

# Work-related stress, anxiety or depression statistics in Great Britain, 2019

## Contents

<b>Summary</b>	<b>2</b>
<b>Background</b>	<b>4</b>
<b>Work-related stress, depression or anxiety by industry group</b>	<b>5</b>
<b>Work-related stress, depression or anxiety by occupational category</b>	<b>6</b>
<b>Age and Gender</b>	<b>6</b>
<b>Work-related stress, depression or anxiety and workplace size</b>	<b>7</b>
<b>Causes of work-related Stress ,anxiety or depression</b>	<b>7</b>
<b>Conclusion</b>	<b>8</b>



# Summary



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

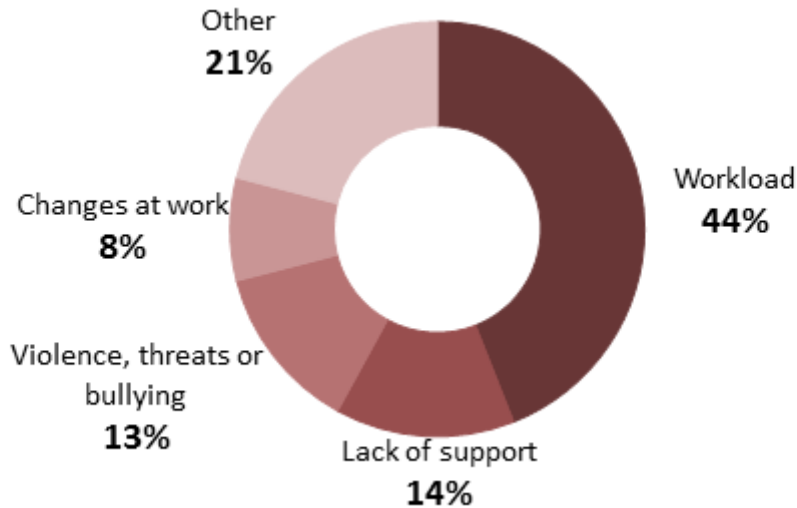
**602,000**

Workers suffering from work-related stress, depression or anxiety (new or long-standing) in 2018/19  
Labour Force Survey (LFS)

**12.8 million**

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

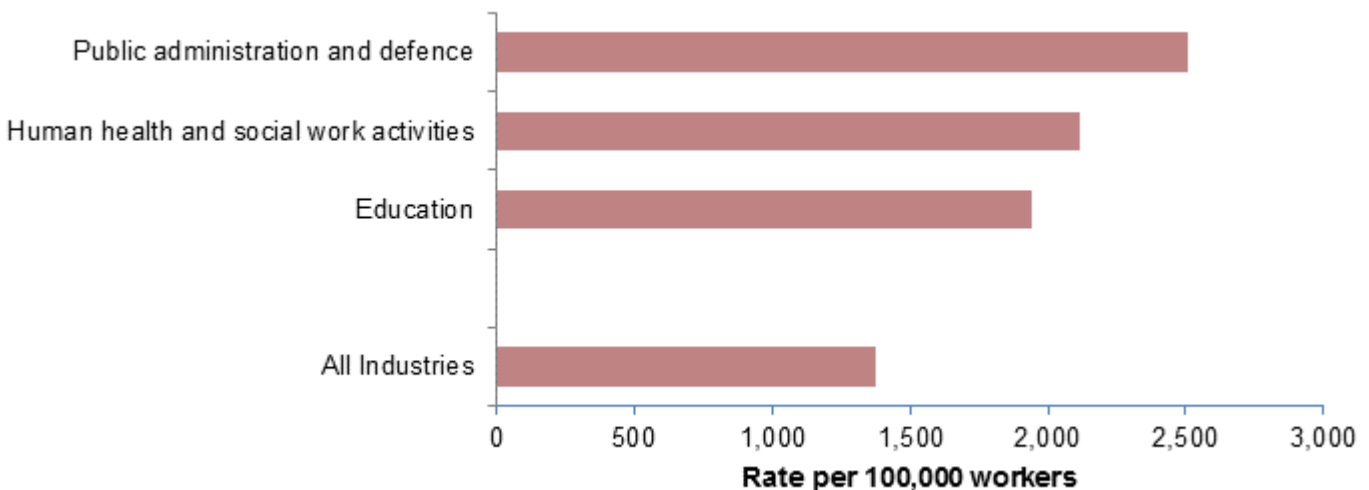
Stress, depression or anxiety by cause, averaged 2009/10-2011/12



