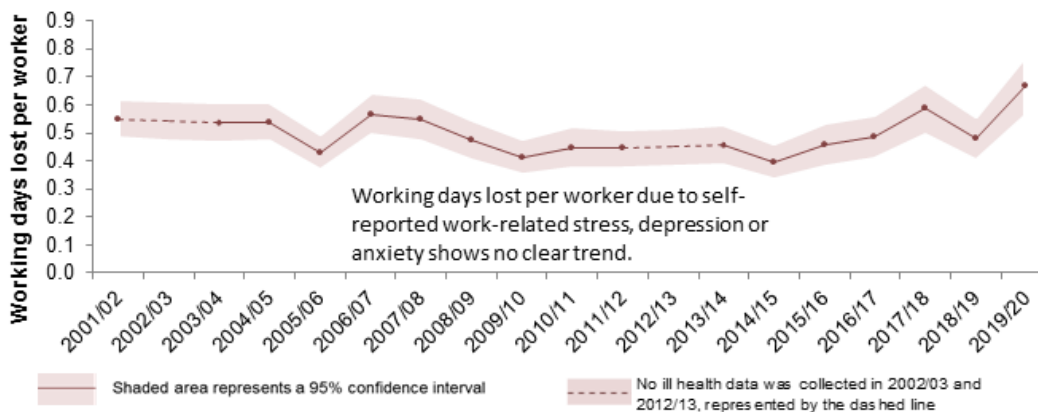
Over recent years the rate of self-reported work-related stress, anxiety or depression has increased with the latest year 2019/20 significantly higher than the previous year. Evidence suggest this is not related to COVID-19 (see Annex 1). However, there is no clear trend in the rate of working days lost per worker for work-related stress, anxiety or depression. Days lost per worker is a combination of the overall case rate and the days lost per case.

**Figure 1. Estimated prevalence rates of self-reported stress, depression or anxiety caused or made worse by work in Great Britain, for people working in the last 12 months**



Source: LFS annual estimate, from 2001/02 to 2019/20

**Figure 2. Working days lost per worker due to self-reported work-related stress, depression or anxiety, for people working in the last 12 months**

