

Work-related stress, depression or anxiety statistics in Great Britain, 2025

Data up to March 2025

Annual statistics

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Table of Contents

Summary	4
Introduction	8
Scale and trend of work-related stress, depression or anxiety	9
Work-related stress, depression or anxiety by industry	11
Work-related stress, depression or anxiety by occupation	12
Work-related stress, depression or anxiety by age and gender	14
Work-related stress, depression or anxiety by workplace size	16
Work-related stress, depression or anxiety by cause	17
Annex 1: Sources and definitions	19
Annex 2: Links to detailed tables	20
Accredited Official Statistics	21

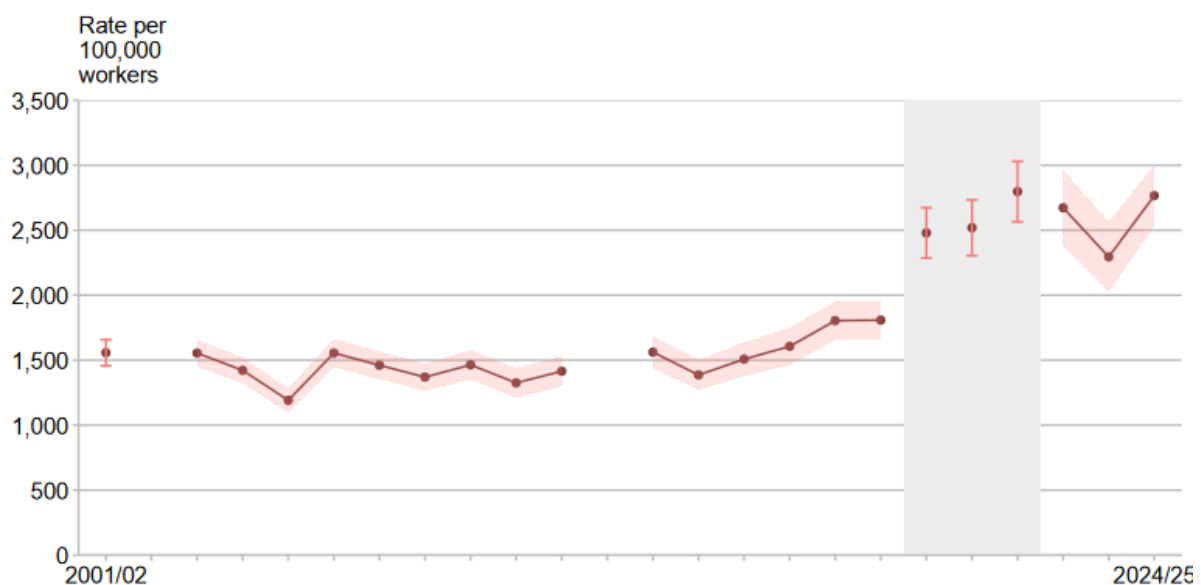
Summary

964,000 workers suffering from work-related stress, depression or anxiety (new and long-standing) in 2024/25.

22.1 million working days lost due to work-related stress, depression or anxiety in 2024/25.

Source: LFS, annual estimate, 2024/25

Rate of self-reported work-related stress, depression or anxiety per 100,000 workers: new and long-standing