Source: Labour Force Survey

<http://www.hse.gov.uk/statistics/lfs/index.htm>

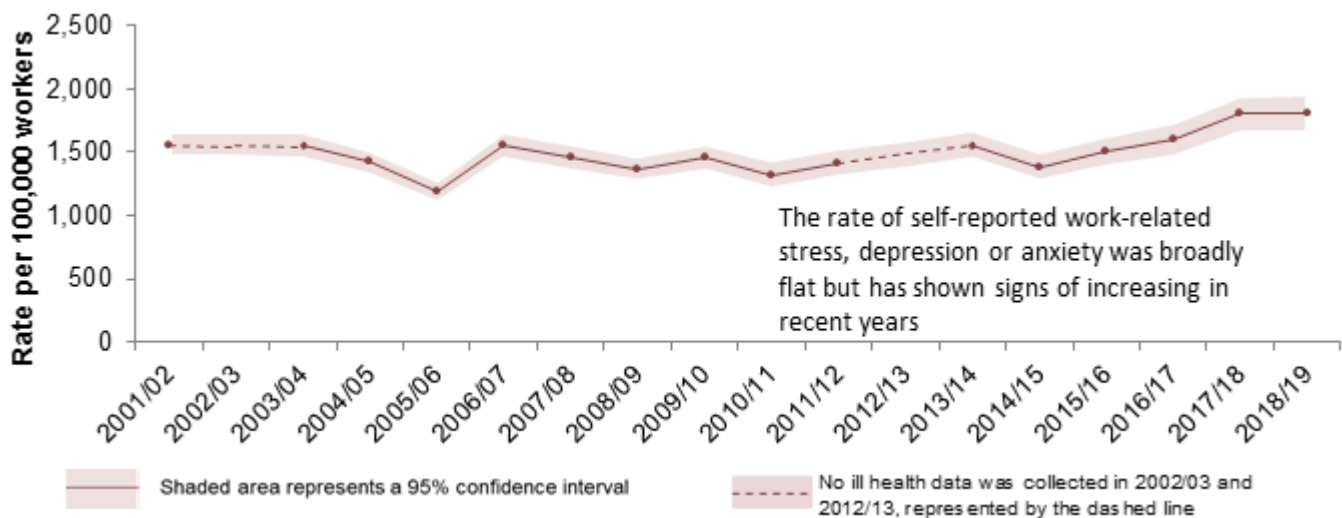
Industries with higher than average rates of stress, depression or anxiety, averaged 2016/17- 2018/19



Source: Labour Force Survey

<http://www.hse.gov.uk/statistics/lfs/index.htm>

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



Source: Labour Force Survey

<http://www.hse.gov.uk/statistics/lfs/index.htm>

More information on Stress, depression or anxiety

- Full report on Stress, depression or anxiety
- [Data Sources](#)
- [Index of tables](#)

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 2018/19 was 602,000, a prevalence rate of 1,800 per 100,000 workers. This was not statistically significantly different from the previous period.
- The rate of work-related stress depression and anxiety was broadly flat but has shown signs of increasing in recent years.
- The number of new cases was 246,000, an incidence rate of 740 per 100,000 workers. The total number of working days lost due to this condition in 2018/19 was 12.8 million days. This equated to an average of 21.2 days lost per case. Working days lost per worker due to self-reported work-related stress, depression or anxiety shows no clear trend.
- In 2018/19 stress, depression or anxiety accounted for 44% of all work-related ill health cases and 54% of all working days lost due to 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).