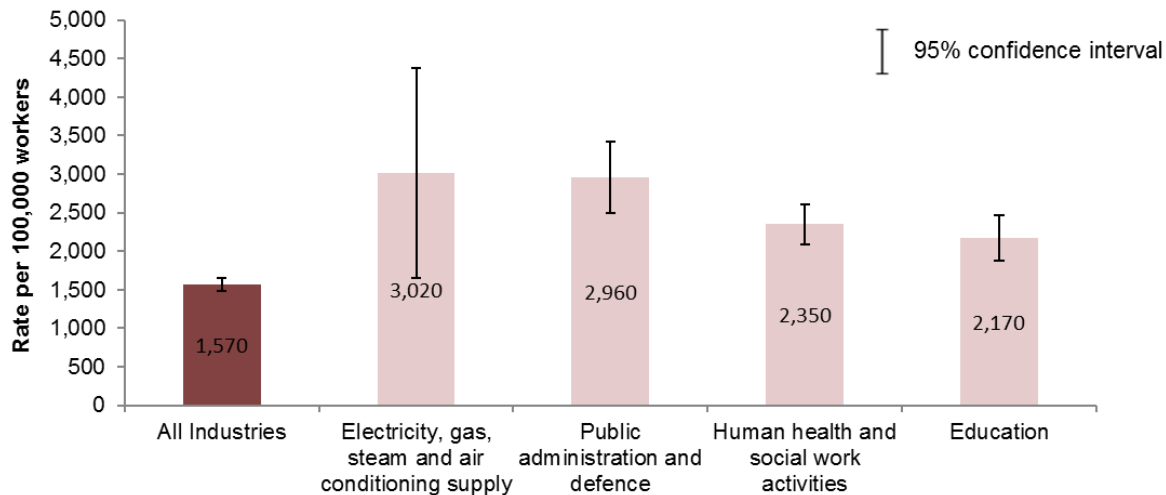


Source: LFS annual estimate, from 2001/02 to 2019/20

## Work-related stress, depression or anxiety by industry

The average prevalence of work-related stress, depression or anxiety across all industries was 1,570 cases per 100,000 workers averaged over the period 2017/18-2019/20. The broad industry categories of: Electricity, gas, steam and air conditioning supply 3,020 per 100,000 workers, Public administration and defence; compulsory social security with a rate of 2,960 cases per 100,000 workers; Human health and social work activities 2,350 cases per 100,000 workers, and Education, 2,170 cases per 100,000 workers all had significantly higher rates than the average for all industries.

**Figure 3. Prevalence rate for work-related stress, depression or anxiety in Great Britain, by broad industry category, per 100,000 people employed in the last 12 months, averaged over the period 2017/18-2019/20**



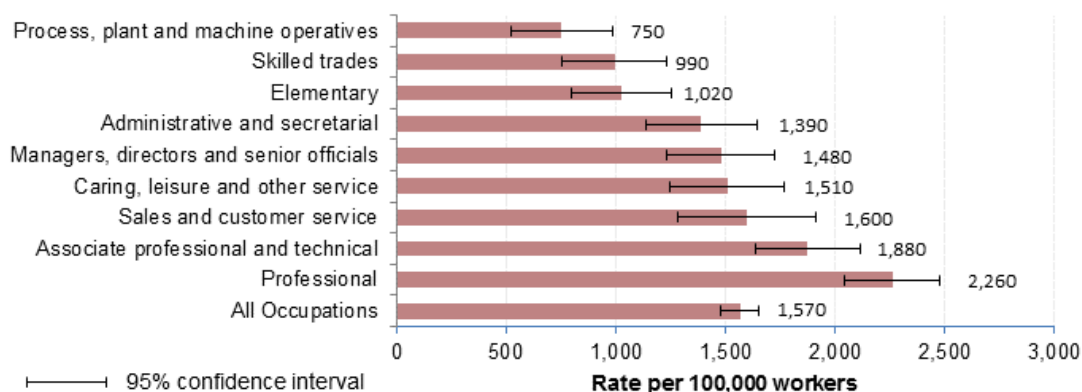
Source: LFS, estimated annual average 2017/19-2019/20  
95% confidence intervals are shown on the chart.

## Work-related stress, depression or anxiety by occupation

The Professional occupations and Associate professional and technical occupational categories had statistically significantly higher rates of work-related stress, depression or anxiety than the rate for all occupations. For the three-year period averaged over 2017/18-2019/20, the Professional occupations category had 2,260 cases per 100,000 people employed and the Associate professional and technical had 1,880 cases per 100,000 people employed, compared with 1,570 cases for all occupational groups.

A larger number of smaller occupational groups some part of the above bigger groupings also had statistically higher rates averaged over 2017/18-2019/20. These include health professionals such as nurses and therapists, teaching professionals, welfare professionals, care professionals, protective service occupations such as police officers and customer service occupations. These occupations appear to share high levels of public contact or interaction, and many are also largely within the public sector.

**Figure 4. Prevalence rate for work-related stress, depression or anxiety by occupational category per 100,000 workers 2017/18-2019/20**