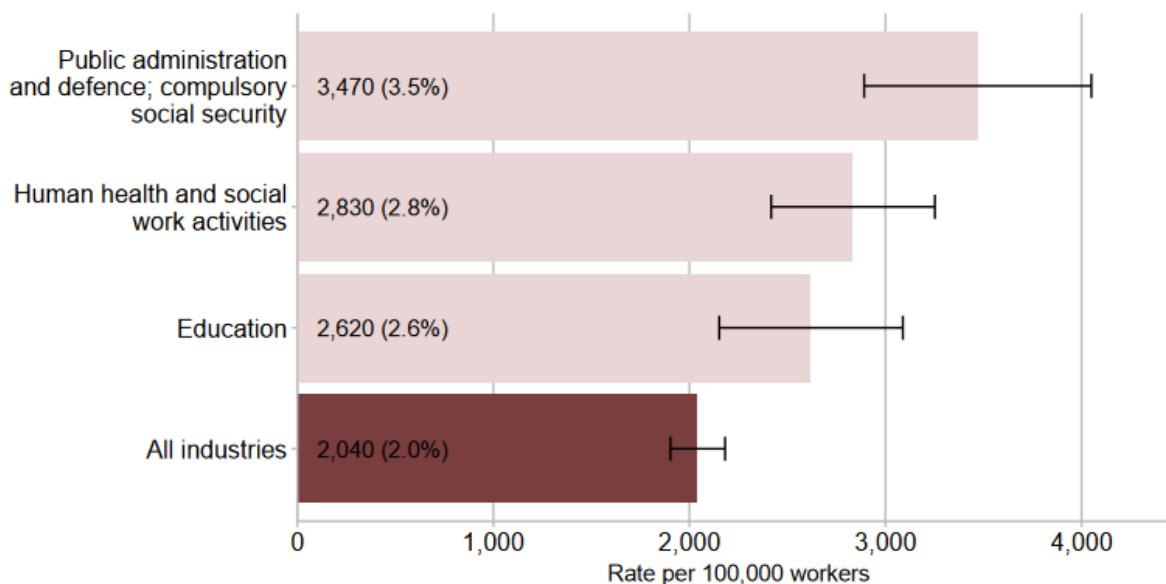


In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related stress, depression or anxiety had shown signs of increasing. The rates in each of the latest three years are higher than the 2018/19 pre-coronavirus level.

No ill health data was collected in 2002/03 and 2012/13. The data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the grey shaded column. Shaded area and error bars represent a 95% confidence interval.

Source: LFS, annual estimate, from 2001/02 to 2024/25

Rate of self-reported work-related stress, depression or anxiety in industries with higher than average rates, per 100,000 workers: new and long-standing



95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2022/23-2024/25

Work-related stress, depression or anxiety is defined as a harmful reaction people have to undue pressures and demands placed on them at work. Estimates from the Labour Force Survey (LFS) show:

- The total number of workers suffering from work-related stress, depression or anxiety in 2024/25 was 964,000, a prevalence rate of 2,770 per 100,000 workers. This rate is statistically significantly higher compared to the previous year.
- In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related stress, depression or anxiety had shown signs of increasing. The rates in each of the latest three years are higher than the 2018/19 pre-coronavirus level.
- The number of new cases was 409,000, an incidence rate of 1,180 per 100,000 workers.
- The total number of working days lost due to work-related stress, depression or anxiety in 2024/25 was 22.1 million days. This equated to an average of 22.9 days lost per case.

- Prior to the coronavirus pandemic, working days lost per worker due to self-reported work-related stress, depression or anxiety showed no clear trend. The current rate is higher than the 2018/19 pre-coronavirus level.
- In 2024/25, stress, depression or anxiety accounted for 52% of all work-related ill health and 62% of all working days lost due to work-related ill health.
- By top-level industry, over the three-year period 2022/23-2024/25, stress, depression or anxiety were most prevalent in:
 - Public administration and defence; compulsory social security
 - Human health and social work activities
 - Education
- In terms of occupation, higher than the all jobs average rate of stress, depression or anxiety over 2022/23-2024/25 were found in:
 - Associate professional occupations
 - Professional occupations
- Statistically higher rates of stress, depression or anxiety over were also found in smaller occupational groups:
 - Protective service occupations
 - Health and social care associate professionals
 - Teaching and other educational professionals
 - Health professionals

- Business and public service associate professionals
- 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 (*LFS, average estimate over 2009/10-2011/12*)

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, provides still useful data and a general practitioners perspective on the causes of work-related stress. The two data sources may reflect different perceptions of work-related attribution to individual cases.