## 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).

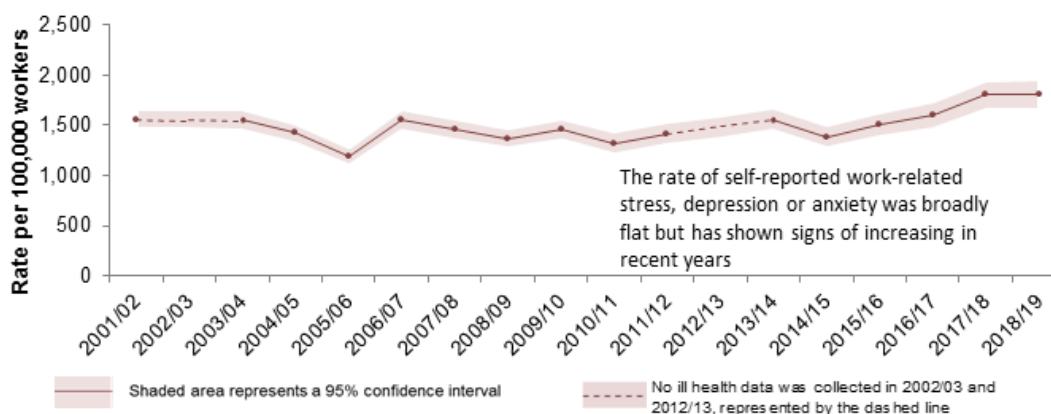
The LFS is a household survey consisting of around 37,000 households per quarter across Great Britain which provides information about the labour market. HSE commissions a module of questions in the LFS to gain a view of work-related illness based on individuals' perceptions.

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 new cases 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.

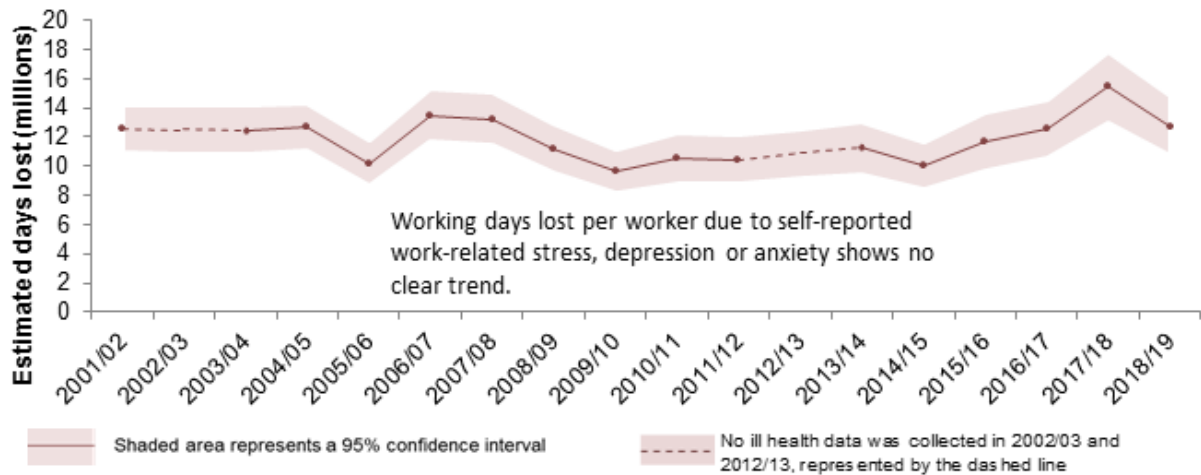
In addition to the LFS, HSE also collects data on work-related stress through The Health and Occupation Research network for general practitioners (THOR-GP) across Great Britain. This network asks reporting general practitioners to assess whether new cases of mental ill health presented in their surgeries 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 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**