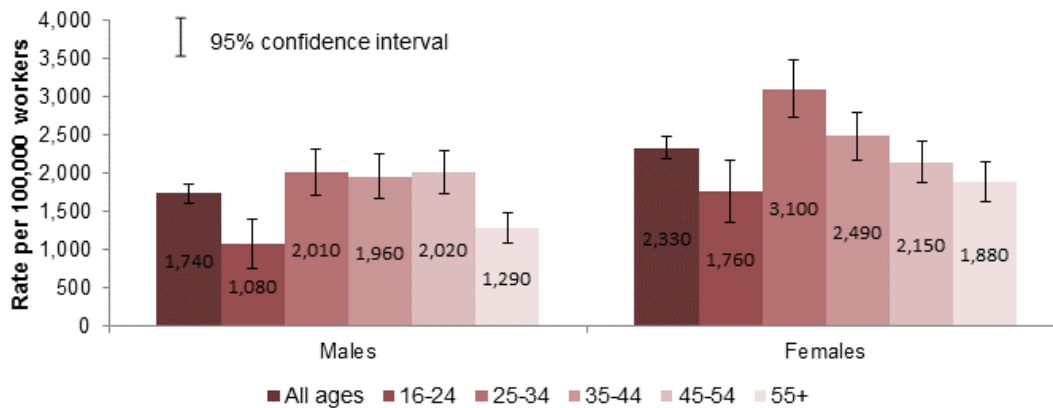


Source: LFS, estimated annual average 2017/19-2019/20  
95% confidence intervals are shown on the chart.

## Work-related stress, depression or anxiety by age and gender

The most recent data shows that compared to all workers females overall had statistically significantly higher rates of work-related stress depression or anxiety and males significantly lower. Again, compared to all workers males in the age groups 16 to 24 and 55 years plus has significantly lower rates of work-related stress, depression or anxiety. Whereas females in age groups 25 to 34, and 35 to 44 had significantly higher rates of work-related stress, depression or anxiety.

**Figure 5. Prevalence rate of self-reported work-related stress, depression or anxiety in Great Britain, by age and gender per 100,000 workers averaged over the period 2017/18-2019/20**

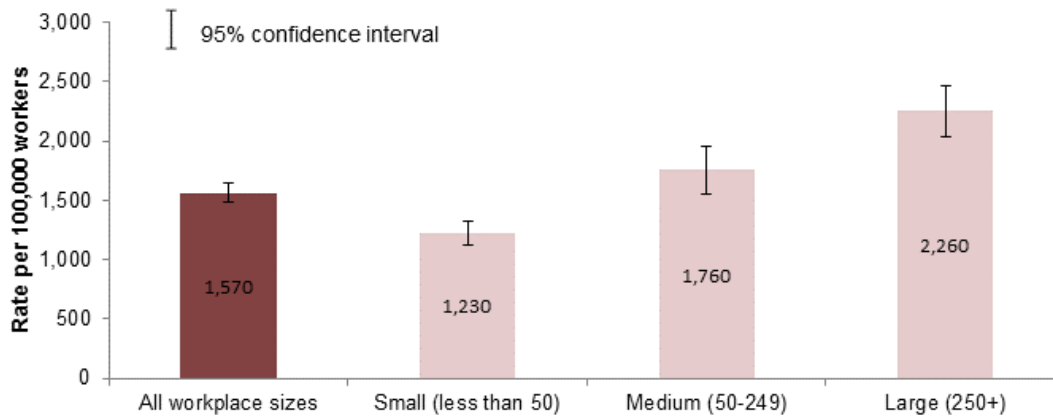


Source: LFS, estimated annual average 2017/19-2019/20  
95% confidence intervals are shown on the chart.

## Work-related stress, depression or anxiety and workplace size

Compared with the rate for all workplaces sizes, small workplaces had a statistically significantly lower rate of work-related stress, depression or anxiety whilst large workplaces had a statistically significantly higher rate. Medium enterprises were not significantly different from the rate across all workplaces.

**Figure 6. Prevalence rates of self-reported work-related stress, depression or anxiety in Great Britain, by workplace size per 100,000 workers, averaged over the period 2017/18-2019/20**