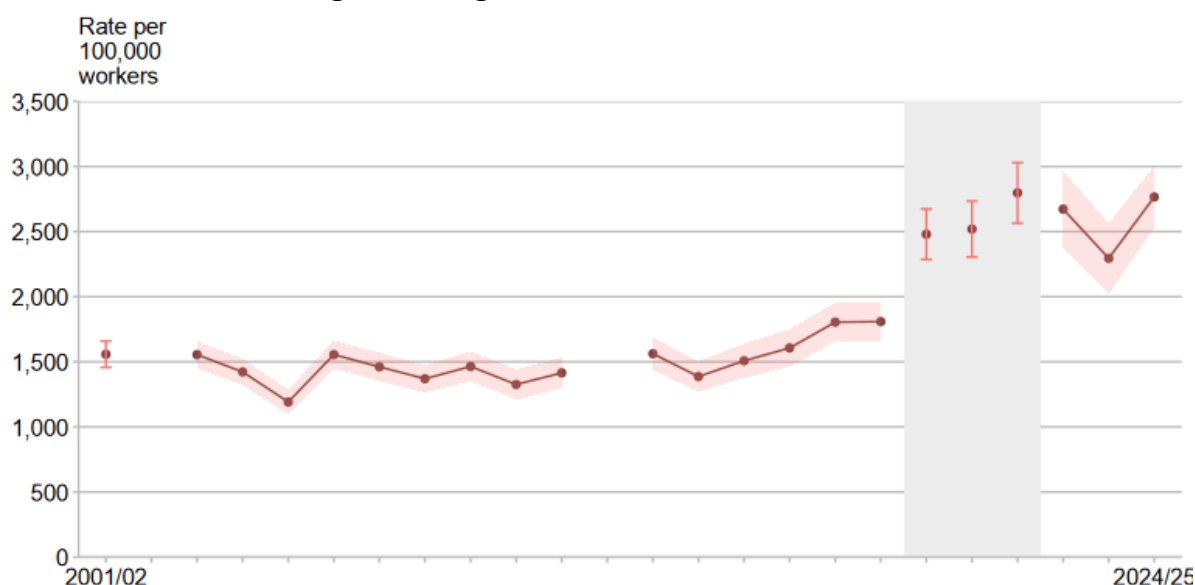
Scale and trend of work-related stress, depression or anxiety

In 2024/25, there were an estimated 964,000 workers suffering from work-related stress, depression or anxiety. This represents 2,770 per 100,000 workers and resulted in an estimated 22.1 million working days lost.

In 2024/25, work-related stress, depression or anxiety accounted for 52% of all work-related ill health and 62% of all working days lost due to work-related ill health (22.9 days lost per case).

Source: LFS, annual estimate, 2024/25

Rate of self-reported work-related stress, depression or anxiety per 100,000 workers: new and long-standing

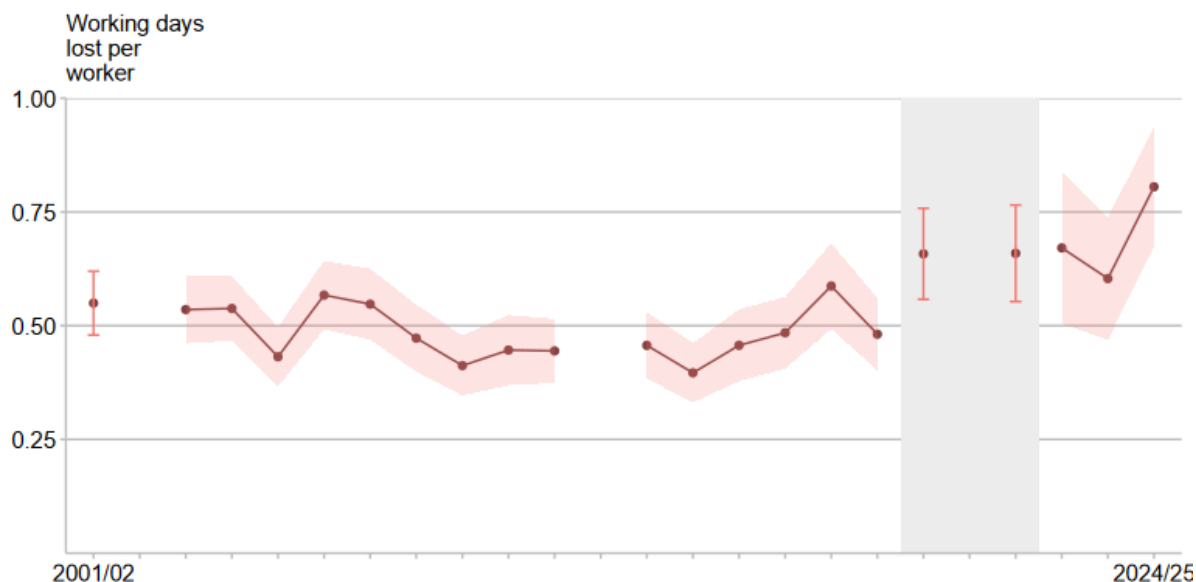


In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related stress, depression or anxiety had shown signs of increasing. The rates in each of the latest three years are higher than the 2018/19 pre-coronavirus level.

