Stress-related and Psychological Disorders in Great Britain 2014

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Summary


The latest estimates from the Labour Force Survey show:

- The total number of cases of work-related stress, depression or anxiety in 2013/14 was 487,000 cases (39%) out of a total of 1,241,000 cases for all work-related illnesses.
- The number of new cases of work-related stress, depression or anxiety in 2013/14 was 244,000.
- The rates of work-related stress, depression or anxiety, for both total and new cases, have remained broadly flat for more than a decade.
- The total number of working days lost due to work-related stress, depression or anxiety was 11.3 million in 2013/14, an average of 23 days per case of stress, depression or anxiety.
- The industries that reported the highest prevalence rates of work-related stress, depression or anxiety (three-year average) were human health and social work, education and public administration and defence.
- The occupations that reported the highest prevalence rates of work-related stress, depression or anxiety (three-year average) were health professionals (in particular nurses), teaching and educational professionals, and health and social care associate professionals (in particular welfare and housing associate professionals).

The THOR-GP reporting network did not suggest any significant changes in the reported incidence of work-related mental ill health in the most recent three years (2011-2013) where a consistent method for reporting has been used.

The main work activities suggested as causing work-related stress depression or anxiety reported to general practitioners (THOR-GP 3 year average 2011-2013) are:

1. Workload pressures including scheduling, shift work and other organisational factors;
2. Interpersonal relationships including difficulties with superiors and bullying or harassment; and
3. Changes at work including reduction of resource or staff and additional responsibilities.

Figure 1 - Estimated prevalence (total cases) and incidence (new cases) rates of work-related stress, depression or anxiety in GB, for people working in the last 12 months.

Source: Labour Force Survey (LFS)

Note: No ill health data was collected in 2002/03 or 2012/13.
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 and HSE have 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 (referred to as stress hereafter) is the Labour Force Survey (LFS).

The LFS is a household survey consisting of around 44 000 households 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 as well as new cases, of incidence (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.

Industry and Occupation

The industries with the highest estimated prevalence rate of work-related stress in GB averaged over the last three years (2010/11, 2011/12 and 2013/14) were as follows;

Human health and social work activities with 2 060 cases per 100 000 people working in the last 12 months, education with 1 720 cases per 100 000 people, and public administration and defence with 2 030 cases per 100 000 people working in the last 12 months.

These industries have statistically significantly higher estimated prevalence rates of work-related stress than across all industries averaged over 2010/11, 2011/12 and 2013/14.

When comparing the estimated prevalence rates of work-related stress in these three industry areas with the average of the previous three year period (2007/08-2009/10) there has been no statistical significant change.

The occupations with the highest estimated prevalence rate of work-related stress in GB, averaged over the last three years (2010/11, 2011/12 and 2013/14) were as follows;

Welfare and housing associate professionals with 2 830 cases per 100 000 people working in the last 12 months, nurses with 2 630 cases per 100 000 people, teaching and education professionals with 2 310 cases per 100 000 people, administrative occupations: government and related organisations with 2 310 per 100 000 people and customer service occupations with 2 160 cases per 100 000 people working in the last 12 months.

These occupations have statistically significantly higher estimated prevalence rates of work-related stress than across all occupations averaged over 2010/11, 2011/12 and 2013/14.

When comparing the estimated prevalence rate of work-related stress for these occupations with the average of the previous three year period (2007/08 - 2009/10), there has been no statistical significant change.

For further information from the LFS relating to stress by industry and occupation see;

www.hse.gov.uk/statistics/lfs/strind2_3yr.xls
www.hse.gov.uk/statistics/lfs/strocc2_3yr.xls
www.hse.gov.uk/statistics/lfs/strind4_3yr.xls
www.hse.gov.uk/statistics/lfs/strocc4_3yr.xls
Age and Gender distribution

In 2013/14 there was an estimated prevalence of 221 000 male and 266 000 female cases of work-related stress and an estimated incidence of 115 000 male and 128 000 female cases.

Female prevalence and incidence rates have remained statistically significantly higher than corresponding male rates over time.

Males had a statistically significantly higher estimated incidence rate in 2013/14 compared to 2011/12. There was no statistical significant difference in the incidence rate between females in 2013/14 and 2011/12.

Females had a statistically significantly lower incidence rate in 2013/14 compared to 2001/02. There was no significant difference in the incidence rate for males between 2013/14 and 2001/02.

The 45-54 age group had the highest incidence rate for all persons, and this rate was statistically significantly higher than the average for all persons. This was also the case for females in the 45-54 age group.

For further information from the LFS relating to stress by age and gender see;
www.hse.gov.uk/statistics/lfs/strage1w12.xls
www.hse.gov.uk/statistics/lfs/strage2w12.xls
www.hse.gov.uk/statistics/lfs/strage3.xls
Size of Workplace

Small workplaces (<50 employees) had the lowest prevalence rate of stress with an estimated 1,070 cases per 100,000 people, followed by medium workplaces (50-249 employees) estimated at 1,560 cases per 100,000 people and the highest rate was amongst large workplaces (250+ employees) with an estimated 1,730 cases per 100,000 in 2013/14.

In 2013/14, the prevalence rate for both medium and large workplaces was statistically significantly higher than the rate for small workplaces.