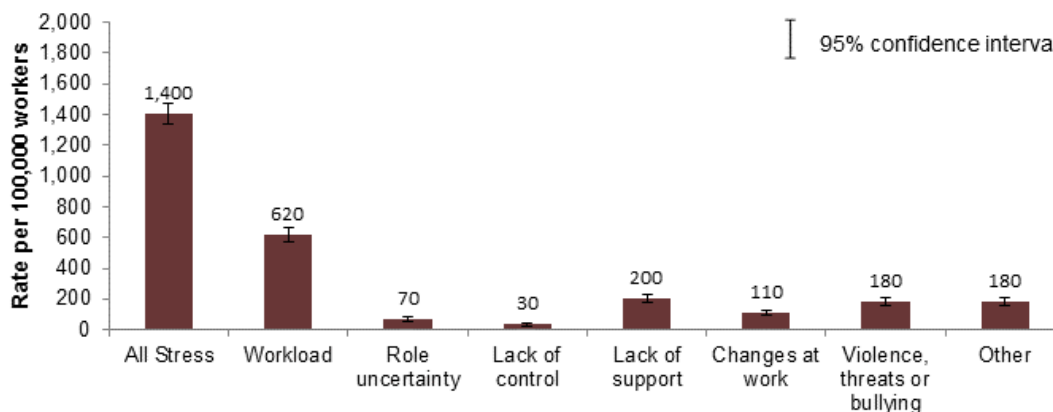
Source: LFS, estimated annual average 2017/19-2019/20  
95% confidence intervals are shown on the chart.

## Causes of work-related Stress, anxiety or depression

The predominant cause of work-related stress, depression or anxiety 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).

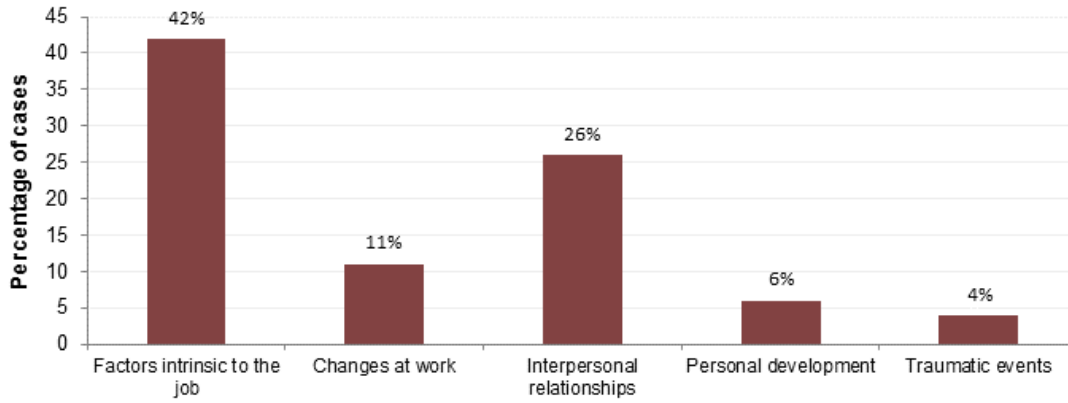
**Figure 7. Estimated prevalence rates of self-reported stress, depression or anxiety in Great Britain, by how caused or made worse by work, averaged 2009/10 - 2011/12**



Source: LFS, estimated annual average 2009/10 -2011/12  
95% confidence intervals are shown on the chart

The general practitioner's network (THOR-GP 2013-2015) identified an analysis of work-related mental ill health cases by precipitating events. 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 8. Analysis of mental ill-health cases reported to THOR-GP according to precipitating event, three-year aggregate total, 2013 to 2015**



Source: THOR(GP), data 2013-2015



## Annex 1: Sources and definitions

**The Labour Force Survey (LFS):** The LFS is a national survey run by the Office for National Statistics of currently around 33,000 households each quarter. HSE commissions annual questions in the LFS to gain a view of self-reported work-related illness and workplace injury based on individuals' perceptions. The analysis and interpretation of these data are the sole responsibility of HSE.

- Self-reported work-related illness: People who have conditions which they think have been caused or made worse by their current or past work, as estimated from the LFS. Estimated total cases include long-standing as well as new cases. New cases consist of those who first became aware of their illness in the last 12 months.
- Self-reported injuries: Workplace injuries sustained as a result of a non-road traffic accident, as estimated by the LFS.