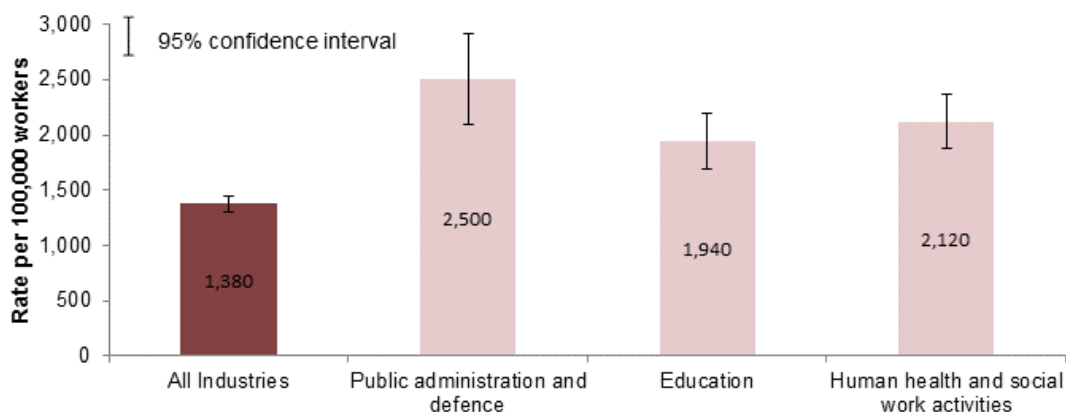
**Figure 2. Days lost due to self-reported work-related stress, depression or anxiety, for people working in the last 12 months**



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

The average prevalence of work-related stress, depression or anxiety across all industries was 1,380 cases per 100,000 workers averaged over the period 2016/17-2018/19. The broad industry category of Public administration and defence; compulsory social security has a rate of 2,500 cases per 100,000 workers; Human health and social work activities 2,120 cases per 100,000 workers and Education, 1,940 cases per 100,000 workers each with a statistically significantly higher rate than the average for all industries.

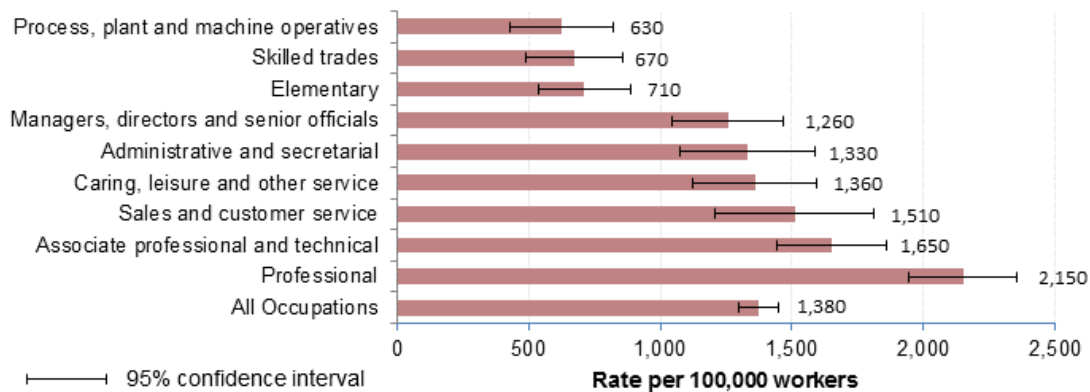
**Figure 3. Prevalence rate for work-related stress, depression or anxiety in Great Britain, by broad industry category, per 100,000 people employed in the last 12 months, averaged over the period 2016/17-2018/19**



# Work-related stress, depression or anxiety by occupational category

Those occupational groups with the high prevalence rates of work-related stress, depression or anxiety broadly reflect the types of occupations found in the industries mentioned above.