The rate for medium businesses was statistically significantly higher in 2013/14 compared to 2011/12.

The self-employed on own or with partners but no employees consistently show a statistically significantly lower prevalence rate of stress (650 per 100,000 workers in 2013/14) compared to the average across all persons.

In 2013/14, small businesses lost, on average, 0.27 days per worker due to stress in the workplace. Medium and large workplaces had statistically significantly higher number of working days lost per worker compared to small businesses with 0.46 and 0.56 average days lost per worker, respectively.

Data available from THOR-GP does not extend to the detail of size of the workplace so the sole source of data available to HSE for stress and workplace size is the LFS.

For further information relating to stress by size of workplace see;

www.hse.gov.uk/statistics/lfs/strsize1.xls
www.hse.gov.uk/statistics/lfs/strsize2.xls

Country and Region of Residence

The estimated prevalence of work-related stress reported by constituent country for Great Britain (England, Wales and Scotland) in 2013/14, was 427,000 cases in England, 25,000 cases in Wales and 35,000 cases in Scotland.

There were no statistically significant differences in prevalence rates of work-related stress when comparing Wales and Scotland to the average across England. No individual country has observed a statistically significant change in the prevalence rate of stress compared with 2001/02.

At the regional level, London shows no statistically significant difference compared to 2011/12 but had a statistically significantly lower rate in 2013/14 compared to 2001/02. The West Midlands shows a statistically significantly higher rate in 2013/14 compared to 2011/12 and 2010/11.

The prevalence rate of work-related stress has been broadly similar across the regions of England in 2013/14, with the exception of Yorkshire and the Humber, which has a statistically significantly higher rate than the average across England, and London, which has a statistically significantly lower rate than the average.

There are no estimates for countries and regions available from THOR-GP relating to stress to add any further perspective at a geographical level so the LFS is the sole source of data.

For further information from the LFS relating to stress by country and region see;

www.hse.gov.uk/statistics/lfs/strgor1w12.xls
www.hse.gov.uk/statistics/lfs/strgor2w12.xls

This document is available from www.hse.gov.uk/statistics/
Causes of stress THOR-GP

The main causes of work-related stress are examined from the general practitioners reporting network (THOR-GP) sponsored by HSE.

Participating GPs are requested to return specific information on new cases of occupational ill health that they see in their clinical practice, and on related sickness absence. Data is collected on symptoms or diagnosis, occupation, industry and work-related causes.

For further information, see the link below
www.hse.gov.uk/statistics/tables/index.htm#thor-gp

Figure 2 - Breakdown of mental ill health cases by precipitating event 2011-2013

The main work activities suggested as causing work-related stress reported to general practitioners (THOR – GP 3 yr average 2011-2013) are:

1. Workload pressures including scheduling, shift work and other organisational factors;
2. Interpersonal relationships including difficulties with superiors and bullying or harassment; and
3. Changes at work including reduction of resource or staff and additional responsibilities.

Figure 3 - Breakdown of mental ill health by diagnosis 2011-2013

Source: THOR-GP

This document is available from www.hse.gov.uk/statistics/
In terms of diagnosis in work-related mental ill health, THOR-GP suggests that anxiety and depression is the largest single factor though there were many others. Further information on diagnosis can be found by following the links below.

For further detail from both THOR-GP and the LFS see:
www.hse.gov.uk/statistics/tables/thorgp16.xls
www.hse.gov.uk/statistics/lfs/strshw1_3yr.xls
Working days lost

Work-related stress caused workers in Great Britain to lose 11.3 million working days in 2013/14 based on the LFS data. Male workers accounted for an estimated 5.4 million days off work whilst female workers accounted for an estimated 5.9 million. This represents a decrease in annual working days lost since 2001/02, when it was 12.9 million days in total.

On average, each person suffering from this condition took 23 days off work. This is one of the highest average days lost per case figure amongst the recognised health complaints covered in the LFS (see: www.hse.gov.uk/statistics/lfs/swit1.xls).

Both medium and large sized workplaces were estimated to have statistically significantly higher days lost per worker than small workplaces in 2013/14. Only medium businesses had a statistically significantly higher rate in 2013/14 compared to 2011/12.

The estimated average number of days sickness absence per case due to mental ill health under THOR-GP between 2011 and 2013 was 39 days per case. This represented 59% of the total days certified sickness absence.

There is a disparity in the number of working days lost between the LFS and THOR-GP data. GP’s reporting to the THOR-GP scheme may not see cases of work-related stress that are not severe enough to seek medical consultation and lead to a relatively shorter duration of sickness absence.

Figure 4 - Number of working days lost per case

Source: Labour Force Survey (LFS)

Note: No ill health data was collected in 2002/03 or 2012/13.

For further information relating to stress and working days lost see;
www.hse.gov.uk/statistics/lfs/swit1.xls
www.hse.gov.uk/statistics/lfs/strage3.xls
www.hse.gov.uk/statistics/lfs/strsize2.xls
www.hse.gov.uk/statistics/lfs/strsize4.xls
www.hse.gov.uk/statistics/tables/thorgp01.xls

This document is available from www.hse.gov.uk/statistics/
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/.

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