**Reports of ill health by general practitioners (GPs)(THOR GP):** THOR GP is a surveillance scheme in which general practitioners (GPs) are asked to report new cases of work-related ill health. It was initiated in June 2005. Participating GPs report anonymised information about newly diagnosed cases to the Centre for Occupational and Environmental Health (COEH), Manchester University. HSE funding ended in 2016 so the last year of data available to HSE is 2015.

**Rate per 100,000:** The number of annual workplace injuries or cases of work-related ill health per 100,000 employees or workers.

**95% confidence interval:** The range of values within which we are 95% confident contains the true value, in the absence of bias. This reflects the potential error that results from surveying a sample rather than the entire population.

**Statistical significance:** A difference between two sample estimates is described as 'statistically significant' if there is a less than 5% chance that it is due to sampling error alone.

For more information, see [www.hse.gov.uk/statistics/sources.pdf](http://www.hse.gov.uk/statistics/sources.pdf)

Potential impact of COVID-19 on HSE's main statistical data sources in 2019/20.

See [www.hse.gov.uk/statistics/adhoc-analysis/covid19-impact19-20.pdf](http://www.hse.gov.uk/statistics/adhoc-analysis/covid19-impact19-20.pdf), for more detail.

## Annex 2: Links to detailed tables

The data in this report can be found in the following tables:

Tables	Web Address (URL)
<b>LFS tables</b>	
Type of illness (LFSILLTYP)	<a href="http://www.hse.gov.uk/statistics/lfs/lfsilltyp.xlsx">www.hse.gov.uk/statistics/lfs/lfsilltyp.xlsx</a>
Age and gender (LFSILLAGE)	<a href="http://www.hse.gov.uk/statistics/lfs/lfsillage.xlsx">www.hse.gov.uk/statistics/lfs/lfsillage.xlsx</a>
Industry (LFSILLIND)	<a href="http://www.hse.gov.uk/statistics/lfs/lfsillind.xlsx">www.hse.gov.uk/statistics/lfs/lfsillind.xlsx</a>
Occupation (LFSILLOCC)	<a href="http://www.hse.gov.uk/statistics/lfs/lfsillocc.xlsx">www.hse.gov.uk/statistics/lfs/lfsillocc.xlsx</a>
Workplace size (LFSILLSIZ)	<a href="http://www.hse.gov.uk/statistics/lfs/lfsillsiz.xlsx">www.hse.gov.uk/statistics/lfs/lfsillsiz.xlsx</a>
How caused or made worse by work (LFSILLHOW)	<a href="http://www.hse.gov.uk/statistics/lfs/lfsillhow.xlsx">www.hse.gov.uk/statistics/lfs/lfsillhow.xlsx</a>
<b>THOR GP tables</b>	
THORGP14-Mental ill-health by precipitating event	<a href="http://www.hse.gov.uk/statistics/tables/thorgp14.xlsx">www.hse.gov.uk/statistics/tables/thorgp14.xlsx</a>

More data tables can be found at: [www.hse.gov.uk/Statistics/tables/index.htm](http://www.hse.gov.uk/Statistics/tables/index.htm)

## National Statistics

National Statistics status means that statistics meet the highest standards of trustworthiness, quality and public value. They are produced in compliance with the Code of Practice for Statistics, and awarded National Statistics status following assessment and compliance checks by the Office for Statistics Regulation (OSR). The last compliance check of these statistics was in 2013.

It is Health and Safety Executive's responsibility to maintain compliance with the standards expected by National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the OSR promptly. National Statistics status can be removed at any point when the highest standards are not maintained and reinstated when standards are restored. Details of OSR reviews undertaken on these statistics, quality improvements, and other information noting revisions, interpretation, user consultation and use of these statistics is available from [www.hse.gov.uk/statistics/about.htm](http://www.hse.gov.uk/statistics/about.htm)

An account of how the figures are used for statistical purposes can be found at [www.hse.gov.uk/statistics/sources.htm](http://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](http://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/](http://www.hse.gov.uk/statistics/about/revisions/)

Additional data tables can be found at [www.hse.gov.uk/statistics/tables/](http://www.hse.gov.uk/statistics/tables/).

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