**Figure 4. Prevalence rate for work-related stress, depression or anxiety by occupational category per 100,000 workers 2016/17-2018/19**

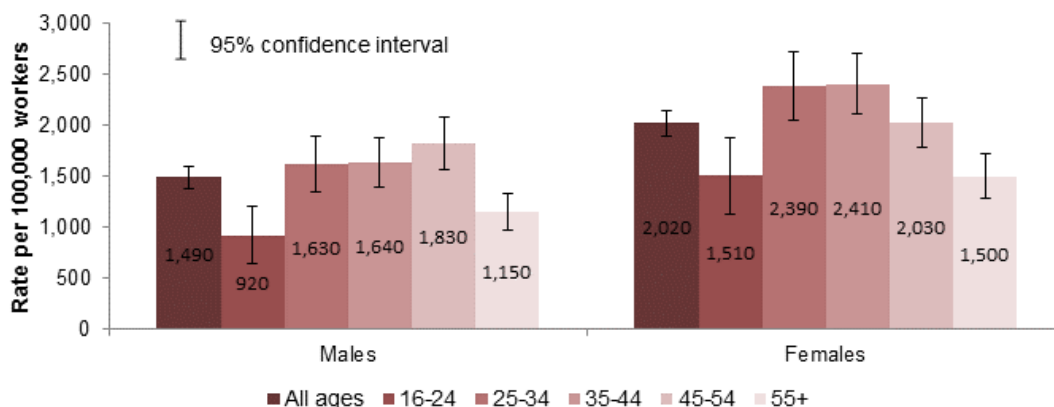


The Professional occupations category has statistically significantly higher rate of work-related stress, depression or anxiety than the rate for all occupations. For the three-year period averaged over 2016/17-2018/19, the Professional occupations category had 2,150 cases per 100,000 people employed, compared with 1,380 cases for all occupational groups

## Age and Gender

Females had statistically significantly higher rates of work-related stress depression and anxiety compared with the average for all persons. This is evident in the ages ranges 25-54 years. Males did not have statistically significant rates compared with all persons.

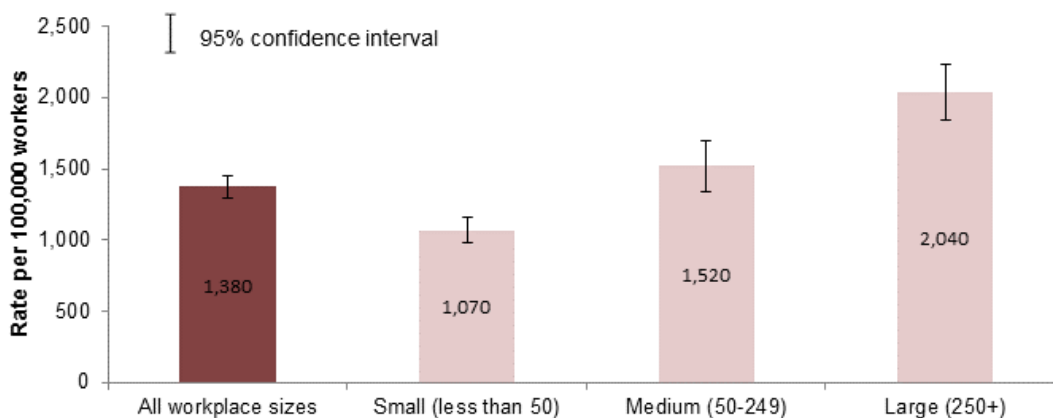
**Figure 5. Prevalence rate of self-reported work-related stress, depression or anxiety in Great Britain, by age and gender per 100,000 workers averaged over the period 2016/17-2018/19**



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

Compared with the rate across all workplaces sizes, small workplaces had a statistically significantly lower rate of work-related stress, depression or anxiety whilst large workplaces had statistically significantly higher rates. 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 2016/17-2018/19**