No ill health data was collected in 2002/03 and 2012/13. The data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the grey shaded column. Shaded area and error bars represent a 95% confidence interval.

Source: LFS, annual estimate, from 2001/02 to 2024/25

Working days lost per worker due to self-reported work-related stress, depression or anxiety: new and long-standing



Prior to the coronavirus pandemic, working days lost per worker due to self-reported work-related stress, depression or anxiety showed no clear trend. The current rate is higher than the 2018/19 pre-coronavirus level. Days lost per worker is a combination of the overall case rate and the days lost per case.

No ill health data was collected in 2002/03 and 2012/13. No working days lost estimate is available for 2020/21 due to changes in the basis of the measures of hours worked and the impact of the coronavirus pandemic on the labour market. The data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the grey shaded column. Shaded area and error bars represent a 95% confidence interval.

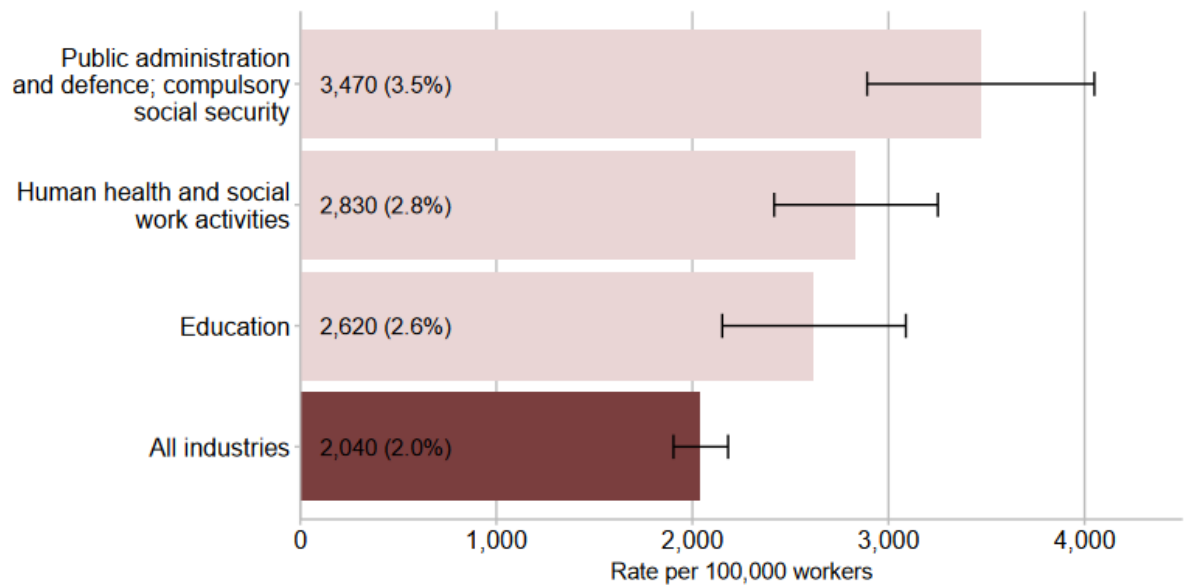
Source: LFS, annual estimate, from 2001/02 to 2024/25

Work-related stress, depression or anxiety by industry

The average prevalence rate of work-related stress, depression or anxiety across all industries was 2,040 per 100,000 workers, averaged over the period 2022/23-2024/25. The broad industry categories of Public administration and defence; compulsory social security (3,470 cases per 100,000 workers), Education (2,620 cases per 100,000 workers), Human health and social work activities (2,830 cases per 100,000 workers) all had significantly higher rates than the average for all industries.

Source: LFS, average estimate over 2022/23-2024/25

Rate of self-reported work-related stress, depression or anxiety in industries with higher than average rates, per 100,000 workers: new and long-standing



95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2022/23-2024/25

Work-related stress, depression or anxiety by occupation

For the three-year period 2022/23-2024/25, Professional occupations (2,730 cases per 100,000 workers), Associate professional occupations (3,020 cases per 100,000 workers) had statistically significantly higher rates of work-related stress, depression or anxiety compared to the rate for all occupational groups (2,040 per 100,000 workers).

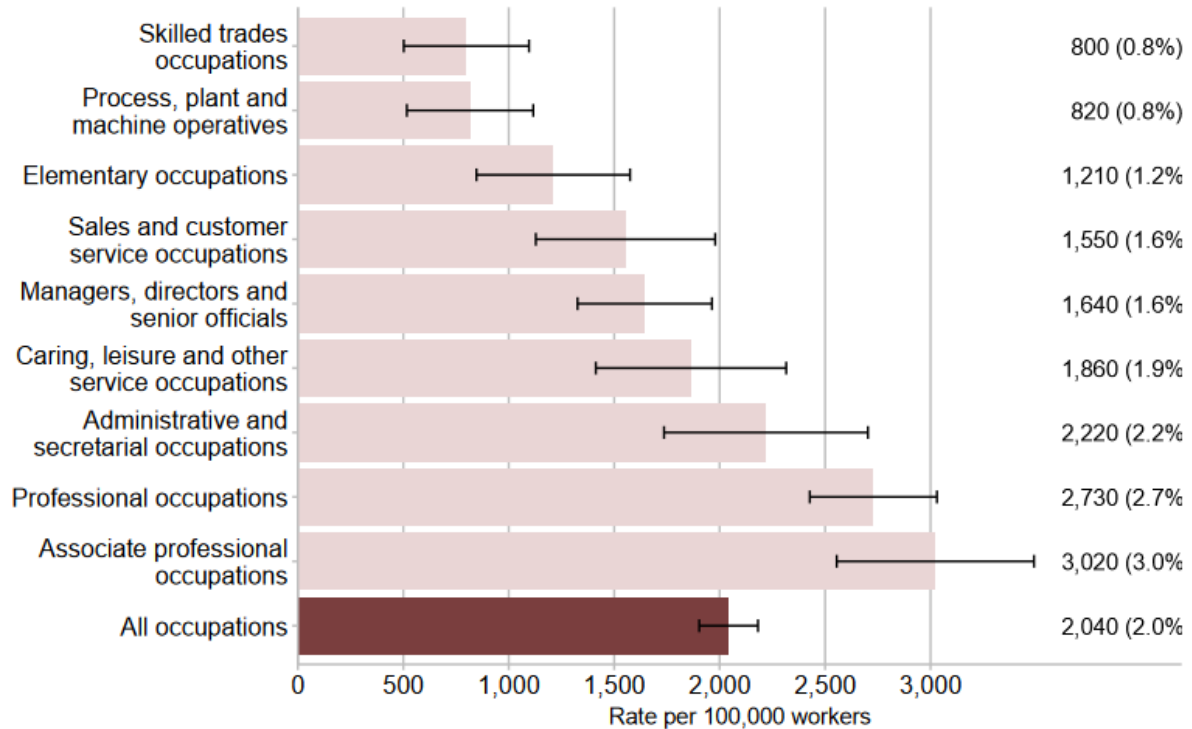
A number of smaller occupational groups, some part of the above bigger groupings, also had statistically higher rates including:

- Health professionals
- Teaching and other educational professionals
- Health and social care associate professionals
- Protective service occupations
- Business and public service associate professionals.

These occupations often involve high levels of public contact or interaction and many are also largely within the public sector.

Source: LFS, average estimate over 2022/23-2024/25

Rate of self-reported work-related stress, depression or anxiety by occupation, per 100,000 workers: new and long-standing



95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2022/23-2024/25

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

The most recent data shows that females (3,220 per 100,000 workers) overall had statistically significantly higher compared to all workers (2,580 per 100,000 workers) rate of work-related stress, depression or anxiety and males (1,980 per 100,000 workers) significantly lower.

Compared to all workers:

- Males aged 16-24
- Males aged 35-44
- Males aged 45-54
- Males aged 55+

had significantly lower rates of work-related stress, depression or anxiety.