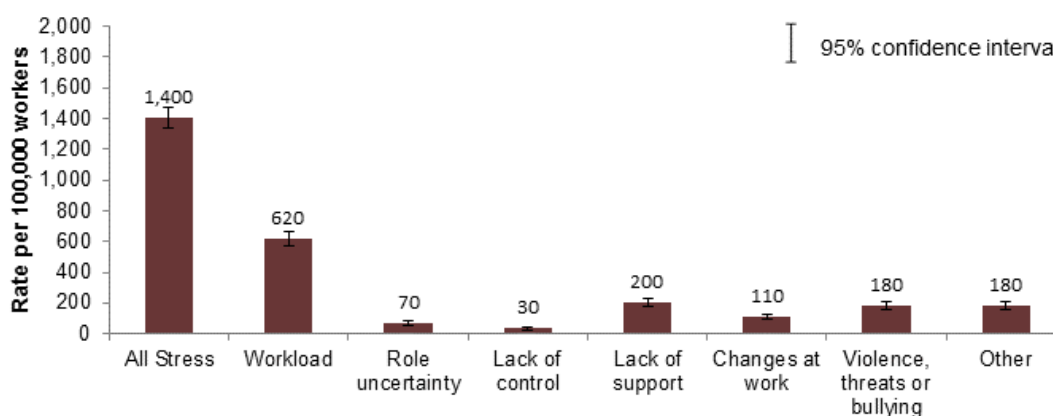


## Causes of work-related Stress ,anxiety or depression

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.

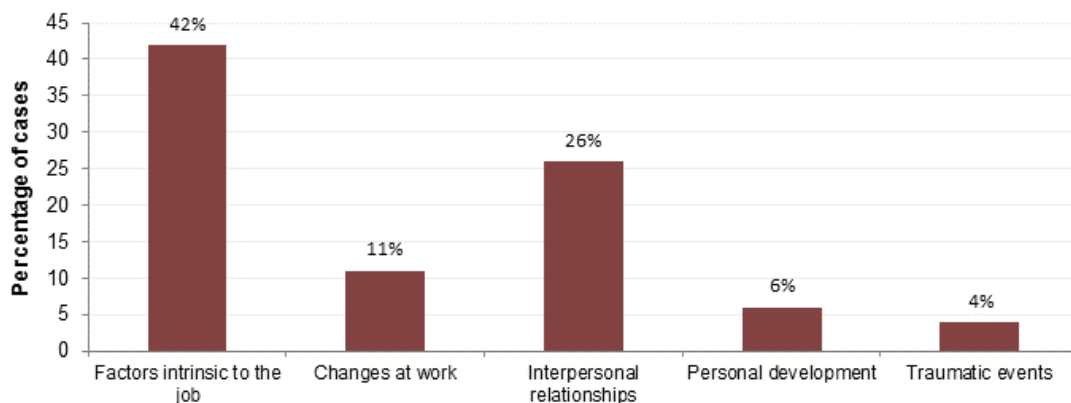
Other factors identified included a lack of managerial support, organisational changes at work, violence and role uncertainty (lack of clarity about job/uncertain what meant to do).

**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**



The general practitioners 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**



## Conclusion

Work-related stress, depression or anxiety continues to represent a significant ill health condition in the workforce of Great Britain. Work-related stress, depression or anxiety accounts for 44% of work-related ill health and 54% of working days lost, in 2018/19. The occupations and industries reporting the highest rates of work-related stress, depression or anxiety 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 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/).

General enquiries: Statistician [paul.buckley@hse.gov.uk](mailto:paul.buckley@hse.gov.uk)

Journalists/media enquiries only: [www.hse.gov.uk/contact/contact.htm](http://www.hse.gov.uk/contact/contact.htm)

© *Crown copyright* If you wish to reuse this information visit [www.hse.gov.uk/copyright.htm](http://www.hse.gov.uk/copyright.htm) for details.  
First published 10/19.