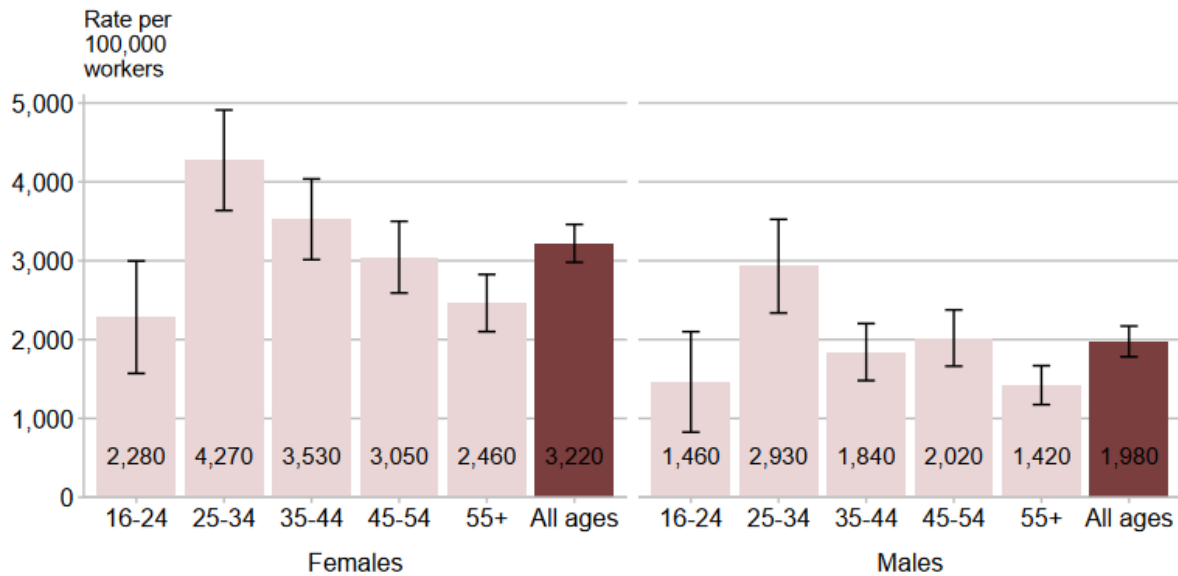
By contrast:

- Females aged 25-34
- Females aged 35-44
- Females aged 45-54

had significantly higher rates.

Source: LFS, average estimate over 2022/23-2024/25

Rate of self-reported work-related stress, depression or anxiety by age and gender, per 100,000 workers: new and long-standing



95% confidence intervals are shown on the chart.

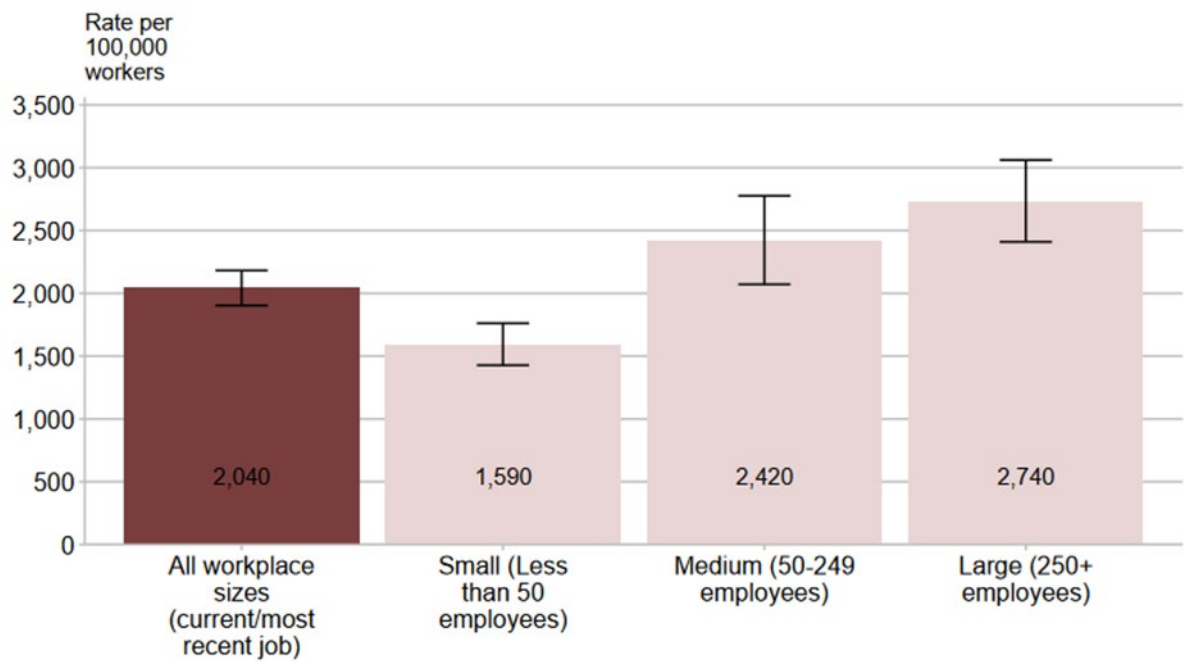
Source: LFS, average estimate over 2022/23-2024/25

Work-related stress, depression or anxiety by workplace size

Compared with the all workplace sizes rate, small workplaces had a statistically significantly lower rate of work-related stress, depression or anxiety. Medium enterprises had a statistically significantly higher rate, while large workplaces had a statistically significantly higher rate.

Source: LFS, average estimate over 2022/23-2024/25

Rate of self-reported work-related stress, depression or anxiety by workplace size, per 100,000 workers: new and long-standing



95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2022/23-2024/25

Work-related stress, depression or anxiety by cause

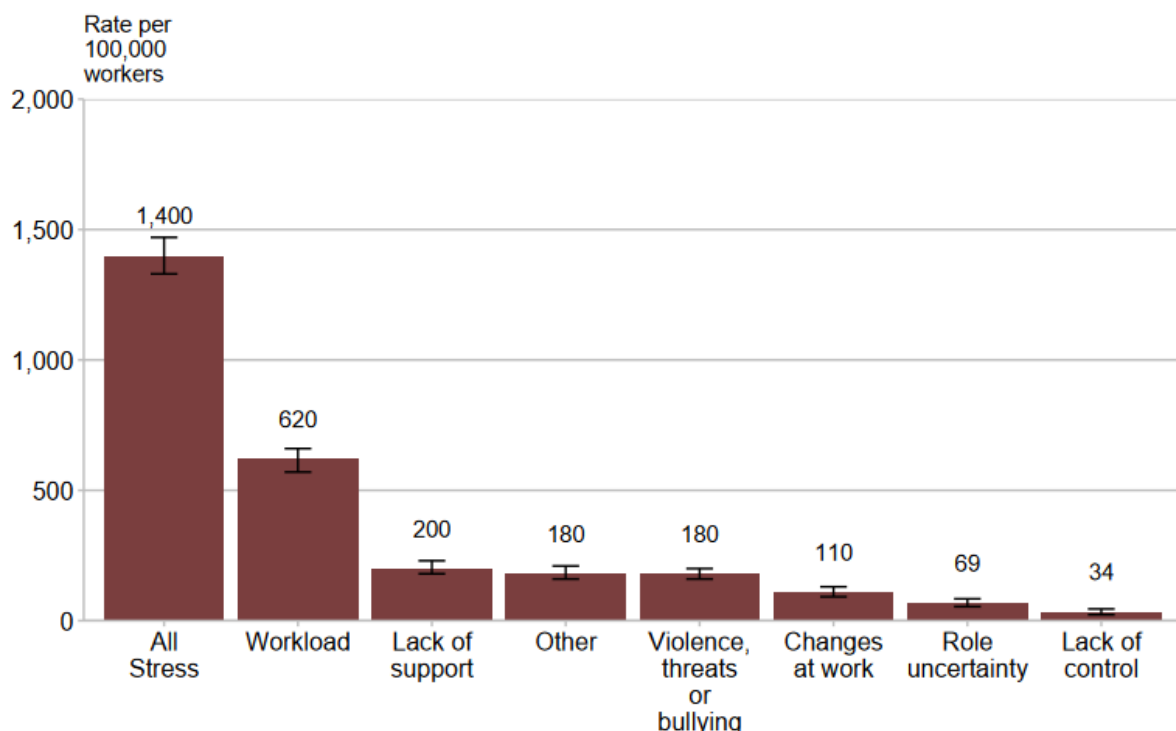
The main causes of work-related stress, depression or anxiety according to self-reports from the Labour Force Survey were workload, particularly regarding tight deadlines, too much work or too much pressure/responsibility.

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

Source: LFS, average estimate over 2009/10-2011/12

Rate of self-reported work-related stress, depression or anxiety by how caused or

made worse by work, per 100,000 workers: new and long-standing



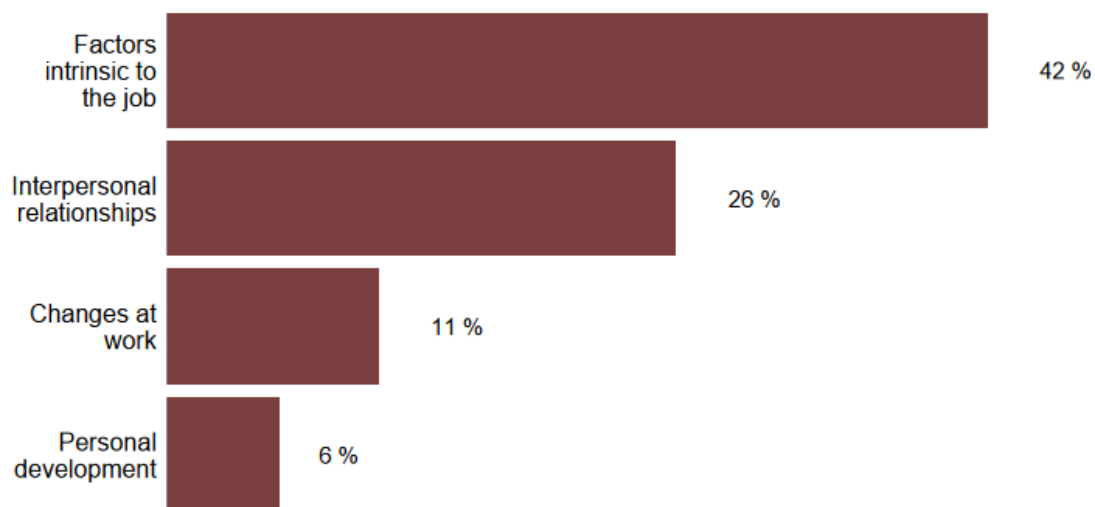
95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2009/10-2011/12

The general practitioner's reporting network (THOR-GP) identified work-related mental ill health cases by precipitating events. These medically assessed cases indicate a similar pattern to self-reported data from the Labour Force Survey, with workload pressures as the predominant factor, and interpersonal relationships at work and changes at work significant factors also.

Source: THOR-GP, average estimate over 2013-2015

Percentage of work-related mental ill health cases reported to THOR-GP by main precipitating event



Precipitating events shown account for 5% or more of work-related mental ill health cases.

Source: THOR-GP, average estimate over 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 31,000 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.

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), University of Manchester. 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.

Note: Percentages presented on charts in this document use rounded data and so may not sum to 100% in all cases.

For more information, see www.hse.gov.uk/statistics/assets/docs/sources.pdf

The coronavirus (COVID-19) pandemic and the government's response has impacted recent trends in health and safety statistics published by HSE and this should be considered when comparing across time periods. More details can be found in our reports on the impact of the coronavirus pandemic on health and safety statistics at www.hse.gov.uk/statistics/coronavirus-pandemic-impact.htm

Annex 2: Links to detailed tables

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

LFS tables

Type of illness: www.hse.gov.uk/statistics/assets/docs/lfsilltyp.xlsx

Age and gender: www.hse.gov.uk/statistics/assets/docs/lfsillage.xlsx

Industry: www.hse.gov.uk/statistics/assets/docs/lfsillind.xlsx

Occupation: www.hse.gov.uk/statistics/assets/docs/lfsillocc.xlsx

Workplace size: www.hse.gov.uk/statistics/assets/docs/lfsillsiz.xlsx

How caused or made worse by work:

www.hse.gov.uk/statistics/assets/docs/lfsillhow.xlsx

THOR-GP tables Mental ill health by precipitating event:

www.hse.gov.uk/statistics/assets/docs/thorgp14.xlsx

More data tables can be found at www.hse.gov.uk/Statistics/tables/index.htm

Accredited Official Statistics

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<https://uksa.statisticsauthority.gov.uk/about-the-authority/uk-statistical-system/types-of-official-statistics/> for more details on the types of official statistics.

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You are welcome to contact us directly with any comments about how we meet these standards. Alternatively, you can contact OSR by emailing regulation@statistics.gov.uk or via the OSR website.

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/revision-log.htm

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

Lead Statistician: [Megan Gorton](#)

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